

Title: Pinchot Plan Enrollment Contract	Pinchot Family Medicine	Document No.: FO-FR-031	Effective Date: 12/15/11 Rev: 01	Page 1 of 6
Owner: A. Koontz		Approved by: S. Moyer		

## Pinchot Plan Enrollment Contract

This Contract for enrollment in The Pinchot Plan (hereinafter referred to as the “Plan”) is entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ (referred to hereinafter as “Principal Patient”) and **Pinchot Family Medicine, P.C.**, with a notice address of 7475 Carlisle Road, Wellsville, PA and its principal place of business at 7475 Carlisle Rd, Wellsville, Pennsylvania (referred to hereinafter as “Pinchot”).

Principal Patient Name: \_\_\_\_\_ Date of Birth (if individual): \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

<b><u>Associated Patients:</u></b>	
<b><u>Name and Address:</u></b>	<b><u>Date of Birth:</u></b>

<b>Basic Monthly Fee Schedule</b>	
<b><u>Number of Patients</u></b>	<b><u>Basic Monthly Fee</u></b>
1	\$30
2	\$60
3	\$90
4	\$120
5*	\$150
*The Basic Monthly Fee shall be an additional \$30 per month per each additional Patient.  Payment of the Basic Monthly Fee shall be withdrawn automatically from the account indicated below at the end of each month, beginning on _____, 20__.  Credit/Debit Card: Type _____ # _____ Expiration Date: ____/____ Security Code: _____	

**1. Plan Description.** Pinchot is a physician-owned and managed medical practice. The Plan has been created as a means for the physicians at Pinchot to provide health services to individuals and employers who cannot afford health insurance. The Plan provides the Principal Patient (unless the

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Date and Time Printed: 8/7/2013 2:19:39 PM

Title: Pinchot Plan Enrollment Contract	Pinchot Family Medicine	Document No.: FO-FR-031	Effective Date: 12/15/11 Rev: 01	Page 2 of 6
Owner: A. Koontz		Approved by: S. Moyer		

Principal Patient is an Employer) and the Associated Patients listed above (the Principal Patient and Associated Patients collectively referred to herein as the "Patient(s)") with Health Care Services (hereinafter defined) on a reduced fee-for-service basis. **The Plan is not health insurance.** Patients in the Plan will receive the same quality of health care and access to physicians at Pinchot that is offered to all patients of Pinchot, who are not Patients under the Plan.

**2. Pinchot shall provide the following services under this Plan:**

**A) Primary Health Care Services.** Under the Plan Pinchot shall provide office-based Primary Health Care Services to the Patients listed on page 1 of this Contract. Primary Health Care Services are services which will be provided by the physician or the physician's staff at Pinchot's principal office and include:

- i. Well/preventive office visits, which are visits for the preservation of physical and mental wellness (in accordance with the limitations of Paragraph 3 below);
- ii. Treatment of immediate problems, including but not limited to treatment of sore throats, coughs, colds, suturing cuts, and removing ear wax.
- iii. Follow-up visits for the treatment of long-term medical conditions including but not limited to, asthma, diabetes, and high blood pressure.
- iv. Coordination by Pinchot physicians and staff to assist other medical specialists by organizing and forwarding pertinent information from primary exams for use by specialists for laboratory tests and x-rays, among other specialized treatment needs.

**B) Urgent Medical Care.** A Patient who has an acute illness or is otherwise in need of urgent medical care for a condition which is not life-threatening and who calls the office between Monday and Friday before 2:00 p.m. or who calls the office answering service at (717) 502-4149 on a weekend or holiday before 12:00 noon, shall receive a return call from a physician at Pinchot before 5:00 p.m. that same day. The physician shall (after a telephone consultation with the Patient) determine, within the physician's sole discretion, whether the illness or medical condition requires same-day physician care. If same-day care is not warranted in the Physician's discretion, the Patient shall be scheduled for an appointment the next calendar day which is not a weekend day or holiday.

