



Rife Pediatrics PLLC  
455 School St. #30, Tomball, Tx 77375  
Phone/text: 281-729-4414  
[hello@rifepediatrics.com](mailto:hello@rifepediatrics.com)  
Fax: 281-942-1220

## Patient Agreement

### Sign Up Fees

All new patients are responsible for the \$150 sign-up fee, which covers the initial visit.

**With Telemedicine Plan:** The first 3 children in the household who come to the initial office visit are covered by the sign-up fee. Each additional child is \$50. Families with multiple children are making a commitment to remain enrolled in the telemedicine plan for a minimum of 3 months. (If additional children are added later, the \$150 sign-up fee will apply.)

**Without Telemedicine:** Each child's first visit is \$150.

Each new **adult** patient is responsible for the \$150 sign-up fee, which covers one adult's initial office visit.

Our providers must have an initial in office visit occur prior to any telemedicine visits for all patients.

**Telemedicine Membership Costs: Pediatric - \$65/month | First Adult - \$50/month, Second Adult - \$45/month**

Pediatric Membership covers unlimited telemedicine visits and direct texting/calling access to your doctor for all your children ages 0 to 18 and adult children between the ages of 19 and 24 if they are full-time students or are living at home.

Adult Membership covers unlimited telemedicine visits and direct texting/calling access to your doctor for the first adult in the household. Each additional adult in the same household will be an additional \$45 a month. Household includes adults living at the same address. (For example: Each month Father pays \$50, Mother pays \$45, Grandmother pays \$45).

Payment will be set up as autodraft (via bank draft, debit card, credit card, or alternative means if approved by Dr. Rife) on the 1st, 5th, or 15th of the month. First month may be prorated at the doctors discretion.

There is no late fee. If payment is not received by the 15th of the month, we will contact you for a new form of payment, but if we are not able to get payment by the end of the month, Telemedicine service will be canceled. Fees may apply to re-register.

**Monthly Fee and Service Offering Adjustments.** If the practice finds it necessary to increase or adjust monthly fees or service offerings before the termination of the agreement, the practice shall give 30 days written notice of any adjustment. If patient does not consent to the modification, patient shall terminate the agreement in writing prior to the next scheduled monthly payment.



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### **Membership cancellation:**

If the doctor-patient relationship is no longer mutually beneficial - one of us is not happy. Patient or physician may cancel the service at any time for any reason.

If your doctor decides to terminate your membership, your doctor will provide 30 days' notice and provide necessary medical care during those 30 days.

Nonpayment. If a Patient's account becomes delinquent for nonpayment, the Practice reserves the right to terminate the Patient's membership at any time.

**Refunds will only be given for months that have not started yet; no prorated refunds will be given.**

**Telemedicine membership cancellation does not remove patients from the practice. They can continue to be patients and will pay for any telemedicine services provided at a rate of \$100 per visit.**

### **Office Visits**

Initial visit is \$150 per patient. (Discount applies for multiple kids on the Telemedicine Membership plan.) All subsequent office visits are \$100.

Families who opt not to enroll in the Telemedicine Membership plan for \$65 per month will pay \$100 per telemedicine visit per patient.

Non-telemedicine members may contact their doctor through calling the administrative assistant or emailing their doctor. They do not have access to texting/calling their doctor directly.

### **No Show Policy and Fee:**

To ensure our availability for patients when they need care, all patients need to arrive at their scheduled appointment on time. If you need to cancel or reschedule, call or text the practice manager at 281-729 4414 as soon as possible.

There is no penalty for canceling or rescheduling at least 24 hours in advance. If you cancel or reschedule less than 24 hours before your appointment time, or do not show up, you will have to pay a fee equal to the charge for the missed appointment.

If you arrive late, your provider will determine if there is sufficient time to complete the visit. If you complete the visit, there is no fee.

If the exam is completed but there is insufficient time for the discussion of the symptoms and plan, you will need to arrange a telemedicine visit to complete the discussion and ordering tests and treatments (which incurs a \$100 charge if not a telemedicine member).

If there is insufficient time for the exam, we will consider this a missed appointment and you will have to pay a fee equal to the charge for the missed appointment.



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### **Telemedicine visits can care for:**

Cough and cold, fever, COVID, ADHD, depression, anxiety, allergies, cuts and abrasions, Flu-like symptoms, sinus infections, insect bites, rash, vomiting and diarrhea, pink eye, asthma, ear infections, musculoskeletal injuries, and anything else the physician finds appropriate.

While many illnesses can be managed over phone/video chat, there are limits to what can be done. In the instance that your doctor feels your child needs an in-person evaluation, your doctor or a covering provider will meet you at the clinic during normal business hours. If the covering provider happens to be unavailable or your child's illness requires a higher level of care, then your doctor will help you decide the best place to seek care and will communicate with that facility regarding your child's illness.

### **How Telemedicine Members Contact Their Doctor:**

#### *Call 911 if:*

For real medical emergencies please call 911.

#### *Call your doctor if:*

Your child is sick, and you are not sure what to do. You are trying to decide if you need to take your child to urgent care or the ER.

If you are taking your child to the ER - your doctor can call ahead and help you navigate the healthcare system. You may contact your doctor at any time you are concerned about your child.

#### *Text your doctor if:*

For quick basic concerns that can be easily answered, send your doctor a text. Your doctor will attempt to respond within 1 hour. Keep in mind that your doctor is caring for other patients in the office or virtually. Personal or family needs may prevent your doctor from responding as long as 12 hours. If your doctor will be unavailable for an extended time, another provider will be arranged to respond to these messages. Feel free to send a follow up text with updates. If the situation becomes urgent, call your doctor.

#### *Email your doctor if:*

For non-urgent concerns please send an email that will be answered within 1-3 days.

#### *When to contact the clinic:*

Call or text 281-729-4414 or email [Karissa@rifepediatrics.com](mailto:Karissa@rifepediatrics.com)

For nonclinical questions, such as scheduling, refills, school notes, billing, policies.



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#### Additional Costs Not Covered by Telemedicine Membership:

- Labs and X-rays
  - your doctor can order labs and X-rays and help you find the most economical way to get them done
- Vaccinations
  - if you need vaccinations for your child, your doctor can help you arrange administration through pharmacies, clinics, or health departments.
- Care received at outside facilities, such as specialist's office, physical therapy, and ER.

#### Follow Up Office Visits

Regardless of telemedicine membership status, after the initial sign-up visit, all patients may schedule follow up office visits for \$100 per patient.

In office visits will be available on selected days each month, ideal for scheduling well visits, sports physicals, and addressing chronic conditions. The dates for office visits will be sent out by email and posted on the clinic Facebook page. There is some availability of office appointments for sick visits, but telemedicine visits can address sick needs in many cases.

#### Boundaries on Services Provided

**Pelvic and Sensitive Exams:** At Rife Pediatrics and Family Care, our physicians prioritize professional boundaries and patient comfort. To ensure the highest standard of care:

- Physicians will not perform pelvic, breast, genital, or anal exams on patients of the opposite sex without a parent or trained medical chaperone present.
- When these exams are necessary, physicians may refer patients to an appropriate specialist if preferred or indicated.

Please note that membership fees at Rife Pediatrics and Family Care do not cover services provided by outside specialists.

#### Narcotics:

Your doctor may choose to prescribe narcotics, but solely for cancer pain or post-surgical pain. Narcotics are not kept in the office.

#### Erectile Dysfunction:

Your doctor may choose to prescribe erectile dysfunction medication, but only for married (defined as between a genetic man and genetic woman) men.

#### Birth Control:

Your doctor may choose to prescribe birth control pills, but only for menstrual problems or for married (see definition above) women desiring contraception.

#### Induced Abortions:

Your doctor will not prescribe 'morning after' pills or abortifacient pills. Your doctor will not refer anyone for an abortion.



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#### Gender Reassignment:

Your doctor will not prescribe hormones or hormone blockers for the purpose of altering gender phenotype or secondary sex characteristics. Your doctor will not perform or refer for gender reassignment surgery or hormonal therapy.

#### Leaving the practice

Either doctor or patient can terminate the relationship at any time for any reason. The practice will give the patient 30 days to find a new doctor, and no non-urgent care will be provided to the patient by the practice during that time. No patient terminated by the practice for nonpayment will be accepted for future membership until all outstanding charges as well as a re-enrollment fee have been paid.

