

Greenwood Village Health and Wellness

PROGRAM AGREEMENT

The Greenwood Village Health and Wellness Program offers you certain benefits and services which are not currently covered by your health insurance or by Medicare. These services are provided for a fee. If you elect to purchase this program you will be provided the following services:

- ~ An annual comprehensive health evaluation tailored to and focusing on your lifestyle, habits and personal strengths in order to identify your goals for personal health and optimal wellness. We will start with a individualized lifestyle analysis that identifies those areas in your day-to-day life where there are opportunities for changes that will positively impact your physical and mental health. We will then develop a health plan going forward for the year to help you achieve your personal health goals strategizing on how you can accomplish those goals with a focus on lifestyle changes. During the year we will evaluate your progress and make adjustments to your plan as needed to help you reach your goals.
- ~ Same day/ next day appointments with minimal waiting.
- ~ Access to longer appointments with us at your preferred times whenever possible.
- ~ 24 hour access to your physician via telephone, email and/or video to allow you to address your health care issues when you don't have the time or ability to come to the office for evaluation. Through these communication methods you will have access to your personal physician anywhere where computer access or telephone services are available. To the extent that we can assess your condition without a face-to-face visit without compromising your care we may do so should you prefer this.
- ~ Access to a secure patient portal for lab results and communications.

~ Access to a personalized weight loss program tailored for you. We will set a reasonable goal periodically and help you attain that goal while monitoring your progress throughout the year to keep you on track. We may utilize outside resources and in house supplements to assist you in attaining your weight loss goal.

~ Vaccinations that are recommended to prevent communicable diseases that could interfere with your health and quality of life will be available at the office with no additional injection fees.

~ Healthcare navigation and assistance for coordination of care with specialists and hospitals.

~ Discounts on labs and other community wellness services.

~ Advanced testing to assess for risk factors for heart and lung disease.

~ Advanced testing to ensure the medications you may be taking are right for you.

~ When and if you are hospitalized your doctor will serve as your liaison with hospitalists and specialists to help you understand the care you are receiving in the hospital and to answer your and your family members' questions about your care. This communication will be done through phone calls and/ or face-to-face visits depending on the circumstances.

This list of services may change from time to time depending on patient preferences and other variables.

SERVICE FEE

The fee for the above services is as follows:

Adults age 21 and above:

\$95.00 Enrollment fee and \$95.00 per month (with a three month minimum agreement) or \$1140.00 per year. Pay annually and your enrollment fee is waived.

Children up to 21 years of age:

\$45.00 per month (with a three month minimum agreement) or \$540.00 per year.

You may cancel your membership with thirty days notice at any time after the first three months (if you have received your annual health assessment) and at any time with thirty days notice (if you have not received your annual health assessment).

This program is not health insurance. You should continue to maintain coverage through a commercial insurance plan, a government plan or through a self-insured risk pool adequate to help pay for specialty care and hospitalization expenses.

I wish to purchase the above services.

NAME

DATE

NAME

DATE

PATIENT INFORMATION

Paying by check:

ACCOUNT NUMBER

ROUTING NUMBER

CREDIT CARD INFORMATION

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

AUTHORIZED SIGNATURE

EMAIL COMMUNICATIONS

If you wish to receive e-mail communications, texts or participate in video office visits please consider the following information and sign the electronic communication consent below:

I understand that email, text and video communications may not be a secure medium for sending or receiving potentially sensitive personal health information. Although communications between patient and physician are subject to confidentiality requirements of the law Greenwood Village Family Medicine cannot assure the confidentiality or protection of email, text or computer video communications. E-mail, texts and computer video between me and Greenwood Village Family Medicine may be accessed by individuals not directly involved in my care including, for example, my employer if my email address is provided by my employer, or my internet service provider.

I understand that e-mail and text messages are not a good medium for urgent or time-sensitive communications. Time-sensitive communications should be handled by direct telephone contact or in person. At the direction of my physician e-mail communications and text messages may become part of my medical record.

I authorize Greenwood Village Family Medicine to send electronic mail, texts and computer video messaging to the following:

E-mail: _____

Cellular phone: _____

PATIENT SIGNATURE

DATE