



## **OLYMPIC INTERNAL MEDICINE MEMBERSHIP SERVICES AGREEMENT**

This Membership Services Agreement (the “Agreement”) is made effective as of the date of execution by Member (“Effective Date”), by and between the undersigned member (“Member”) and Olympic Internal Medicine, Inc., P.S. (“Olympic Internal Medicine”). Members are responsible for reviewing this Agreement in its entirety and complying with the terms outlined herein.

### **1. Membership Overview**

In addition to providing services covered under traditional health insurance plans (“Covered Services”), Olympic Internal Medicine PS provides a range of professional services that are not billable to health insurance plans that are offered under a membership model. Under this framework, referred to as Membership + Medical Care model, Members continue to use their health insurance or pay in cash for Covered Services and receive additional wellness services through the membership.

I understand that Olympic Internal Medicine solely provides services under the Membership + Medical Care model. As such, I am hereby electing to participate in the membership model, and I acknowledge that upon the Effective Date, I may receive (or continue receiving) Covered Services and Membership Services (defined below) from Olympic Internal Medicine pursuant to the terms and conditions of this Agreement.

### **2. Membership Services**

All Members electing to receive services at Olympic Internal Medicine after a transition date must enroll in the annual membership plan (“Membership Plan”). The Membership Plan includes the following services (“Membership Services”) that are covered by the membership fee:

- (i) Cost effective prescription management;
- (ii) Assistance with prior authorizations for over-the-counter and elective medications to help reduce out-of-pocket expenses for Members;
- (iii) Messaging your provider through the Olympic Internal Medicine patient portal, including refill requests;
- (iv) Administrative form completion with no additional fees or a required office visit for routine forms (FMLA, disability and life insurance applications, disabled parking permits, work accommodation letters, etc.);
- (v) Travel counseling (reviewing travel precautions and recommended vaccinations) and non-emergent medical advice when traveling outside the United States;
- (vi) 24/7 Telephone Access to our physicians for urgent medical advice; and
- (vii) Access to health education and medical blogs on our website and/or distributed by email.

; provided, however, that Olympic Internal Medicine reserves the right to add to, remove, or amend the Membership Services at any time by posting such updates on its website at olympicinternalmed.com; and provided further, that the Membership Services provided by Olympic Internal Medicine will not include any Covered Services.

Covered Services and any additional medical and wellness services, beyond the Membership Services, are available to Members, but require Members to use their in-network insurance plan or pay in cash at the time of the service.

### **3. Membership Period; Automatic 12-Month Renewal**

The “Initial Membership Period” starts on the Effective Date and, subject to termination under this Agreement, continues through December 31 of that same calendar year.

**Members will be automatically enrolled in a subsequent and successive 12-month membership periods (each a “Subsequent Membership Period”) unless the Member has previously cancelled their Membership by December 1 of the current calendar year in accordance with Section 5 below.**

Once an Initial or Subsequent Membership Period (a “Membership Period”) is renewed, Membership Fees for the renewed Membership Period will become due and payable.

### **4. Membership Fees**

The fees associated with the Membership Plan for each Membership Period (“Membership Fees”) are the lesser of (a) \$250 or (b) (i) the number of whole or partial calendar months between the Effective Date and the end of such calendar year multiplied by (ii) \$25. For example, a Membership Period starting on February 15, 2023 has Membership Fees of \$250 while a Membership Period starting on November 15 has Membership Fees of \$50. **Membership Fees are nonrefundable.**

The Membership Fees are due upon demand from Olympic Internal Medicine at the beginning of the applicable Membership Period.

Membership Fees are subject to change at the discretion of Olympic Internal Medicine. Changes to Membership Fees will be posted on the Olympic Internal Medicine website.

### **5. Cancellation**

Members may cancel their Membership Plan effective as of the end of the current Membership Period by providing written notice to Olympic Internal Medicine by December 1 of the current Membership Period. The written notice may be provided via Olympic Internal Medicine’s Patient Portal, in person, or by mail. **Failure to provide written notice of cancellation by December 1 will result in automatic renewal for an additional Membership Period and Member will owe the applicable Membership Fees for such additional Membership Period.**

If Members who has terminated a Membership Plan wants to again receive services from Olympic Internal Medicine, they will need to complete a new enrollment and execute a new Membership Services Agreement.

Olympic Internal Medicine may terminate a Member's Membership Plan at any time in its sole discretion. If such cancellation is effective prior to the end of the then-current Membership Period, Olympic Internal Medicine shall refund to the Member the prorated portion of any Membership Fees collected at the start of such Membership Period.

