



## **Patient 360 Program Agreement**

This Agreement, effective as of the signature date, is entered into by Comprehensive Pulmonary and Primary Care. ("Practice") and ("Patient"). Both parties agree to the following terms:

### **Program Services:**

In exchange for the Membership Fee, the Practice agrees to provide the following amenities ("Program Services"):

- Same-day or next-day appointments.
- Virtual visits through video conferencing or similar technologies.
- 24/7 direct communication with providers via phone, text, or email.
- Enhanced care coordination with external specialists.
- Access to a dedicated office line for queries and appointments.

### **Insurance and Payment Terms:**

#### **Insurance Disclaimer:**

- The Practice participates in Medicare and other insurance plans.
- Membership Fees are NOT reimbursable through insurance.

#### **Membership Fees:**

- \$750.00 annually; per patient, payable as:
  - Full payment upon enrollment.
  - Quarterly installments with a \$400 initial payment.
  - Quarterly automated deductions (\$175 per quarter).

#### **Excluded Services:**

- Membership does NOT cover hospitalizations, specialist services, or services reimbursable by insurance.
- The Patient is responsible for securing separate health insurance for broader medical coverage.

**Acknowledgments:**

1. The Patient agrees that this agreement is not an insurance plan or prepaid health plan.
2. The Patient is responsible for services not included in the Program Services or reimbursable by insurance.
3. The Patient acknowledges the importance of maintaining appropriate insurance for services outside the scope of this Agreement.

**Insurance and Medicare Disclaimer:**

Patient acknowledges that Comprehensive Pulmonary and Primary Care. ("Practice") participates in Medicare and other insurance plans. The Membership Fee under this Agreement covers only the Program Services listed and does not include any services reimbursable by Medicare or other insurance.

**Per Medicare regulations:**

- The Practice may not bill Medicare for any services covered under this Agreement, and the Membership Fee does not count toward any Medicare cost-sharing requirements (e.g., deductibles or co-payments).
- Patients are encouraged to maintain Medicare coverage for services outside the scope of this Agreement, such as hospitalization, specialist consultations, diagnostic testing, or other healthcare services.

**Privacy and Data Protection:**

The Practice is committed to ensuring the confidentiality and security of all patient information. Any communication via phone, text, email, or video conferencing will comply with HIPAA regulations to protect patient data.

**Dispute Resolution:**

Both parties agree to make a good faith effort to resolve any disputes arising out of or relating to this Agreement through informal discussions before pursuing arbitration. If informal resolution is unsuccessful, disputes shall be resolved through binding arbitration in accordance with the rules of the American Arbitration Association. The arbitration shall take place in the county where the Practice is located, and the judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

By signing this Agreement, the Patient acknowledges understanding that this arrangement does not alter Medicare rights or obligations and that any services covered by Medicare will be billed separately, as applicable.

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**Patient Signature**

By signing below, the Patient agrees to the terms outlined in this Agreement.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Practice Representative Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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