



Membership Agreement

This MEMEBERSHIP AGREEMENT (this “Agreement”) is made effective as of _____ (“Effective Date”) through _____ by and between **Full Circle Natural Medicine, PLLC**, a Washington limited liability company (“Provider”), and _____ (“Member”).

1. Member Information

Member represents and warrants that all information set forth below is accurate and complete. Member agrees to notify Provider promptly of any changes.

Member Name	Date of Birth	E-mail Address
Mobile Phone	Home Phone	Day-time Phone
Mailing Address: Street Line One	City	State
Street Line Two	ZIP Code	Country (if outside the U.S.)

2. Service Location and Contact Information

All services (excluding phone and Internet contact) under this agreement will be provided at:

Full Circle Natural Medicine
6869 Woodlawn Ave NE, Suite 208
Seattle, WA 98115

For non-urgent matters: You can contact your doctor through our online patient portal at www.patientfusion.com or the clinic via e-mail at admin@fullcirclemedicineseattle.com or by phone at (206) 535-8867 during regular business hours. Current business hours are posted on our website: <http://fullcirclemedicineseattle.com/contact/>

For urgent medical matters: In the case of a life-threatening emergency, call 911. For other urgent medical matters, contact the clinic via phone at (206) 535-8867. Outside of regular business hours, you can contact our on-call doctor by calling the clinic phone number and paging the on-call doctor by pressing 0. Paging the on-call doctor may result in a \$65 paging fee.

3. Terms of Service

- Membership lasts for twelve (12) months and is renewable.
- There are currently two tiers of membership. Membership in Tier 1 guarantees five (5) visits during the 12-month period of membership, and membership in Tier 2 guarantees (10) visits during the membership period. One visit can be: a 30-minute naturopathic visit, a 60-minute acupuncture visit, or a 60-minute craniosacral visit. Phone appointments may also be covered with the doctor’s approval. Visits do not all have to be of the same type.
- Member may have more visits than are covered by the annual fee. The cost of additional visits will be the standard self-pay price of the visit minus a membership discount, payable on the date of service. The discount for Tier 1 members is 10%; the discount for Tier 2 members is 20%.
- The guaranteed visits must be used within the 12-month period of membership. Unused visits cannot be carried over beyond the twelve months and are not refundable.
- Member will not be charged a copay fee for office visit unless Member has insurance which prohibits the waiver of copay fees.
- Member may see any doctor at Full Circle Natural Medicine. Visits do not all have to be with the same doctor.

4. Excluded Services

The membership fees do not cover the following:

- Lab work (including Pap tests, food sensitivity tests, stool tests, etc.)
- Blood draws
- Injections
- IV therapy
- Supplements and medication
- Prescriptions
- Paging the on-call doctor
- Sauna treatments
- Ozone therapy

Full Circle Natural Medicine constantly strives to improve the care we offer by adding new forms of therapy. New forms of therapy may not be covered by the membership fees.

If you have health insurance, the membership fees do not cover the cost of any health care services billable to health insurance. Nothing in this Agreement supersedes or modifies the terms or conditions of any agreements related to your health insurance. Full Circle Natural Medicine will bill your health insurance provider for all health care services covered by such insurance.

Member represents and warrants that all health insurance information set forth below is accurate and complete. Member agrees to notify Provider promptly of any changes.

Primary Insurance	Secondary Insurance
Insurance Company Name	Insurance Company Name
Name of Insured	Name of Insured
ID Number	ID Number
Group Number	Group Number
Insurance Company Phone Number	Insurance Company Phone Number

5. Financial Responsibility

Insurance companies require that all applicable charges for healthcare services which are deemed to be the patient’s responsibility, as detailed on the Explanation of Benefits (EOB), be collected from the patient by Full Circle Natural Medicine. Accordingly, the following charges will be Member’s financial responsibility and will not be covered by the membership fee:

- Co-insurance and/or deductibles
- Charges for healthcare services not covered by health insurance and not covered under the membership as described in Section 3
- Co-payments if they cannot be waived due to legal requirements

6. Membership Fees

The annual membership fees are listed on the table below and can be paid in full upon enrollment or in regular installments charged to your credit card.

The annual enrollment fee for established patients is waived for those who enroll before June 30, 2018.

There is a joining fee of \$240 for new patients which covers the first office visit to establish care. New patients may select either membership tier; the first office visit is in addition to the follow-up visits covered by the annual fee. The joining fee must be paid on or before the date of the first office visit.

The annual fees can be paid in full upon enrollment with cash, check, or credit card. HSA and flexible spending plans can be used. The annual fee can also be paid in installments with a credit card. To cover administrative costs and transaction fees, a \$5 credit card processing fee will be charged for credit card payments after the first installment. Member will select payment option in the Payment Authorization section (Section 7) below. Payment installment options are as follows:

Tier	Installment Option	Number of Installments	Amount per Installment	Total*
Tier 1 (5 annual visits)	Paid in full on enrollment	One (1)	\$600	\$600
	Quarterly	Four (4)	\$150	\$600
	Monthly	Twelve (12)	\$50	
Tier 2 (10 annual visits)	Paid in full on enrollment	One (1)	\$1,100	\$1,100
	Quarterly	Four (4)	\$300	\$1,200
	Monthly	Twelve (12)	\$100	

*These totals do not include the credit card processing fees for payments made in installments.

If your credit card payment is declined, it constitutes a breach of this Agreement. You will be notified in the event that this occurs. Failure to rectify the problem within ten (10) business days of the notification may result in the termination of your membership. You are financially responsible for all visits. If the membership fees already paid by installment do not cover the completed visits at the time of denial, you must pay, at minimum, the cost of these visits plus a \$100 administrative fee. Failure to do so may result in being sent to collections.

7. Payment Authorization

Please select one of the following:

- Tier 1, paid in full: \$600
- Tier 1, quarterly installments: \$150 now plus three (3) installments of \$155*, charged quarterly
- Tier 1, monthly installments: \$50 now plus eleven (11) installments of \$55*, charged on the first of each month
- Tier 2, paid in full: \$1,100
- Tier 2, quarterly installments: \$300 now plus three (3) installments of \$305*, charged quarterly
- Tier 2, monthly installments: \$100 now plus eleven (11) installments of \$105*, charged on the first of each month

*Includes \$5 processing fee

Credit Card Number	Expiration (MM/YY)
Cardholder's Name as Printed on Card	Verification code
Billing Address (if different from mailing address)	

Member Signature	Medical Director Signature
Date	Date
Member Name (Printed)	Medical Director Name
	Dr. Jena Peterson, ND