**C) Preventive Visits.** In addition to Primary Health Care Services, a Patient under the Plan shall be entitled to:

- a. Five (5) well/preventative visits annually if the Patient is younger than 1 year old;
- b. Three (3) well/preventative visits annually if the Patient is 1 to 2 years old; and
- c. One (1) well/preventative visit annually if the Patient is 3 years old or older;

**3. Services Excluded.** The Plan **does not** include the cost of immunizations, emergency medical services, hospital, laboratory, radiology, and other specialty services.

Title: Pinchot Plan Enrollment Contract	Pinchot Family Medicine	Document No.: FO-FR-031	Effective Date: 12/15/11 Rev: 01	Page 3 of 6
Owner: A. Koontz		Approved by: S. Moyer		

**4. Plan Costs and Expenses.** Pinchot will not bill or be responsible to submit or collect any health insurance benefits for any services rendered under the Plan. The Patient under the Plan shall be responsible for the following costs:

i. Registration Fee. Principal Patient shall pay a Registration Fee in accordance with the following schedule in order to activate each Patient's participation in the Plan. The Registration Fee shall be based on the number of Patients in the Plan. The Registration Fee shall be paid upon execution of this Contract. Principal Patient may charge the Registration Fee associated with this Plan to his or her credit card or bank account acceptable to Pinchot, within Pinchot's sole discretion.

<b>Registration Fee Schedule</b>	
<b><u>Number of Patients</u></b>	<b><u>Registration Fee (per group)</u></b>
1	\$80
2 - 5	\$160 total
6-10	\$240 total
11-15	\$320 total
16-20*	\$400 total

\*The Registration Fee shall be \$80 for each additional group of five (5) Patients or less.

ii. Basic Monthly Fee. Principal Patient shall pay in arrears to Pinchot a Basic Monthly Fee of an amount determined in accordance with the Basic Monthly Fee Schedule on page 1 of this Contract. The Basic Monthly Fee shall be charged to the credit card or debit card account of the Principal Patient. The Basic Monthly Fee shall be automatically charged from such credit card account on the first of each month, beginning with the month following the month of enrollment in the Plan. The Basic Monthly Fee for the month of enrollment into the Plan will not be prorated if the Contract is executed on or before the 15<sup>th</sup> day of the month of enrollment. If the Contract is executed after the 15<sup>th</sup> day of the month of enrollment, the Patient shall be responsible for one-half of the Basic Monthly Fee for the month of enrollment.

iii. Office Visit Fee. Patient shall pay to Pinchot an office visit fee of \$15 per Patient per office visit. If the Principal Patient has not provided advance authorization to Pinchot for withdrawing the Office Visit Fee from the credit card or bank account on file for the Principal Patient, each Patient shall be responsible for this Office Visit Fee at the time of his or her appointment.

iv. Immunization Costs. Patient shall pay the cost for any vaccine or immunization. If the Principal Patient has not provided advance authorization to Pinchot for withdrawing the vaccine or immunization costs from the credit card or bank account on file for the Principal Patient, each Patient shall be responsible for these costs at the time of his or her appointment.

v. Cancelled Appointments. Principal Patient shall be charged \$15 if a Patient cancels his or her appointment within 24 hours of the scheduled appointment or otherwise fails to attend the scheduled appointment.

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Date and Time Printed: 8/7/2013 2:19:39 PM

Title: Pinchot Plan Enrollment Contract	Pinchot Family Medicine	Document No.: FO-FR-031	Effective Date: 12/15/11 Rev: 01	Page 4 of 6
Owner: A. Koontz		Approved by: S. Moyer		

vi. **Returned Checks.** Patient shall be charged \$20 for any and all checks returned for insufficient funds.

vii. **Medical Records.** Patient shall pay for the cost of all copies of his or her medical records requested by them and a retrieval fee of \$19. Copying costs are based on state and federal schedules and are subject to change accordingly. A Patient may obtain the current copying rates by contacting the Pinchot office.

