



Monarch Family Medicine, LLC
17 Market Street
Lyme, NH 03768
Phone: (603) 277-9162 Fax: (603) 484-8282
MonarchFamilyMedicine.com

PATIENT SERVICE AGREEMENT

This Agreement is entered into by and between Monarch Family Medicine, LLC, Virginia L.

Alvord, MD (“Dr. Alvord”) and _____

Date of Birth: _____ (“Patient”).

Monarch Family Medicine is a Direct Primary Care medical practice. Dr. Alvord is the owner and primary physician of Monarch Family Medicine. Dr. Alvord practices Family Medicine and delivers care on behalf of Monarch Family Medicine at 17 Market Street, Lyme, NH 03768.

MEMBERSHIP ARRANGEMENT:

Patient understands that by signing below, Patient agrees to become a patient of Dr. Alvord, who will provide a limited set of medical services normally offered in a family physician’s office in exchange for a monthly fee for the duration of the Agreement. (See “Fees,” below). This agreement is voluntary and non-transferrable.

STANDARD AND CHARACTER OF PERFORMANCE OF SERVICES: MONARCH FAMILY MEDICINE shall use reasonable and customary care in the performance of services under this Agreement. Dr. Alvord shall maintain in good standing her license for the practice of medicine in the State of New Hampshire, as well as a DEA Registration to write prescriptions.

TERM: The term of this Agreement shall be THREE (3) months, effective on the date it is signed by Patient. The Agreement shall automatically renew month to month thereafter until terminated in writing as outlined below.

SCOPE: Dr. Alvord will provide services which are generally within the scope of the practice of family medicine. Dr. Alvord will coordinate care with medical specialists and hospitalists to augment services as needed to meet the additional medical needs of Patient.

FEES: This Agreement requires the ongoing payment of a monthly service fee, which shall be paid at the beginning of the month of service by automatic withdrawal from a bank account (preferred), by debit or credit card using the payment information on file. (See Fee Schedule). Transactions declined due to insufficient funds will result in an additional fee of \$50. Declined credit card transactions must be corrected within 7 days or will be subject to an additional \$50 fee. Services may not be rendered to patients with overdue accounts. Fees 60 days past-due will be cause for termination of agreement and services. Patient agrees that the fees set forth herein represent the fair market value of the specified services.



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COVERED SERVICES:

In exchange for the monthly fee described above and on the Fee Schedule, Patient may receive services including, but not limited to:

A. Office based services:

- Comprehensive Physicals
- Preventive Care and Wellness Counseling
- School / Sports / Camp Physicals
- Chronic Disease Management (e.g. cardiovascular disease and risk management, mental health, diabetes, musculoskeletal concern problems)
- Urgent Care for Acute Illness / Sick Visit / Injury Treatment and Follow-up
- Sports Medicine Evaluation and Treatment (non-surgical)
- In-Office Testing (EKGs, rapid strep, blood glucose, pulse oximetry, urinalysis)

B. Expanded services:

- Direct access to your doctor through office visits, phone, email, text
- Care coordination with other providers involved in your care (e.g., consultants, physical or occupational therapists, hospitalists)
- Short-term Nursing Home visits
- “Telemedicine” visits when medically appropriate (after at least one initial office visit)
- After-hours appointments are available on a limited basis

All services, tests, and procedures shall be performed when reasonable and necessary in Dr. Alvord’s sole discretion. While there is no predetermined limit to the number of visits per year, MONARCH FAMILY MEDICINE reserves the right to modify the terms of this Agreement for individuals who exceed the usual and customary utilization of primary care services.

SERVICES PROVIDED FOR ADDITIONAL FEE: Patient shall be solely responsible for the cost of additional services rendered according to the fee schedule for Non-Covered Goods or Services, should such be required. The need, cost, and alternatives to these services will be discussed prior to the provision of Non-Covered Goods or Services. Payment for such services is due at the time of service. See Appendix table: “SERVICES PROVIDED FOR ADDITIONAL FEE”.

