



NATURAL CHOICE MEDICAL CARE, LLC
PRIMARY CARE CONCIERGE PROGRAM
with
Joanne Feaster, NMD

CONCIERGE SERVICE AGREEMENT

This Concierge Agreement (the 'Agreement') describes the services and amenities provided by Dr. Joanne Feaster and her staff in the Natural Choice Medical Care LLC Primary Care Concierge Program (the 'Program'), explains how you may participate in the Program, and summarizes the terms and conditions of your membership. By electing to participate in the Program, you are choosing to prioritize your health.

Natural Choice Medical Care, LLC, Dr. Joanne Feaster will provide the following services for you while you are a member and participant in the Program.

- *Individualized primary care office visits to treat your acute and chronic health conditions
- *Minimal waiting time for appointments that complements your busy schedule
- *Appointments by telephone
- *Access to Dr. Feaster via phone, fax, text, or secure e-mail
- *Naturopathic lifestyle consultations with the goal of preventative medicine, long term health and health aging
- *Coordination/referral with/to specialists as necessary
- *Privacy in communications

Natural Choice Medical Care, LLC, Dr. Joanne Feaster is not an insurance premium. It may be a deductible expense and/or be partially or totally covered by flexible health savings accounts through your employer.

Please check with your Employee Benefit Specialist or your tax adviser.

Under the Affordability Care Act, Section 1301, this type of concierge service is allowed for and the patient can apply what they pay for Membership to the actuarial of their premium; and you will be able to deduct the Membership fee under the Affordability Care legislation. The actual regulation(s) for Section 1301 of the law have not been developed yet.

Vacation Coverage: On occasion, Dr. Feaster is out of town but she is always available by phone or text, (except when she is at 30,000 feet!).

Dr. Feaster has access to her computer however at times e-mail access may be limited.

Another qualified physician will be available for office visits only and other services that may be required in my absence.

*The State of Arizona does not yet allow for Naturopathic Physicians to have hospital care privileges.

Medicare: Medicare will not reimburse for Naturopathic medical care and also will not cover costs of any laboratory or imaging orders. In these instances, a discount lab or imaging service will be utilized and/or coordination with a doctor who accepts Medicare will be arranged to access these services.

Insurance: Natural Choice Medical Care, LLC Dr. Joanne Feaster is contracted with Cigna, and will forward the super bill for quarterly or annual Membership fees to Cigna or Banner Health. Dr. Feaster might be covered under HMO plans.

Additional Benefits: *50% off of Seasonal monthly Immune Booster Injections (Primarily through flu season)

*One Free Monthly nutritional infusion (Myer's Cocktail or Glutathione infusion. All other injections infusion therapies must be paid for at the time of service.

(Members receive 30% discount off infusion therapies)

*30% off of one yearly HCG weight loss program (Includes hormone and Fat Buster shots.)

*One Free Monthly Acupuncture session/health/emotional/stress check up

*Cash lab costs are due at the time of service and paid directly to specific discount labs.

*Value added services also included with membership visits: Strep. throat swabs, Urinalysis, EKG, Yearly Well Woman Exams/Gyn Exams, Well Man Exam/Prostate DRE, Occult Blood Stool Test, Blood Pressure Check, Body Mass Monitoring, Blood/Urine Glucose Check, Breast Health Exam

****Services not available: Minor surgery/stitching, obstetrics, oncology/chemotherapy, cortisol injections, prolotherapy, prescription narcotic drugs

Home Visits: You may purchase a quarterly home visit: \$300.00 per visit.

How To Become A Member: You may become a member in the Program by completing and returning the attached Authorization form, together with your check or payment instructions. For new Natural Choice Medical Care LLC Primary Care Concierge members, the period of your or your participation in the Program is one year, beginning on the date you sign the member agreement. For established members participating in the program, renewal of your contract will be continuous. THERE WILL BE NO BREAK IN THE CONTRACT PERIOD. PAYMENTS ARE STILL MADE YEARLY, BIANNUALLY, OR QUARTERLY. ON RARE OCCASSIONS, WE WILL EXTEND THE OPPORTUNITY TO MAKE MONTHLY PAYMENTS.

Fee Structures: Please see page four.

After paying your fee in full (yearly), Dr. Feaster will not accept any other direct payments from a member for that 12 month period, EXCEPT FOR laboratory services, nutritional infusion therapies, supplements, medical foods, hormone injections or hormone pellet procedures; especially if it is not through your insurer.

Late Payments and Returned Checks: Those patients who choose NOT to use a credit card as their method of payment, and want to pay semi-annually or make quarterly payments must assume full responsibility for their timely payment.

STATEMENT REMINDERS WILL NOT BE MAILED TO THE PATIENT OR RESPONSIBLE PARTY.

