



WHOLE PEDIATRICS GROUP

HOUSE CALL SERVICES MEMBER AGREEMENT

This addendum supplements your Core Membership Agreement and explains the terms, conditions, and expectations for house call services.

House calls are a unique benefit of membership at Whole Pediatrics Group. They're offered based on availability, clinical appropriateness, and your membership tier. This agreement outlines the guidelines that make house calls possible.

Geographic Service Area

House calls are available to members within a defined service area:

- **Primary service area:** Within 15 miles of the Riverside office
- **Extended service area:** 15-25 miles from the office (additional travel fees apply)
- **Beyond 25 miles:** Generally not available; exceptions may be made at my discretion with additional fees

Travel Fees

- **Within 15 miles:** No travel fee
- **15-25 miles:** \$40 travel fee
- **Beyond 25 miles:** Additional fees determined case-by-case (disclosed before scheduling)

Travel fees are in addition to house call fees (if applicable based on your tier).

House Call Fees by Membership Tier

Essential Care Members

- **House call fee:** \$125 per visit
- **Plus travel fees** if applicable
- Example: House call at 18 miles = \$125 + \$40 travel fee = \$165 total

Comprehensive Care Members

- **House call fee:** Included in membership
- **Travel fees apply** for distances 15-25 miles (\$40)
- Example: House call at 18 miles = \$0 house call fee + \$40 travel fee = \$40 total

Extended Care Members

- **House call fee:** Included in membership
- **Travel fees apply** for distances 15-25 miles (\$40)
- Example: House call at 18 miles = \$0 house call fee + \$40 travel fee = \$40 total

Eligibility Requirements

House calls are available to **active members in good standing**, which means:

- Your membership fees are current (no outstanding balances)
- You've maintained a respectful relationship with the practice
- You've followed safety requirements outlined in this agreement
- You haven't violated practice boundaries

House calls are **not available to non-members**.

When House Calls Are Appropriate

House calls work best for:

- Newborn follow-up visits (weight checks, jaundice evaluation, feeding support)
- Sick children who are contagious (keeping them out of the waiting room)
- Multiple sick siblings (easier than bringing everyone to the office)
- Children who are ill but stable enough for home evaluation
- Post-procedure follow-up (circumcision, ear piercing)
- Situations where getting to the office is challenging (bad weather, car trouble, sick parent)

When House Calls Are NOT Appropriate

House calls should **not** be used for:

- **Emergencies** (call 911 or go to the ER)
- Conditions requiring equipment I can't bring (X-rays, extensive lab work, etc.)
- Situations where office-based care is safer or more appropriate
- Convenience alone (house calls are for clinical need, not preference)

⚠ **Important: House calls are discretionary, not guaranteed.**

I decide whether a house call is clinically appropriate based on:

- Your child's symptoms and condition
- What can be done safely and effectively at home
- My schedule and availability
- Weather and safety conditions

If I determine an office visit or emergency room visit is more appropriate, I'll direct you accordingly.

What I Can and Cannot Do at Your Home

Services I Can Provide at Home:

- Physical examination
- Newborn assessments (weight, feeding evaluation, jaundice check)
- Evaluation of common childhood illnesses

- Minor procedures (simple wound care, ear cleaning, etc.)
- Circumcision (for appropriate candidates)
- Ear piercing
- Medication prescribing (when appropriate)
- Parental guidance and education

What I Cannot Do at Home:

- X-rays or imaging
- Extensive lab work
- Procedures requiring specialized equipment
- Emergency interventions requiring hospital resources

If your child needs services I can't provide at home, I'll help coordinate appropriate care.

Safety Requirements - NON-NEGOTIABLE

For me to safely provide care in your home, the following requirements must be met. **These are not optional.**

Pet Safety

- **All pets must be secured in a separate room or outside** before I arrive
- This includes dogs, cats, birds, reptiles, and any other animals
- "Friendly" or "well-behaved" pets still must be secured—no exceptions
- Pets cannot be in the same room where I'm providing care

⚠ **CRITICAL: If pets are not secured when I arrive, I will not enter your home.**

You will still be charged the full house call fee + travel fees. This is not negotiable. Securing pets is YOUR responsibility, and failure to do so wastes my time and prevents me from caring for other patients.

Clean, Safe Environment

- The area where I'll examine your child must be reasonably clean
- Clear a space for me to work (bed, changing table, couch, etc.)
- Remove clutter, hazards, or obstacles from the examination area
- Ensure adequate lighting
- Maintain a comfortable temperature

Weapons and Controlled Substances

- Firearms must be secured and out of sight
- Illegal drugs or drug paraphernalia must not be visible or accessible
- I reserve the right to leave immediately if I feel unsafe

Behavioral Expectations

- All adults in the home must be respectful and cooperative
- No one under the influence of drugs or alcohol should be present
- Threatening, aggressive, or inappropriate behavior will result in immediate termination of the visit

Scheduling House Calls

House calls are scheduled based on availability. They're not on-demand services.

- Request house calls by phone, text, or email
- I'll evaluate whether a house call is appropriate and check availability
- House calls are typically scheduled within 24-48 hours (not same-hour)
- I may offer an office visit instead if that's more appropriate

Cancelled or Unsuccessful Visits

If You Cancel

- Cancel at least 2 hours before scheduled time: No charge
- Cancel less than 2 hours before scheduled time: 50% of house call fee
- No-show: Full house call fee + travel fees

If I Cannot Complete the Visit Due to Safety Violations

If I arrive and cannot provide care because:

- Pets are not secured
- Environment is unsafe
- Behavioral issues make care impossible

You will be charged:

- Full house call fee (based on your tier)
- Full travel fees
- These fees are **non-refundable**

Consequences of Repeated Violations

If safety requirements are violated repeatedly:

- **First violation:** Warning + full charge for unsuccessful visit
- **Second violation:** House call privileges suspended for 90 days
- **Third violation:** House call privileges permanently revoked
- **Severe violations:** Membership may be terminated

This is not meant to be punitive—it's to ensure I can safely care for all my patients. Repeated disregard for safety requirements shows a lack of respect for my time and safety.

Member-Only Service

House calls are **only available to active members** of Whole Pediatrics Group.

Why?

- **Safety:** I need to know you and have an established relationship
- **Trust:** House calls require mutual trust and respect
- **Clinical safety:** I need your child's medical history and our clinical relationship
- **Payment security:** Members have payment methods on file

- **Membership value:** House calls are a benefit of membership

I will not provide house calls to non-members under any circumstances.

Your Acknowledgment

By signing below, you confirm that you:

- ✓ Understand house calls are discretionary and not guaranteed
- ✓ Understand the geographic service area and travel fees
- ✓ Understand house call fees based on your membership tier
- ✓ Agree to secure all pets before my arrival (non-negotiable)
- ✓ Agree to provide a clean, safe environment
- ✓ Understand I will charge full fees if I cannot enter due to safety violations
- ✓ Understand repeated violations may result in loss of house call privileges or membership termination
- ✓ Understand house calls are only available to active members in good standing

Parent/Guardian Name:

Child(ren) Covered by This Agreement:

Home Address:

Distance from Office (approximate):

_____ miles

Do you have pets?

☐ Yes ☐ No

If yes, what type(s):

I confirm that I will secure all pets before house calls:

☐ Yes, I understand and agree

Signature:

Date:
