Copy of Drivers License

This Document Pertains To Driver Shawn Simmons Whose Social Security Number is *****

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Echelon-Health Concierge Medicine Agreement

SERVICES

Patients ("members") pay a yearly membership fee. Fee is inclusive of all office visits and routine office administered medications and treatments. The fee does not include fees for blood work (labs), vaccines, or prescribed medications. Lab fees are determined by our lab vendor and are provided 'at cost' for members. Price of vaccines is variable and provided to patient 'at cost.'

Services include but are not limited to: medication management for chronic illness, acute illness, joint injections, some fracture care, and well exams.

TERM

Agreement is for one year. Agreement will renew automatically after one year unless either party elects to not renew.

Membership includes annual wellness exam with medical history and complete physical, plus any medical management needed by the patient (medication refills, specific medical evaluation, treatment, etc.).

After the initial exam, the patient will be seen according to his or her needs for one year. For routine matters, members communicate with the office through telephone, video chat, text, and email where appropriate. After-hours calls for urgent matters are made to the physician directly.

FEES

Adults - $2100/YEAR. MAY PAY IN INSTALLMENTS $175/MONTH, $525/QUARTER

Children <18 - $360/YEAR. MAY PAY IN INSTALLMENTS $30/MONTH, $90/QUARTER

College - $720/YEAR. MAY PAY IN INSTALLMENTS $60/MONTH, $180/QUARTER

Payment made with cash, check, ACH, American Express, Visa, MasterCard, or Discover.

First quarter is non-refundable for new members. Child or College member must have one parent/guardian member.

CHANGES IN AGREEMENT BEFORE END OF ANNUAL TERM

Either the patient, or guarantor for minor child, or Echelon-Health may elect to end this agreement with written notice. Cancellation of membership will occur at the next billing cycle.

Echelon-Health will refund to the patient, the patient's legal representative, or the patient's employer of monthly fees paid in advance if the primary care provider ceases to offer primary care services for any reason.

PAYMENT IN INSTALLMENTS

Installment payments may be made on the 1st or 15th of each month, or 1st or 15th every 3 months (quarterly). Members paying in installments are required to keep a credit card, debit card, or ACH information on file. Payment is automatic on the 1st or 15th of each month or 1st or 15th of each quarter. Payment for incidental purchases such as labs and supplements will be added to member account and paid at next billing cycle on the 1st or 15th of the month.

LATE PAYMENT OF FEES

After 5 days past the due date (on or after the 6th or 20th of the month) a late payment fee of $40 will be applied. Failure to pay after 14 days will result in termination of the membership.

MEDICAL SERVICES NOTE

Payment of fees is for professional services and do not constitute a guarantee of a specific treatment or prescription. Dr. McElroy does not prescribe controlled substances for chronic medical conditions in most circumstances. Patients requiring this type of medication will be referred to a specialist as needed.

TAX TREATMENT NOTE

Health Savings Accounts/Flexible Spending Accounts/Health Reimbursement Accounts

Laws and regulations regarding these medical spending accounts vary. You should discuss with your insurance agent or accountant regarding the availability of these funds for "Concierge Medicine" payment as state and federal laws regarding this are numerous and complicated. For more information on these medical spending accounts, the US Dept. of Treasury has the following website: http://www.irs.gov/pub/irs-pdf/p969.pdf

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PATIENT ACKNOWLEDGEMENT

This agreement is not health insurance and the primary care provider will not file any claims against the patient's health insurance policy or plan for reimbursement of any primary care services covered by the agreement. This agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act. 26 U.S.C. s. 5000A. This agreement is not workers' compensation insurance and does not replace an employer's obligations under chapter 440.

I have read AND understand the above policies of Echelon-Health, Inc. and I would like to join Echelon-Health.

Shaun Simmons 03/14/2024

Patient/Guarantor Printed Name Signature Date

FAMILY/CORPORATE PLAN MEMBERS

Printed Name Date of Birth

Echelon-Health
16110 N. Florida Avenue, Lutz, FL 33549
813-415-2319 OFC - 813-474-2912 FAX
Revised Oct 2023

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