PRINCIPAL PATIENT AUTHORIZES PINCHOT TO CHARGE PRINCIPAL PATIENT'S CREDIT CARD OR DEBIT CARD FROM TIME TO TIME FOR PROFESSIONAL SERVICE CHARGES AND COSTS IN ACCORDANCE WITH THIS CONTRACT. PRINCIPAL PATIENT AGREES TO PAY, WHEN DUE, ALL FEES, COSTS, AND EXPENSES FOR HIMSELF/HERSELF AND FOR ALL ASSOCIATED PATIENTS.

5. **Amendment.** This Contract shall not be amended or supplemented except by means of a written agreement executed by Patient and a physician at Pinchot.

PINCHOT RESERVES THE RIGHT TO CHANGE ITS FEES FOR SERVICES AND COSTS AS PROVIDED IN THIS CONTRACT AND PLAN UPON \_\_\_\_\_ DAYS NOTICE TO THE PATIENTS.

6. **Breach and Termination.** Patients' failure to make any payments when due shall be a breach of this Contract. Principal Patients' failure to provide payment of the Basic Monthly Fee on or before its due date will relieve Pinchot of its obligations to provide services to Patients under this Contract. Services to Patients in accordance with this Contract shall terminate on the last day of the month for which payment has been received. Either party to this Contract may terminate this Contract upon 15 days' prior written notice to the other party. If either party terminates this Contract prior to the 15<sup>th</sup> of any month, the Principal Patient shall be responsible for one-half of the Basic Monthly Fee for that month. If either party terminates this Contract on or after the 15<sup>th</sup> of any month, the Principal Patient shall be responsible for the entire Basic Monthly Fee for that month. Despite the termination of services under this Contract, the Patient may remain a patient of Pinchot Family Medicine, provided Patient pays for all services rendered in accordance with the general business practices of Pinchot Family Medicine for patients who are not Patients under the Plan and who do not have health insurance.

7. **Notices.** All notices and information relating to this Contract and Plan shall be provided in writing and delivered to the mailing address of the Principal Patient indicated on page 1 of this Contract or, if to Pinchot, delivered to the address provided below:

Pinchot Family Medicine, P.C.  
7475 Carlisle Road  
Wellsville, PA 17365

8. **Applicability.** The Plan is intended solely for the benefit of the Principal Patient and Associated Patients whose names are indicated on this Contract. Pinchot reserves the right to exclude any individual from participation in the Plan. All adult Patients shall sign this Contract, thereby consenting to and agreeing to all of the terms and conditions of this Contract. A parent or guardian shall sign on behalf of all minors or incapacitated parties who are under this Contract. All parents or guardians of minors or

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Owner: A. Koontz		Approved by: S. Moyer		

incapacitated persons who are listed as Patients, further agree to be financially responsible for all cost and services provided to such minor and/or incapacitated person.

**9. Counterparts.** To respect the privacy of each Associated Patient, this Contract may be executed with multiple copies of this Page 5, each of which shall indicate the signature of a separate adult Patient, and all of which shall be deemed to be integral parts of this Contract.

**10. Governing Law.** This Contract shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania.

ATTEST:

PINCHOT FAMILY MEDICINE, P.C.

\_\_\_\_\_

By: \_\_\_\_\_  
 Print Name:  
 Title:  
 Date:

WITNESS:

PRINCIPAL PATIENT:

\_\_\_\_\_

By: \_\_\_\_\_  
 Print Name:  
 Title (if applicable):  
 Date:

WITNESS:

ADULT PATIENT:

\_\_\_\_\_

Print Name:  
 Date:

Cc: Patient Chart (and family, if applicable)

Title: Pinchot Plan Enrollment Contract	Pinchot Family Medicine	Document No.: FO-FR-031	Effective Date: 12/15/11 Rev: 01	Page 6 of 6
Owner: A. Koontz		Approved by: S. Moyer		

<u>Document Revision Log</u>				
<u>Revision</u>	<u>Date</u>	<u>Description</u>	<u>Requested By</u>	<u>Completed By</u>
00	2/2/11	Initial Release	S. Moyer	A. Koontz
01	12/15/11	Annual Review	A. Koontz	A. Koontz

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