

# Patient Membership Agreement

This agreement is between Dr. Erin Kershisnik and or Dr. Samantha Ritchie ("Physician"), whose principal place of business is Vantage Physicians, 3703 Ensign Road, Suite 10A, Olympia, WA 98506, and patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Patient").

In exchange for the Membership Services, the Patient agrees to make payments to Physician pursuant to the Attached Fee Schedule. By signing below, Patient also acknowledges that Patient understands and agrees to the following:

1. Patient has received and reviewed the Patient Handbook, which outlines the covered and non-covered services of this membership as well as the general policies and customs of Vantage Physicians. Further, Patient has had the opportunity to ask questions and receive answers regarding its content. ***(Available in office)***

2. This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described in the Patient Handbook. Patient should obtain insurance for services not provided by Vantage Physicians.

3. The services provided by my Vantage Physician and their staff will be within the community standards of medicine.

4. My membership does not entitle me to any and all medical services or treatments available unless medically indicated or necessary.

5. The monthly membership fee for enrollment is the rate specified in the Attached Fee Schedule and Patient will pay my membership fees annually/ quarterly / monthly. ***(pls circle)*** Vantage Physicians does not bill insurance for the services it provides.

6. Quarterly and monthly payments **require** an automatic payment authorization and Patient agrees to complete the necessary paperwork.

7. Patient’s membership fees will be held in an escrow account and will not be dispersed to Vantage Physicians until the 1st day of the month following the month enrolled.

8. Patient is free to terminate Patient’s relationship with Vantage Physicians at any time upon written notice delivered to Vantage Physicians.

9. Vantage Physicians may terminate its relationship with Patient on 30 days written notice within the policies and limitations expressed in the Patient Handbook.

10. Any membership fee refunds due will be processed within the policies and limitations expressed in the Patient Handbook.

11. Membership under this agreement is non-transferable.

*For Apple Health, Kaiser Permanente (except KP Options),and HMO Patients (you have an HMO if a doctor’s name in listed on your insurance card):* Some insurance plans will not allow Vantage Physician doctors to make referrals because we are not on their list of providers.  This applies to insurance plans such as Amerigroup or Molina.  It also applies to Kaiser Permanente (except KP Options). In other words, if Patient have one of these insurance plans and need a referral to a specialist, to physical therapy, for massage or medical equipment, etc., Patient will need to see another primary care provider who is part of Patient’s insurance plan to get that referral.

*For DSHS Patients, Apple Health Plan Patients, and GAU/categorically needy state sponsored plan patients:* When Vantage Physicians patients covered by DSHS insurance are hospitalized and a Vantage Physician is their primary doctor in the hospital, DSHS does not pay the hospital for the patient’s stay. If Patient is hospitalized, Vantage Physicians will continue to visit Patient and keep careful track of what goes on in the hospital, but Patient must be admitted under the hospitalist program at Providence St. Peter Hospital. The hospitalists will bill DSHS for Patient’s daily visits.

*For Medicare Eligible Patients:* If Patient is a Medicare beneficiary, Patient acknowledges and understands that Patient has received a copy of the Medicare Beneficiary Addendum Agreement for review and signature before signing this agreement.

*For Non-Primary Members (if Patient is not the first member, but are is under a couple or family plan):* I acknowledge and understand that my membership is under the primary membership of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at a reduced rate. I acknowledge and understand that should the primary membership be terminated by either the Patient or Vantage Physicians and I choose to remain a member, my enrollment rate and fees may increase within the policies and limitations expressed in the Patient Handbook.

If Patient is dissatisfied with services under this agreement, please inform the staff at Vantage Physicians right away. Unresolved concerns may be communicated to the Office of the Insurance Commissioner at 800-562-6900.

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| Patient Signature | Office Staff Witness |
| Printed Name | Date |