

# Preventive Primary Care ~ Select

## RETAINER MEDICAL AGREEMENT

Welcome to the Retainer Medical Practice of Dr. Maureen E. Mays, MD, MS, FACC (the "Practice"). My Practice will be certified by the Oregon Department of Consumer and Business Services and Oregon law governs this Agreement. One requirement of my certification is that I enter into a Retainer Medical Agreement (the "Agreement") with each patient enrolled in the Practice, including you (the "Patient"), to clarify that:

- The Practice is not health care insurance or a health insurance product;
- The Practice provides only the limited scope of primary care services set forth in this Agreement, and
- The Patient must pay or arrange to pay for all other health care services they may need that are not specified in this Agreement.

Many of my patients have some form of health benefit that covers other ancillary or specialty services not provided in this Agreement. Other than my Retainer Medical Fee, I will not bill you, any benefit plan, or health insurer for services covered under this Agreement. If you ever have questions about this Agreement, please let me know. The following are some basic terms that describe our Agreement.

### AGREEMENT

#### Section 1. Parties

The parties to this Agreement are Dr. Mays as Preventive Primary Care ~ Select (the "Practice") and

\_\_\_\_\_ (the "Patient")

#### Section 2. The Effective Date and Term

This Agreement will be in effect starting on August 7, 2017 or the current date (whichever is later) and it will continue for a period of one (1) year from that date unless either party decides to terminate the Agreement as set forth in Section 6. After one (1) year, this Agreement will automatically renew for an additional one (1) year at the prevailing price, provided that the patient pays the Retainer Medical Fee and neither party terminates the Agreement as permitted in Section 6.

### **Section 3. Services Included in the Retainer Medical Fee**

The Practice provides the following primary care services that are included in the annual Retainer Medical fee:

- Complete Physical Exam, approx. 90 minutes (1 per year)
- Additional office visits as needed
- 24/7 phone access to me for urgent/emergent matters
- Phone, Face Time, Skype consults as needed
- Email communications as needed
- PAP smear, female (pathology charge is separate), as needed
- Prostate exam, male, as needed
- Stool guaiac test for occult blood (as needed) – lab fee included
- Urinalysis (as indicated) – lab fee included
- Therapeutic injections (as indicated), including but not limited to trigger points, medications, vitamins, botox, etc. (All medications must be provided by patient prior to injection – via pharmacy, etc.)
- Cryotherapy = freezing of lesions (12 lesions per year if appropriate)
- Skin tag removal (up to 20 per year)
- Sterile excisional biopsy of concerning skin lesions (pathology charge is separate)
- Superficial, uncomplicated wound closure
- EKG (annually and as needed)
- Dietary counseling and life/health coaching
- Private Group Facebook Page for health tips, etc.
- Informational lectures/sessions live on line or in person at least twice a year.

### **Section 4. Services Not Included in the Retainer Medical Fee**

This Agreement only covers services provided in Section 3 above. The Patient acknowledges and agrees that all other non-covered services including referrals for ancillary services or to other specialists will remain the financial responsibility of the patient or the patient's benefit plan. Check/money order/cashiers check only (HSA check if approved by your benefits plan).

### **Section 5. Retainer Medical Fee - based on your age at the time of enrollment and at the time of annual renewals (fee schedule is guaranteed through July 2020)**

\$1800 per year paid annually for ages less than 50.

\$2200 per year paid annually for ages 50 and above.

\$300 discount *per couple* residing in same household

\$300 discount **per child** if both parents are patients

**Section 6. Termination, Cancellation and Refund Policy**

Either party may terminate this Agreement at any time by giving the other at least thirty (30) days’ prior written notice. This Agreement also may be cancelled by the Practice if the Patient does not pay the Retainer Medical Fee due within thirty (30) days of the due date. If the Agreement is terminated before the end of a contract year, a pro-rated portion of the Fee (based on whole months remaining in the contract year) will be refunded to the Patient within thirty (30) days following termination. If the Patient has received their annual physical examination for the contract year, the Practice will reduce the refund amount by \$300 to cover the cost of that service. Patients may cancel service only once per calendar year. Patients who would like to rejoin the practice *may* be placed on a waiting list if the practice is full.

**Section 7. Compliments or Complaints**

The Practice continually strives to provide effective patient care services. If the Patient ever has a question or concern about services provided, they should contact Dr. Mays directly. The Practice welcomes compliments too. If the Patient has any questions about the certification of the Practice issued by the Oregon Department of Consumer and Business Services (“DCBS”), they should contact DCBS consumer advocates by phone at (888) 977-4894, by email at [dcbs.insemail@state.or.us](mailto:dcbs.insemail@state.or.us), or online at [www.insurance.oregon.gov](http://www.insurance.oregon.gov).

**THE PATIENT**

**THE PRACTICE**

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*By: Maureen E. Mays, MD, MS, FACC*

\_\_\_\_\_  
*Printed Patient Name*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Date Signed*