



Program Agreement

This agreement describes the terms of membership in the Renewed Health & Wellness Concierge Medicine Program. To enroll in our concierge medicine program, complete the follow agreement and remit payment to activate your concierge medicine program participation.

1. Service Amenities

The Renewed Health & Wellness Concierge Medicine program provides premier service amenities as an adjunct to Renewed Health & Wellness health care services available. The service amenities currently offered in this program are listed within this agreement. These amenities and benefits may change from time to time.

2. Annual Fees

Renewed Health & Wellness fees are listed below. The current annual fees for the program are:
Please check the appropriate box for your desired status and provide the requested information:

Individual Adult \$1200

Couple \$2000

Family of 4 \$2800

Patient Name

____/____/____
Date of Birth

Patient Name

____/____/____
Date of Birth

Patient Name

____/____/____
Date of Birth

Patient Name

____/____/____
Date of Birth

Additional Family Members (Limited to spouse or child/children \$600 each addition member)

Patient Name

____/____/____
Date of Birth

Patient Name

____/____/____
Date of Birth

Patient Name

____/____/____
Date of Birth

*You may change your status as an individual, couple or family at any time. You may NOT transfer your membership to any other individual.



3. Payment of Annual Fee

The annual fee covers a twelve month membership, which is renewable annually upon payment of the annual fee. Annual fee, to be paid in full, will be due upon enrollment of the program.

Health Care Services excluded from Annual Fee

The annual fee covers the cost of the amenities and does not cover the cost of any health care services. You (or your insurance company) will be financially responsible for all health care services received from Renewed Health & Wellness providers and staff. Renewed Health & Wellness will bill your health care insurance for these health care services that are provided to you and covered by your insurance. You will be responsible for any health care services rendered by our office that are not covered by your insurance.

The insurance you would like us to bill is:

Primary Insurance

Secondary Insurance

INSURANCE COMPANY

INSURANCE COMPANY

NAME OF INSURED

NAME OF INSURED

GROUP NUMBER

GROUP NUMBER

IDENTIFICATION NUMBER

IDENTIFICATION NUMBER

INSURANCE COMPANY PHONE NUMBER

INSURANCE COMPANY PHONE NUMBER

You must notify Renewed Health & Wellness as soon as possible of any changes to your insurance information listed above. Nothing in this agreement supersedes or modifies the terms or conditions of any agreement/contract with your insurance.

4. Co-payments and Non-covered services

Medicare and private insurance companies require Renewed Health & Wellness to collect applicable co-payments and other charges from patients for health care services. Therefore, you will be financially responsible for the following charges, which are not included in the annual fee.

- Co-payments, co-insurance (usually a percentage) or deductibles for any health care services received
- Charges for health care services not covered by health insurance
- Referrals to other medical providers outside of Renewed Health & Wellness
- X-rays, lab services, and imaging needed to assist in the clinical diagnosis



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5. Termination

You may terminate this agreement and your participation in the Concierge Medicine Program at any time for any reason upon 30 days prior written notice to the program. Renewed Health & Wellness may terminate this agreement and your participation in the program upon 30 days prior to written notice to you – if any of the following occur (a) you fail to pay the annual fee or charges for health care services when due, (b) you fail to abide by the conditions of your insurance provider, (c) you fail to abide by the policies of Renewed Health & Wellness and the concierge medicine program, or (d) your Renewed Health & Wellness ceases to participate in the Renewed Health & Wellness concierge medicine program and you are not able to reach an agreement on a replacement provider. With thirty days prior written notice, upon termination, Renewed Health & Wellness will refund a pro-rated portion of the annual fee based on the number of days that you have participated in the program.

6. Program Modification/Discontinuation

Renewed Health & Wellness may modify the Concierge Medicine program at any time, including changing the amenities and services offered. In the event that you no longer wish to participate in the program after these modifications, you may terminate your participation in accordance to section 5.

7. Provisions

This agreement supersedes any and all prior written or oral agreements between you and the staff of Renewed Health & Wellness relating to your participation in the concierge medicine program. This agreement shall be governed by and constructed in accordance with the laws of the state of Nevada and if any other provision is held to be invalid and unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions impair the benefits of the remaining portions of this agreement.

CLIENT INFORMATION:

NAME

ADDRESS

CITY, STATE, and ZIP

PHONE NUMBER

TODAY'S DATE



Email Communications

If you wish to receive email communication and text messages from your Renewed Health & Wellness provider, please consider the following information regarding email and text message communications and sign the consent to electronic communication

I understand that email and texting are not a secure method for sending or receiving potentially sensitive health information, in accordance to the Health Information Privacy Accountability Act of 1996 (HIPAA). Although communication between the patient and provider are subject to confidentiality requirements of Renewed Health & Wellness and applicable law, Renewed Health & Wellness cannot assure the protection of email and text message communications. Email or text messages sent to Renewed Health & Wellness may be accessed by individuals who are not directly involved who are not directly involved in my care (for example, by my employer if my email address is provided by my employer)

I understand that email or texts are not a good method for urgent or time-sensitive communications. Time-sensitive communications should be handled by direct telephone contact or in person. At the discretion of my physician, email communications and text messages may become part of my permanent medical record. I understand that email and text messages described above and authorize Renewed Health & Wellness to send electronic email and text messages to me at the following address:

Email: _____ Text: _____

I understand that I can revoke this consent at any time but I must revoke it in writing.

PATIENT SIGNATURE

DATE

If multiple patients:

PATIENT SIGNATURE

DATE

PATIENT SIGNATURE

DATE



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Benefits and Amenities

The Renewed Health & Wellness concierge medicine program currently offers the following services amenities which may change from time to time:

- Your concierge provider will provide enhanced communication and coordination of your health care with other physicians and consult with them, as necessary
- Executive Physical and Initial health assessment to develop a baseline medical profile to be integrated with individually designed and monitored medical, exercise and nutrition plan.
- Access your concierge medicine provider via his/her email address twenty-four hours a day, seven days a week* when necessary
- Enhanced access to your physician via electronic visits and house calls if the provider deems necessary. All electronic visits and house calls will be individually based, and must be approved by your provider before scheduled
- Personalized assistance with appointment scheduling and reminders
- Invitations to health-related presentations by any Renewed Health & Wellness professionals
- Direct contact with Renewed Health & Wellness staff during regular office hours.

*When your concierge medicine provider is not available, another provider will respond to your call.

PAYMENT INFORMATION

****Make all checks payable to Renewed Health & Wellness

Remit payment to the following:

Renewed Health & Wellness
ATTN: Practice Administrator
PO Box 17982
Reno, NV 89511

OR IF PAYING BY CARD:

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SECURITY CODE (3 or 4 DIGIT CODE ON BACK)

AUTHORIZED SIGNATURE