



# Whole Pediatrics

This agreement ("Agreement") is made on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Dr. Connell W. Bost (hereinafter referred to as "Physician") and \_\_\_\_\_ (hereinafter referred to as "Member").

## **1. Services:**

Physician agrees to provide Patient with the scope of primary care services defined as per the Physician's standard practice and as permitted under the laws and regulations of the jurisdiction where the Physician operates.

## **2. Fees:**

The Member agrees to pay Physician a monthly fee of \$\_\_\_\_\_ ("Membership Fee") due on the first day of each month. This fee covers all services offered under direct primary care, as specified in the Physician's service list. Any additional services not covered under direct primary care will be billed separately at the Physician's standard rates.

## **3. Payment:**

The Membership Fee will be automatically billed to the Patient's credit card on file. The Physician will provide a receipt for the payment to the Patient. There is a \$35 fee on returned checks and a \$5 insufficient fund fee for insufficient fund debit/credit card charges that will be electronically debited from your account.

## **4. Term and Termination:**

This Agreement shall continue in effect on a month-to-month basis unless and until either Physician or Member terminate this Agreement. Termination must be communicated in writing at least 30 days prior to the next billing date. Failure to pay the monthly fee will result in the immediate termination of non-emergent services and full termination of membership if not paid within 30 days. We will forward patient records to your new provider upon receipt of a medical release form. A cancelled membership can be reinstated at the cost of \$350 per family.

## **5. Non-Insurance:**

The Patient acknowledges that this Agreement is not an insurance plan, nor a substitute for health insurance or other health plan coverage. It only provides the health care services specifically described.

## **6. Outside Medical Services:**

Physician may from time to time, due to certain medical conditions, refer Patient to other healthcare providers outside of the direct primary care model. The Patient acknowledges that any such services are not covered under this Agreement and will be billed separately by those providers.

**7. Governing Law:**

This Agreement shall be governed and construed under the laws of the state of \_\_\_\_\_.  
Any disputes arising out of this Agreement shall be settled in the jurisdiction of \_\_\_\_\_.

Patient and Physician have each received a fully executed copy of this Agreement.

**8. Agreement to Accept Financial Responsibility:**

I acknowledge that, at my request, Whole Pediatrics has provided or will provide me or any dependent with professional services, and I agree to the above financial policy. I also understand that if I fail to comply with this agreement, and if my account becomes past due, it will become eligible for membership termination. Members will not receive services from the provider until their account is up to date.

**Physician:** Dr. Connell W. Bost

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Authorized Guardian:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_