

Cascade Direct Care Member Agreement

The following Retainer Practice Agreement describes the Practice and summarizes the terms and conditions of your participation. We are happy to answer any questions that you might have about the practice that is not answered to your satisfaction below. Please sign and date the document below once you are clear on the terms of this agreement. A copy of the Agreement will be provided to you.

About Cascade Direct Care

This Agreement creates a retainer relationship under which you, the member, will be provided with the specific services listed on the “Member Benefits” section of this agreement. Cascade Direct Care reserves the right to make minor changes to these services at any time in response to market conditions, regulatory requirements, and clinical developments. (For example, we may add a benefit due to our ability to obtain certain lab for less cost to the clinic, a change in patient flow, or the addition of another provider.) If such a change occurs, you will be notified via email or mail, and the updated benefit list will be available on the website (www.cascadedirectcare.com).

Definitions

In order to create a clear and unambiguous agreement, we will use the following terms throughout this agreement:

“Agreement” shall mean this Cascade Direct Care Member Agreement

“Member” shall mean any adult who agrees to participate in the Practice by signing this Agreement below.

“Participation” shall mean all of the rights, privileges, duties, and obligations you undertake by agreeing to participate in the Practice.

“Membership Fee” shall mean the fee charged to members in return for their access to the services described herein.

“Practice” or “Cascade Direct Care” shall mean the medical clinic as defined in your Agreement.

“You” shall mean any and all members.

The state of Oregon requires the following disclosures:

- This practice does not constitute insurance. You, your private health insurance or other third party payment program, or both will continue to be financially responsible for all services or amenities you receive that are not specifically covered by this Agreement.
- This practice provides only the limited scope of primary care as specified in the retainer medical agreement. Specialty and/or hospital care, pharmaceuticals, and testing (lab, Xray, ultrasound, etc.) are not covered by your fee and are your financial responsibility.
- Furthermore, you acknowledge that the Practice is not intended as, and is not a substitute for, emergency medical services. In the event of a medical emergency, please call 9-1-1.
- The Department of Consumer and Business Services issued a certification to this practice. You can contact consumer advocates at the Department of Consumer and Business Services at (888-977-4894), dcbs.inmail@state.or.us, or www.insurance.oregon.gov

Your Responsibilities

Cascade Direct Care is not responsible for any additional expenses or charges as a result of any care provided through this clinic. You acknowledge that you may receive services that are not covered by the Participation Fee, your private health insurance or other third party payment programs. You agree to accept financial responsibility for these services or amenities, as well as any co-payments, deductibles, or co-insurance as dictated by your insurance. Medical services may be covered by insurance if you choose to receive medical care through a provider that is NOT associated with Cascade Direct Care. You are responsible for knowing your insurance or third party payer terms.

Medical services provided to members by Cascade Direct Care are not billable to insurance. You agree not to submit services obtained through Cascade Direct Care for insurance reimbursement. Cascade Direct Care will not bill insurance for services provided with your membership.

You further acknowledge that at **no time** during your Participation will you be a recipient or beneficiary, through primary or secondary payment or otherwise, of any of the following governmental health care payment programs for services provided by Cascade Direct Care: Medicare, Medicaid, and Tricare. Cascade Direct Care will not bill these entities for services provided through your membership with us.

Some health savings accounts (HSA) and Flex Spending accounts may be used for our monthly retainer fees. Please contact your plan to clarify whether retainer practice costs will be covered by your plan. We are happy to provide details of our agreement to your plan.

Participation and Enrollment Fees

Your first month is pro-rated based on days in the enrollment month and subsequently renews on the 25th of the month automatically for the following month. An enrollment fee is required for first time applicants and any individual re-enrolling after ceasing Membership. Under no circumstances is the enrollment fee refundable.

Participation Levels and Fee Schedule

Each Adult: \$60 per month, each additional adult \$50 per month

Each Dependent Child up to 18 years of age: \$25 per month

Enrollment Fee

Initial enrollment for Adult, Couple or Family: \$100 nonrefundable fee per adult or family

Re-enrollment for prior Member \$100 nonrefundable fee per adult or family

Payment Terms

The Monthly Participation Fee and Enrollment Fee are only payable by automatic funds transfer from your checking or savings account, Visa, or MasterCard. A \$25 dollar fee will be charged for each declined credit, debit or automatic funds transfer transaction.

How to Renew

We will renew your Participation automatically every month. If you do not wish to renew, please notify us in writing 30 days prior to your anticipated cancellation date. If you do not cancel your Participation, we will assume that you are renewing your Participation and continue charging you monthly.

Termination of Participation

Cascade Direct Care may cancel participation at any time for non-payment for services, abusive or fraudulent behavior. Participation will not be canceled for health reasons.