## **6. Member Responsibilities**

For purposes of this Section 6, the terms "I" and "my" shall refer to the individual Member signing this Agreement.

I understand that to continue receiving services at Olympic Internal Medicine, I must elect to enroll in the Membership Plan.

By providing my credit card information below, I authorize Olympic Internal Medicine to charge such credit card for any Membership Fees due under this Agreement.

I understand that the Membership Plan requires a commitment through the end of each calendar year and that I am responsible for paying all Membership Fees during each Membership Period.

I understand that if I do not want the Membership Plan to renew for additional 12-month Membership Periods, I need to provide written notice 30 days in advance of the end of the current Membership Period in accordance with Section 5 above.

I understand that I am not to use the portal or telephone access to physicians for emergency medical advice. If I am experiencing a medical emergency, I will immediately call 911 or the equivalent.

I understand that I am responsible for timely payment of the Membership Fees for the Membership Plan in accordance with the Membership Fees, as designated at the time of my enrollment.

I understand that Olympic Internal Medicine will submit claims to my health insurance, if applicable, for any Covered Services. I am solely responsible for the payment of any deductible, copayment, or coinsurance charged by my health plan for any Covered Services received at Olympic Internal Medicine. It is my responsibility to check with my health plan to understand my benefits and in-network providers prior to any visits at Olympic Internal Medicine.

I understand that if Olympic Internal Medicine is not an in-network provider, or the service is not a Covered Service under my health plan, I am financially responsible for timely payment in accordance with current Olympic Internal Medicine policies.

## **7. Independent Medical Judgment**

Notwithstanding anything to the contrary contained in this Agreement, Olympic Internal Medicine providers shall exercise their best professional medical judgment on behalf of Members with

respect to medical and wellness services rendered to Members. Nothing in this Agreement shall be deemed or construed to influence, limit or affect a provider's independent medical judgment with respect to the provision of medical and wellness services to Members.

## **8. Miscellaneous**

By signing this Agreement, I am authorizing Olympic Internal Medicine to send email or text messages which may include unencrypted protected health information of a limited nature so that Olympic Internal Medicine may communicate more efficiently with me about membership status, invoices and receipts. I understand that Olympic Internal Medicine and its partners have taken considerable efforts to protect the personal health information of Members, but that email and text messages are not a completely secure means of communication.

By signing this Agreement, I am authorizing Olympic Internal Medicine to electronically debit and credit my account with Olympic Internal Medicine using the payment method I submitted during the enrollment process for all amounts due to Olympic Internal Medicine and if applicable any refunds due from Olympic Internal Medicine.

The Agreement contains the entire agreement of the parties and supersedes all prior agreements and understandings between the Parties regarding the subject matter hereof. The Agreement may only be amended by a written agreement signed by all parties. Members may not assign the Agreement to any other individuals. Notwithstanding the foregoing, Olympic Internal Medicine may remove, add to, or modify the Membership Services by posting such changes on its website, and, upon sending Member thirty (30) days' advanced written notice of any such change, may amend this Agreement to the extent required by federal, state or local law, rule or regulation. This Agreement shall be governed by and construed in accordance with the laws of the State of Washington. I agree I may sign this Agreement by an electronic signature (the terms electronic signature and electronic being defined for purposes of this sentence in Washington's Uniform Electronic Transactions Act).

## **9. Signatures**

By signing this Agreement, you hereby understand and agree to the terms of this Agreement on behalf of yourself or, as applicable, any minor Member for whom you are a legal guardian. If you are signing on behalf of a minor, you agree to be financially responsible for the Membership Fees incurred by the minor Member.

*[Signature Page to Membership Services Agreement]*

**MEMBER:**

**OLYMPIC INTERNAL MEDICINE:**

Olympic Internal Medicine, Inc., P.S.

By: \_\_\_\_\_

By: /s/ Frederick H. Dore Jr., M.D.

Print Name: \_\_\_\_\_

Print Name: Frederick H. Dore Jr., M.D.

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

Its (Title): President

Minor Name (if signing on behalf of minor):

\_\_\_\_\_

(minor name, if applicable)

**Credit Card Information:**

Name: \_\_\_\_\_

CC Number: \_\_\_\_\_

CC Expiration Date: \_\_\_\_\_

CC Security Code: \_\_\_\_\_

**Billing Address for CC:**

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\_\_\_\_\_  
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