OLYMPIC INTERNAL MEDICINE
MEMBERSHIP SERVICES AGREEMENT

This Membership Services Agreement (the "Agreement") is made as of the 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 Member's provider through Olympic Internal Medicine's 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 insurance plan and/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.

The "Effective Date" means (a) for Members ~~without a prior patient relationship with~~not seen by a physician of Olympic Internal Medicine for three or more years, the date of execution of this Agreement by Member, or (b) for Members ~~with a prior patient relationship with~~seen by a physician of Olympic Internal Medicine~~, a date backdated to either (i) October 1, 2023 if the date of execution by Member is in 2024 or (ii)~~ within the last three years, January 1st of the year in which Member executes this Agreement ~~if the date of execution by Member is after 2024~~.

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 1st 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~~300 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 has Membership Fees of $2750~~ while a Membership Period starting on November 15 has Membership Fees of $50~~ (note, however, that a Member with a prior patient relationship with Olympic Internal Medicine will have a backdated Effective Date as explained in Section 3). **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 for the next calendar year will be announced by written notification to Members and posting on Olympic Internal Medicine's website prior to November 1st of the current calendar year.

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 a Member terminates a Membership Plan but 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. Amendment

The Agreement may only be amended by me through a written agreement signed by all parties. Olympic Internal Medicine may remove, add to, or modify the Membership Services by posting such changes on its website, may amend this Agreement immediately to the extent required by federal, state or local law, rule or regulation by posting such changes on its website and providing Member with written notice of such amendment, may amend the Membership Fee as provided in Section 4, and may otherwise amend this Agreement effective on January 1st by posting such amendments on its website before November 1st of the prior year.

Members are responsible for reviewing Olympic Internal Medicine's website prior to November 1st for any such amendments to this Agreement, which amendments shall be agreed to and effective as of January 1st (unless Section 8 provides for a sooner effective date). If Member does not agree with such amendments, Member must timely cancel Member's Membership prior to December 1st.

9. Miscellaneous

Written notice to a Member under this Agreement may be provided by sending a message through the patient portal, by email or by regular mail to the Member's mailing address on file.

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. Members may not assign the Agreement to any other individuals. 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).

10. Signatures

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

[Signature Page to Membership Services Agreement]

MEMBER:

Signature:_____

Print Name:_____

Patient Date of Birth:_____

Phone Number: _____

Date Signed:_____

Minor Name (if signing on behalf of minor):

_____
(minor name, if applicable)

Credit or Debit Card Information:

Name on Card:_____

CC Number:_____

CC Expiration Date:_____

CC Security Code:_____

Billing Address for CC:

_____

_____

_____

OLYMPIC INTERNAL MEDICINE:
Olympic Internal Medicine, Inc., P.S.

By: /s/ ~~Frederick H. Dore Jr.~~Michael B. Steele, M.D.

Print Name: ~~Frederick H. Dore Jr.~~Michael B. Steele, M.D.

Its (Title): ~~President~~Authorized Agent