How to Cancel Your Participation

There is no long-term obligation to remain in the Practice. We want every Member in the practice to be happy and satisfied with the service that we provide. If you choose to cancel your Participation, you must notify us in writing 30 days in advance. If you fail to pay the Participation Fee when required under this Agreement and the appropriate amount is not paid within ten business days, we will assume that you have chosen to cancel your Participation, and your Membership will cease. Re-enrollment will require payment of the \$100 enrollment fee. No fees will be refunded retroactively. Monthly fees will be pro-rated to the day cancellation becomes effective. Any Participation Fees we may be holding for future periods will be refunded to you.

Changes to the Practice or Discontinuation; Refund Policy

If it becomes necessary or desirable to discontinue or change the Practice substantially or make material reductions in its services, we will notify you in writing. If you cancel your Participation within thirty days of our notice of such a change or reduction, we will cancel your Participation at the end of that month, and you will have no further obligation to pay the Participation Fee. Any Participation Fees we may be holding for future periods will be refunded to you.

The Practice’s Obligations Upon Termination of Participation

The primary goal in establishing the Practice is to facilitate quality medical care. Therefore, if this Agreement terminates for any reason you have the right to transfer your medical care to another clinic. If you no longer desire to continue care with this clinic, every reasonable effort to transfer your medical care to another qualified medical practitioner will be made. Members may continue to receive care with the Practice with standard Practice fee-for-service charges at the non-member rate after membership termination.

Assignment

Neither Cascade Direct Care nor any Member has the right to assign this Agreement or any of the rights, duties, privileges, or obligations which arise under it to any other party. Any attempt to do so will be null, void, and of no legal effect.

Entire Agreement

Cascade Direct Care and each of the Members agree that this Agreement is the sole agreement among the parties concerning the subject matter hereof and that there are no promises, representations, or agreements among the parties concerning such subject matter which are not contained herein. Except as otherwise provided above, this Agreement may not be modified or amended without the express written consent of Cascade Direct Care and the Member.

By my signature below, I agree to become a Cascade Direct Care Member and I agree to the terms outlined in this Member Agreement:

Signature: _____ **Date:** _____

Print Name: _____ **Patient** **Parent/Guardian**

Cascade Direct Care Membership Benefits

Service	Services included in annual membership \$60/month Adult \$25/month for children under 18	Cost after membership option used for the year
Initial visit to build chart and health plan	Free	N/A
Physical Exam	Unlimited	N/A
45 Minute Office Visit	Unlimited	N/A
Phone Consults	Unlimited	N/A
Complete coordination of care with specialists	Unlimited	N/A
House calls by request; travel time is included in the 45 minute appointment time.	Available for patients within city limits for who travel is difficult.	N/A
Skin Lesion Excision	1 per year	\$50 per lesion
Joint Injection	1 per year	\$50 per injection
Abscess I&D	1 per year	\$50 per treatment
Cryotherapy	6 lesions per year	\$10 per lesion
Minor Uncomplicated Wound Closure	1 per year	\$50 per closure
Ingrown Toenail	2 per year	\$10 per treatment
Ear Lavage	4 per year	\$15 per treatment
EKG	1 per year	\$20 per study
Vaccinations	At Cost	N/A
Rapid Strep	2 per year	\$5 per study
Fecal Occult Blood	1 per year	\$10 per study
Microalbumin	4 per year	\$10 per study
Mono Spot	1 per year	\$10 per study
Hgb A1C	4 per year	\$15 per study
INR	4 per year	\$15 per study
Urinalysis	3 per year	\$5 per study
Pregnancy Test	2 per year	\$5 per study

Glucose Finger Stick	Unlimited	No Charge
Phlebotomy	Unlimited	Unlimited
Tuberculosis Test (PPD)	1 per year	\$15 per study
Annual PAP	1 per year	\$86 per study
CBC	1 per year	\$8
Comprehensive Metabolic Panel	1 per year	\$15
Lipid Panel	1 per year	\$18
PSA	1 per year	\$25
All Other Lab Studies	At Cost	N/A

Services not included in the monthly fee: Cascade Direct Care is not health insurance. Your membership covers the services listed above only. You, or your insurance will is responsible for payment of all additional medical costs such as X-rays, outside labs, vaccines, medications, pathology (pap smears, biopsies), emergency room visits, prenatal care, hospital care, surgery, or specialist care. *Not all conditions can be treated by Cascade Direct Care providers, and at times, additional medical care is required.* Please note: Cascade Direct Care is not a chronic pain clinic, and does not provide medical marijuana cards, dental care, or obstetrics.