

Schedule A

Membership Levels and Fee Schedule for Primary Care Concierge Clinic*

Concierge services are designed to provide you with individualized, fast, and direct access to the physician and physician clinical coordinator(s) on a 24/7 basis for emergencies and occasional medical inquiries/situations you may encounter.

Not all patients' clinical needs and conditions require the same level and intensity of care. Some patients require attention and follow up in a more constant manner than others. Based on these differences, we provide **three (3) Models of Concierge** services. The Concierge physician shall designate the type of model for the patient.

BASIC MODEL

The patient enrolls in the Concierge program and receives the services outlined in Section 1. The patient requires Concierge services in an infrequent manner, for example, once monthly, every other month, or in more sporadic manner.

ACUTE MODEL

The patient enrolls in the Concierge program and receives the services outlined in Section 1. Due to the patient's illness or medical conditions, the patient requires Concierge services in a frequent but intermittently manner throughout the year.

CHRONIC MODEL

The patient enrolls in the Concierge program and receives the services outlined in Section 1. Due to the patient's illness or medical conditions, the patient requires Concierge services in a very frequent and consistently manner throughout the year.

-- Exceptions --

Concierge Services are not designed for every patient. There are some patients whose acuity of clinical condition may require on-going management of the patient's chronic illness(es) or medical crises, which may be better handled on a case by case basis by San Antonio Wellness Institute.

Member's Name: _____ E-Mail Address: _____

Second Member's Name: _____ E-Mail Address: _____

Address: _____

Home Phone Number: _____ Fax Number: _____

Cell Phone: _____ Work Phone: _____

Concierge Model: _____ Contract Start Date: _____

Concierge Model fee: _____

FEE SCHEDULE

BASIC MODEL:

Individual	\$3,500.00 annually, \$291.66 per month
Married Couple	\$6,000.00 annually, \$500.00 per month
Dependents (children 18 to 25 years)	\$1,000.00 annually, \$83.33 per month

ACUTE MODEL:

Individual	\$5,500.00 annually, \$458.33 per month
Married Couple	\$10,000.00 annually, \$833.33 per month
Dependents (children 18 to 25 years)	\$1,500.00 annually, \$125.00 per month

CHRONIC MODEL:

Individual	\$7,500.00 annually, \$625.00 per month
Married Couple	\$13,000.00 annually, \$1,083.33 per month
Dependents (children 18 to 25 years)	\$1,750.00 annually, \$145.83 per month

Other Fees:

- Concierge Fee Schedule for Escort to Medical Appointments by Practice's Clinical personnel and/or clinical coordinators \$100.00/medical appointment, 1st hr \$ 60.00 2nd hr and each additional hrs
- Health Benefit Advisor third (3rd) hour Session within a month \$ 20.00 per hour, unlimited
- Other services Fees vary

PAYMENT REQUIREMENTS:

1. Automatic monthly back draft
2. The first month will accept a pro-rated check
3. If major credit card a 3% fee will be added to the amount

NOTE: This Agreement provides for annual terms (see paragraph 5 of Agreement), and the Practice reserves the right to adjust the periodic fee as of the beginning of an annual term upon written notice to you.

Patient Signature: _____ Date: _____