NON-COVERED SERVICES: The following non-exhaustive list of services ARE NOT within the scope of this Agreement:

- Outside office blood/other tests, even if samples are drawn in the office
- Outside Imaging: X-rays, CT scans, ultrasounds, and medical imaging
- Surgery or procedure not performed in this office (e.g., in a hospital or another physician’s office)
- Specialty consults, Emergency Department Care including ER visits, physician services, and transportation (i.e., ambulance charges), and rehabilitative care.



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Patient shall bear sole responsibility for non-covered goods and services should such be required.

DISCOUNTED CASH PRICING:

Monarch Family Medicine offers discounted cash pricing with select vendors for select services not provided in this office. Patients are under no obligation to utilize those vendors. If cash pricing is desired, payment in full for any radiology services, or any other service exceeding \$100 shall be paid directly to MONARCH FAMILY MEDICINE at the time the service is ORDERED.

If testing is not completed within 30 days, funds shall be returned to Patient, unless arrangements are made for testing to be completed later.

MONARCH FAMILY MEDICINE will NOT directly bill any third party for covered or non-covered services.

LOCATION: Scheduled office visits are offered at 17 Market Street, Lyme, NH 03768 during posted business hours. Dr. Alvord does not admit patients to the hospital, but she will personally coordinate with the appropriate Hospitalist Service as necessary for optimal care. Patients who enter short-term nursing or rehab care during the terms of this Agreement may continue to receive primary care services and periodic nursing home visits from Dr. Alvord at no additional charge, as permitted by the credentialing facility.

Patients whose stay exceeds 30 days, or those who transition to a long-term care facility, or those who become homebound, shall be required to pay additional house call fees for visits by Dr. Alvord to the facility or home, according to house call policy.

An individual who resides in a long-term care facility, or is homebound, may, at the sole discretion of Dr. Alvord, enroll as a patient of MONARCH FAMILY MEDICINE. Additional charges will apply for on-site visits to the nursing home or the Patient's home.

TERMINATION:

Termination by Patient: Patient may terminate this Agreement at any time and for any reason by providing written notice to MONARCH FAMILY MEDICINE. Monthly fees will continue to accrue until written termination notice is received. The final monthly bill will be prorated to the date of termination. If this Agreement is terminated prior to the initial 3-month term, the balance of the 3-month minimum will be due at the time of termination. If Patient's account is overdue at the time of written notice, Patient is responsible for resolving the outstanding balance at the time of termination. No monthly fees already charged will be refunded. Refunds will be issued on a prorated basis.

Non-payment of fees for a 60-day period without response to notice of overdue balance shall be deemed to be a termination of the contract.

Termination by MONARCH FAMILY MEDICINE: MONARCH FAMILY MEDICINE, at its sole



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discretion, may terminate this Agreement by providing written notice, in accordance with the ethical guidelines of the American Medical Association, of the need for Patient to arrange for services from another provider. MONARCH FAMILY MEDICINE may terminate Agreement immediately if Patient is abusive, presents an emotional or physical danger to the staff or other patients, is disruptive to the MONARCH FAMILY MEDICINE practice and/or provision of health care, has engaged in illegal conduct, or has provided misleading information with regard to identity, medical history, medications, or symptoms or has otherwise engaged in conduct resulting in a breakdown in the provider-patient relationship.

RE-ENROLLMENT:

Ongoing longitudinal care is a core principle of the Direct Primary Care model, which relies on monthly fees to sustain the practice. Termination and re-enrollment is strongly discouraged. Re-enrollment of a Patient whose Agreement has previously been terminated may be permitted at the sole discretion of MONARCH FAMILY MEDICINE, and if permitted, will be subject to a non-refundable \$100 re- enrollment fee.

ALTERNATE PROVIDER:

Dr. Alvord may be unavailable at times due to patient care, personal illness, emergencies, or other obligations.
Dr. Alvord maintains contact with the office by phone and will provide service as able through Telehealth or messaging.
If the Patient is deemed to need in person evaluation, Dr. Alvord may ask that they go to a local urgent care or emergency department.

LIMITED PRACTICE: MONARCH FAMILY MEDICINE and Dr. Alvord, at their discretion, will limit the number of patients in the practice to ensure continued ability to provide services.