THERE WILL BE A 50 DOLLAR LATE FEE FOR THOSE PAYMENTS RECEIVED MORE THAN 30 DAYS PAST DUE AND AN ADDITIONAL 50 DOLLARS PER MONTH (PER PATIENT) THEREAFTER UNTIL PAYMENT IS RECEIVED.

IF A CREDIT CARD IS DECLINED OR A CHECK IS RETURNED THERE WILL BE A 50 DOLLAR CHARGE.

Cancellations and Refunds: The term of Agreement shall be for one (1) year increments starting on the effective agreement date continuing until notification is given is given to terminate by either party.

Either Natural Choice Medical Care LLC Primary Care Concierge Program, Dr. Joanne Feaster or the Patient shall have the right to terminate this Agreement at any time provided that Dr. Feaster or Patient provides the other with 30 days prior written notice of such termination. In the event of a patient's death or early termination of this Agreement, the ANNUAL ETC...QUARTERLY FEE MAY BE FORFEITED AND WILL BE DETERMINED ON A CASE BY CASE SITUATION DEPENDING ON THE EXTENT OF CARE PROVIDED.

If Dr. Feaster terminates the Agreement, patients will be entitled to a prorated portion of the paid fees. Patients participating with a participating dependent child shall not be entitled to any refund of the fee paid for such child or children.

You will receive notification 30 days prior to any price changes or opportunity to purchase an upgrade. This Agreement and the attached Authorization form represents the entire agreement between you and Dr. Feaster regarding the subject matter of these documents, and supersedes and replaces all prior and contemporaneous agreements and understandings, whether oral or written, and may not be modified or amended, except by a subsequent written instrument executed by you and Dr. Feaster. This Agreement shall be governed by, and construed in accordance with, Arizona State law.

Thank you for your interest in Natural Choice Medical Care LLC Primary Care Concierge Service, provided by Naturopathic Physician, Dr. Joanne Feaster. Dr. Feaster looks forward to a future partnership with you in attaining the best individualized and personal Naturopathic health care.

****PATIENT(S) INFORMATION/SIGNATURES (please print)**

_____/_____/_____
Primary Member Name Phone Number E-MAIL

_____/_____/_____/_____
ADDRESS CITY STATE ZIP

I acknowledge that either Natural Choice Medical Care LLC/ Dr. Joanne Feaster or I can terminate this Agreement upon 30 days written notice. If I terminate the annual fee may be forfeited, to be determined on a case by case basis. If Natural Choice Medical Care LLC/Dr. Joanne Feaster terminates, I will receive a refund of the prorated portion of the paid _____ Fee, based on the number of days elapsed in the service _____ ie year...and the services received. Such refund will be paid to me within 45 days after termination.

I may renew this Agreement for subsequent Service Years by paying the Annual Fee for the applicable service year as determined by Natural Choice Medical Care LLC/Dr. Joanne Feaster. The terms of this Agreement will apply to all such subsequent Service Years, unless Natural Choice Medical Care LLC/Dr. Joanne Feaster and I agree otherwise, in writing. The service year begins as stated above and not always the date this agreement is signed.
PLEASE LIST ADDITIONAL MEMBERS COVERED BY THIS AGREEMENT.

_____/_____/_____/_____
Primary Member Signature Printed Name DOB Date Signed

Natural Choice Medical Care LLC Primary Care Concierge Membership Agreement

ADDITIONAL MEMBERS

I have engaged Natural Choice Medical Care LLC Primary Care Concierge Service and its physician, Dr. Joanne Feaster. To provide primary care services beginning on (_____) state date here.

_____/_____/_____/_____
Signature Printed Name DOB Date Signed

_____/_____/_____/_____
Signature Printed Name DOB Date Signed

_____/_____/_____/_____
Signature Printed Name DOB Date Signed

_____/_____/_____/_____
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****PATIENT(S) INFORMATION/SIGNATURES (please print)**

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Primary Member Name Phone Number E-MAIL

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PLEASE LIST ADDITIONAL MEMBERS COVERED BY THIS AGREEMENT.

_____/_____/_____/_____
Primary Member Signature Printed Name DOB Date Signed

**Natural Choice Medical Care LLC Primary Care Concierge Membership Agreement
ADDITIONAL MEMBERS**

I have engaged Natural Choice Medical Care LLC Primary Care Concierge Service and its physician, Dr. Joanne Feaster. To provide primary care services beginning on (_____)
state date here.

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Signature Printed Name DOB Date Signed

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Signature Printed Name DOB Date Signed

_____/_____/_____/_____
Signature Printed Name DOB Date Signed

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Signature Printed Name DOB Date Signed