



## **Above and Beyond Care Membership Agreement**

Integrative Medical Clinic's **Above and Beyond Care Membership** offers additional services that are not services covered by Medicare or other health insurance programs. Please ask us if you have any questions.

ABC services are for (please select one):

- Individual                       All members of my household.

Services and obligations of ABC membership are as follows:

1. IMC guarantees availability of same day appointments with MD, and same-week appointment with alternative practitioners (excludes acupuncturist), when contacted by 10 am Monday through Friday (excludes major holidays).
2. Free 15 minute introductory discussion with IMC body workers, herbalist, nutritionist, acupuncturist, and psychotherapist.
3. Personalized reminders, based on my health risks, sent to me either by phone, email, or regular mail as I choose.
4. Where appropriate, entire medical visits by phone or email, without having to come into the clinic. Fees for this service are included in your annual ABC Membership Fee.
5. Direct phone calls or e-mail to my primary physician with specific questions about my health, or general questions about the health of my immediate family. NOTE: IMC has a level 128 bit encryption for incoming and outgoing email. Each practitioner and staff member at IMC has a password protected email to keep your health concerns and requests secure.
6. Access to doctors direct telephone "backline" for questions or to leave messages. Responses will be returned in a timely and prioritized manner.
7. There will be times when it will be necessary for the doctor to see me to adequately care for a specific medical problem. Those visits will be billed, as usual, to my health insurance carrier.
8. Reporting of my lab, x-ray, and medical reports will be given same day receipt priority.
9. Annual reviews available for: A) My medications, vitamins, supplement for appropriateness and completeness; B) My health risks and recommendations for interventions based on current review of research pertinent to my medical problems.
10. I will receive a discount for all other ABC services.

I understand that these services are NOT covered by my insurance and I cannot submit claims for these services to my insurance.

ABC Membership is a yearly commitment both from IMC and Member. The terms of membership will not change within the current term. Terms and fee may change at renewal, but 3 months notice of change will be given. Membership is automatically renewed unless Member provides written notice to IMC to terminate Membership prior to renewal date.

My signature below indicates I am voluntarily agreeing to participate in ABC Membership.

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

**ABC Membership Payment Options:**

Please select your preference:

- Payment in Full. (\$1300 for Individual; \$1700 per Household)
  
- Monthly Checking/Savings Account Debit.  
*Copy of Voided Check Required*
- Monthly Visa or Mastercard Charge (additional \$5 administration fee per month).  
*Copy of Credit Card Required*
- Other Specific Payment Schedule Request:

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Please Select Payment Date for Monthly Payments Option:

- 1<sup>st</sup> of the Month
- 15<sup>th</sup> of the Month

One Year Service Ending: \_\_\_\_\_

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

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_