INSURANCE:

This Agreement is not health insurance or a substitute for health insurance. It is a personal contract with your physician to provide the primary care services described. Patients may require additional medical services that are not provided in this Agreement, including but not limited to: laboratory testing, medical imaging, surgery, specialist care, emergency department visits, hospitalization, and medication.
For this reason, while it is not a condition of this Agreement, Dr. Alvord strongly recommends that individuals maintain health insurance. Patients are generally best served by combining MONARCH FAMILY MEDICINE services with an appropriate health insurance plan, which may include a High Deductible Health Plan and a Health Savings Account.
Dr. Alvord is not a participating provider in any health insurance plan, and does not accept any form of health insurance, except for Medicare.



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It is the responsibility of the to know the details of any insurance policy that they hold, and MONARCH FAMILY MEDICINE will not be responsible for any damages related to non-reimbursement by third party payers for any reason.

MEDICARE AGREEMENT:

Dr. Alvord continues to participate in Medicare. She does not participate in Medicare Advantage Plans as those are administered by a separate insurer. Patients enrolled in Medicare are NOT required to pay a monthly fee. They must sign the Authorization to Bill Insurance to allow billing directly to Medicare.

COMMUNICATION:

Patient may reach the Monarch Family Medicine physician for advice and consultation directly by phone, text, or email during business hours, and after hours by phone for urgent needs. Electronic communication such as text and email should never be used for medically urgent concerns. Email and text are not a substitute for seeking urgent or emergent medical attention.

In the event Patient is unable to reach Monarch Family Medicine for any reason, Patient should seek attention from the local urgent care or emergency department. MONARCH FAMILY MEDICINE will not be responsible for injuries arising from Patient's inability to reach a MONARCH FAMILY MEDICINE provider.

In the event of an emergency or situation that Patient could reasonably expect to develop into an emergency, Patient should call 911 or seek treatment in the local emergency department.

EMAIL AND TEXT (INSTANT MESSAGING) COMMUNICATION AUTHORIZATION:

Communication by email and text messaging offers great convenience, portability, and efficient exchange of medical information. Any such communications may become a part of your medical record. Even with precautions, these communications have some risk of loss of privacy, and MONARCH FAMILY MEDICINE cannot guarantee the security or confidentiality of such communications.

It is recommended that Patient not use electronic media for the communication of sensitive or personal information, but rather make these communications via the secure portal of the electronic medical record, by phone or in person.

I authorize Monarch Family Medicine to send, receive, and maintain email and/or text messages which may include unencrypted protected health information: _____ (initial).

PRIVACY:

At MONARCH FAMILY MEDICINE, we respect and value Patient's privacy. MONARCH FAMILY MEDICINE makes every reasonable effort to keep Patient's private health information secure. We are required to provide you with a copy of our Notice of Privacy Practices, which states how



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MONARCH FAMILY MEDICINE may use and/or disclose your health information. MONARCH FAMILY MEDICINE's Updated Notice of Privacy Practices may be accessed at any time on our website (MonarchFamilyMedicine.com). I acknowledge that I have been provided with a copy of Notice of Privacy Practices: _____ (initial).

HOLD HARMLESS:

Patient agrees not to hold MONARCH FAMILY MEDICINE or Dr. Alvord liable for any loss, injury, damages or expenses beyond MONARCH FAMILY MEDICINE's or Dr. Alvord's control related to technical failure of the MONARCH FAMILY MEDICINE website, email, or other electronic services, including but not limited to: power outages, faulty telephone, cellular, cable, internet or Wi-Fi service, failure to properly address email messages, interception of communications by a third-party, or Patient's failure to follow MONARCH FAMILY MEDICINE's recommendations regarding electronic communications in this Agreement.

ENTIRE AGREEMENT: This Agreement represents the entire agreement between the parties, and supersedes all prior or contemporaneous agreements, promises, covenants, arrangements, communications, representations, or warranties, whether oral or written, with respect to the subject matter hereof. No other oral or written agreements or promises exist between the parties to this Agreement.