#### Communications

The practice endeavors to provide patients with the convenience of a wide variety of electronic communication options. Although we are careful to comply with patient confidentiality requirements and make every attempt to protect your privacy, communications by email, facsimile, video chat, cell phone, texting, and other electronic means, can never be absolutely guaranteed secure or confidential methods of communications. By placing your initials at the end of this clause, you acknowledge the above and indicate that you understand and agree that by initiating or participating in the above means of communication, you expressly waive any guarantee of absolute confidentiality with respect to their use. You further understand that participation in the above means of communication is not a condition of membership in this practice; that you are not required to initial this clause; and that you have the option to decline any means of communication. (Initial)

#### Email and Text Usage

By providing an email address, the patient authorizes the practice and its staff to communicate with him/her by email regarding the patient's "protected health information" (PHI). By providing a cell phone number, the patient consents to text message communication containing PHI through the number provided. The Patient further understands and acknowledges that:

- Email and text message are not necessarily secure methods of sending or receiving PHI, and there is always a possibility that a third party may gain access.
- Email and text messaging are not appropriate means of communication in an emergency, for dealing with time-sensitive issues, or for disclosing sensitive information. Therefore, in an emergency or a situation that could reasonably be expected to develop into an emergency, the Patient agrees to call 911 or go to the nearest emergency room and follow the directions of emergency personnel.
- Email and text messages may be made a part of Patient's permanent medical record, at the discretion of the Practice.



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I give Rife Pediatrics permission to text and email me.

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Signature

Date

NOTICE CONCERNING COMPLAINTS: Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353, For more information, please visit our website at [www.tmb.state.tx.us](http://www.tmb.state.tx.us).

#### **Non-Participation in Insurance**

The Practice does not participate with any health plans, HMO panels, or any other third-party payor. As such, we will not submit bills or seek reimbursement from any third-party payors for the Services provided under this Agreement. If requested, Rife Pediatric and Family Care will provide a superbill listing the payments made for a patient; the patient/guardian may independently submit the superbill to request reimbursement from his private health plan if in accordance with the policies of that private health plan.



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## MEDICAID AND MEDICARE OPT-OUT AGREEMENT

### Private Pay Agreement

I understand that Rife Pediatrics PLLC is accepting me as a private pay patient for the period of my Membership at Rife Pediatrics PLLC, and I will be responsible for paying for any services that I receive. Neither I nor the provider will not file a claim to Medicaid or Medicare for the services that are provided to me or my children.

Signed: \_\_\_\_\_

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

## AUTOMATIC CREDIT/DEBIT CARD BILLING AUTHORIZATION

To enjoy the convenience of automated billing, simply complete the Credit/Debit Card Information section below and sign the form. All requested information is required. Upon approval, you will have the option to make monthly payments or set up a monthly auto-deduction. Payments are made directly through our secure link accessed through your electronic statement sent to your email. Your statement will include monthly fees and incidental charges which you will receive prior to any payments or deductions.

Customer(s)Name(s): \_\_\_\_\_

### PAYMENT INFORMATION

I authorize Rife Pediatrics to automatically bill the card listed below as specified:

Amount: \$65 for monthly subscription and Incidental Charges.

### Frequency:

Monthly Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_

End billing when: Customer provides written cancellation.

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## ACH AUTHORIZATION

I, \_\_\_\_\_, hereinafter called PATIENT, hereby authorize Rife Pediatrics, hereinafter called PROVIDER, to initiate debits and/or credits to or from my Bank Account indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and or credit the same to such account. We acknowledge that the origination of ACH transactions to or from our account must comply with the provisions of U.S. law.

**Please provide this originator number to your bank account so that we can successfully process the ACH: ORIGINATOR # \_\_\_\_\_**

PATIENT'S Bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: Account Type: ☐ CHECKING ☐ SAVINGS

This authorization is to remain in full force and effect until Rife Pediatrics has received written notification from the Patient of its termination in such time and such manners as to afford Rife Pediatrics, a reasonable opportunity to act on it.

\_\_\_\_\_

**AUTHORIZATION BY INDIVIDUAL TO SIGN/ACT ON BEHALF OF THE PATIENT**

\_\_\_\_\_

DATE

\_\_\_\_\_