

**Ann Mai, M.D. 4950 Barranca Parkway, Suite 207 Irvine, CA 92604**

*www.annmaid.com Tel: (949) 262-9700 Fax: (949) 262-0700*

## **MEMBERSHIP APPLICATION AND AGREEMENT**

\_\_\_\_\_ (“Patient”) identified would like to participate in the membership practice (“Practice”) offered by Dr. Ann Mai (“Provider”). Patient and Provider acknowledge and agree to the following terms and conditions in connection with participation in the Practice.

### **LEVEL 1 MEMBERSHIP LEVEL**

- Be a member of Dr. Mai’s Primary Care - Internal Medicine Office in Irvine, CA
- Elimination of all administrative fees
- Ability to make appointments online and communicate with the office via **FollowMyHealth.com**
- Same day, next day appointments and/or Telehealth (eg. via Zoom) for urgent issues
- Medical service to coordinate Patient's complete health care needs, including prescription refills, specialty care referrals, laboratory and diagnostic imaging needs, and prior authorizations for medications or services, form fees (school physical, employer wellness programs, etc...)
- A focus on wellness through the promotion of preventive medicine and the early detection of disease - a comprehensive health assessment in addition to your annual physical
- Telehealth access if you are unable to visit the office

### **LEVEL 2 MEMBERSHIP LEVEL**

- All of the above benefits as above with prioritized appointments and call backs
- Personal coordination of specialty referrals and hospital care
- Annual comprehensive wellness visit to include nutritional counseling
- Direct communication with the doctor via cell phone and/ or text messaging for medically-related concerns

### **PATIENT COMMITMENTS**

To participate in the Practice, Patient will be required to pay an annual fee (Annual Fee) according to the following:

<u>Annual Membership Fee Schedule</u>		<u>1 year</u>
LEVEL 1		<b>\$1100</b>
or		
LEVEL 2		<b>\$3,750</b>
Initial Set Up Fee	(one-time)	<b>\$250</b>

- The Annual Membership Fee is for a 12-month period ("Term")
- The Annual Membership Fee is subject to increase at Provider's sole discretion
- The Annual Membership Fee is due on the effective date of this Agreement and on or before each 365-day anniversary thereafter as a condition for continuing as a Patient of the Practice. Practice will notify Patient of any fee increase thirty (30) days prior to the renewal due date
- The Annual Membership Fee is for services that are not considered covered benefits by insurance plans
- The Annual Membership Fee is non-refundable
- Cancellation requires written notice
- If the Annual Membership Fee is not paid within thirty (30) days of your renewal anniversary, we will assume Patient has chosen to move to a different Primary Care Physician’s practice
- To re-join the Practice after a lapsed period, a new Agreement will be started with an extra fee of \$250 to cover administrative costs; this fee is avoided if the contract renews on-time annually
- The Initial Set Up & Annual Fees are never covered by your medical insurance as it covers non-payable expenses Health Savings, Medical Reimbursement, and/or Flexible Spending Accounts have covered these fees previously

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**PATIENT ACKNOWLEDGMENTS:**

Patient acknowledges that the Practice is a unique program with certain specific limitations, including but not limited to:

- Practice will bill Patient's insurance for services rendered at regular office visits and/or telehealth encounters
- Patient shall remain financially responsible for all charges incurred, including the deductible, co-insurance and co-payments, without exception
- In the event that Dr. Mai is unavailable, call coverage will be provided by another physician
- This Agreement shall renew at the end of the existing Term with Patient's payment of the Annual Membership Fee by the Term's expiration date
- Upon expiration or termination of this Agreement, Practice will transfer Patient's medical records to any physician requested by Patient with written notice and without charge
- If Patient chooses not to renew this agreement (this includes NOT paying the Annual Membership fee by the due date), Practice will provide emergency medical care for 30 days upon knowledge of the termination

If any provision of this agreement is held to be invalid or unenforceable in whole or in part, such invalidity or unenforceability shall attach only to such provision or part thereof and the remaining part of such provision and all other provisions hereof shall continue in full force and effect.

**PATIENT ACCEPTANCE:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Cell / Home/ Work) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Select one: **\$1100 for LEVEL 1 Primary Care or \$3750 for LEVEL 2 Primary Care**  
(A one-time fee of \$250 is added at time of enrollment)

\_\_\_ Square Invoice for Visa / MC / AMEX / ACH (debit cards)

\_\_\_ Check payments: ANN MAI, M.D.

\_\_\_ PayPal ([payments@annmaid.com](mailto:payments@annmaid.com))

PO BOX 13279

\_\_\_ Zelle (ask us)

Newport Beach, CA

92658

**NOTICE OF ACCEPTANCE ( to be completed by doctor ):**

Dr. Mai acknowledges receipt of this agreement and application to become a Patient of:

**LEVEL 1 Primary Care or LEVEL 2 Primary Care**

This agreement is effective starting \_\_\_\_\_ at 12:00 am until \_\_\_\_\_ at 11:59 pm

\_\_\_\_\_  
Signature of ANN MAI, M.D.

\_\_\_\_\_  
Date