SEVERABILITY: If any part, term, or provision of this Agreement shall be deemed by a court of competent jurisdiction and venue to be legally invalid or unenforceable, the validity of the remaining parts, terms, or provisions of this Agreement shall be unaffected thereby, and said invalid or unenforceable parts, terms, or provisions shall be deemed not to be a part of this Agreement.

GOVERNING LAW AND CHOICE OF FORUM: This Agreement is made under, and shall be governed, construed, and interpreted by, and in accordance with, the laws of the State of New Hampshire. The parties hereto agree that any dispute concerning the subject matter of this Agreement shall be resolved in applicable New Hampshire state courts or District of New Hampshire federal courts of proper and competent jurisdiction and venue. The parties expressly agree to submit to the jurisdiction and venue of New Hampshire courts for all purposes hereunder.

ALTERATION OF SERVICES AND FEES: MONARCH FAMILY MEDICINE may add, discontinue or otherwise alter service offerings and the corresponding fee schedule at any time. Notice of significant changes shall be provided to Patient in a timely manner.

GENERAL CONSENT FOR TREATMENT: Patient voluntarily consents to and authorizes such care and Treatments by employees and authorized agents of MONARCH FAMILY MEDICINE as may



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be considered necessary or advisable in their professional judgment. Treatments may include, but are not limited to: physical or mental examination, medical procedures, diagnostic tests, drawing and testing for blood borne diseases, including HIV (the virus that causes AIDS), and prescription of medications.

Patient further acknowledges that no guarantees have been made regarding the effects of such Treatments on any medical condition.

RIGHT TO REFUSE TREATMENTS. Patient has the right to make informed decisions regarding all care and Treatments and should ask for clarification or explanation of anything he or she does not understand. This right includes the right to refuse any Treatments that he or she does not want.

AUTHORIZATION TO WITHDRAW FUNDS:

By signing below, you acknowledge that you have read and agree to the terms, conditions, limitations and fee schedule and that you authorize MONARCH FAMILY MEDICINE to receive recurrent payments as outlined. You also authorize the withdrawal of payment for additional goods or services provided by MONARCH FAMILY MEDICINE or by a third party with whom you have agreed to pay directly for client billed pricing (including but not limited to procedures, medications, medical supplies laboratory testing, radiology or pathology) upon receipt of goods or services. You may request an itemized bill for any goods or services received.

Signature of Patient/Representative: _____ **Date:** _____

If signed by person other than the patient, print name and state relationship and authority to do so:

Print Name: _____ Relationship: _____

Patient is: Minor / Incompetent / Incapacitated

Legal Authority: Legal Guardian Parent of Minor Health Care Agent

Signature of Doctor: _____ **Date:** _____

Virginia L. Alvord, MD, Monarch Family Medicine



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APPENDIX A

FEE SCHEDULE effective November 20, 2017.

The Monthly Fee for the services described in this Agreement is age-based, and as set forth below:

There is a one-time registration fee of \$100 per household or \$60 per individual which is due at the time of enrollment.

There is a minimum service fee equal to 3 full months of service. If the agreement is terminated prior to having paid 3 full months, patient authorizes the remainder of the minimum fee to be billed to the chosen method of payment upon termination.

The fee schedule may be changed by MONARCH FAMILY MEDICINE with 90 days prior notice. MONARCH FAMILY MEDICINE will provide written notice at least 60 days in advance of any fee or service changes.

* Payment shall be made by a single monthly transaction.

Age	Monthly Fee	with Parent/Guardian
Birth - 18	\$50	\$25
19 – 99	\$75	
>=100	No monthly fee	



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APPENDIX B

Services which will incur an additional charge at the time of the visit:

PLEASE NOTE: Dr. Alvord may need to send a specimen to pathology for evaluation and this will incur another charge. This will be discussed with the patient at the time of the visit.

Uncomplicated Laceration Repair	Included \$20 charge may be incurred or referral may be needed at the physician's discretion
Cryotherapy(freezing)	Included
Removal of skin lesions	\$20-40 depending upon the type of excision
Other procedures	to be determined at the physician's discretion
Home Visit	
15 miles or less	\$20
>15<30 miles	\$40