



## **LETTER OF AGREEMENT FOR IMCNC MEMBERSHIP CARE PLAN**

This Agreement is not a health insurance plan, prepaid health plan, or substitute for healthcare coverage. As such, this Agreement is not subject to health insurance protections provided for by state law. This Agreement is solely for the described Services, and it does not cover hospital, specialist, or any services not directly provided by our practice. This Agreement is not a concierge plan and does not provide 24/7 or emergency care.

### **Services Included in Membership**

The following services are provided to IMCNC Membership Patients are included in the annual fee and have no additional fee:

- Free Office Visits (up to 12 visits) in-person or telemedicine
- Free Health Coaching - # of visits based on need
- Free unlimited sauna and redlight therapy visits
- Five (5) Wellness Credits per month which are used to pay for or reduce fees for Infusions, SoftWave Therapy and NES Energy Medicine. Unused credits roll over from month to month, however, are not redeemable in any way if unused by the end of the member's plan year.
- Supplement Discount - 10% discount on all supplements purchased at the practice
- Free form completion (FMLA, Medical Necessity, Disability, Accommodation)
- Free referrals and pre-authorizations
- Free Lab Order Changes
- Open portal messaging with clinical staff and Providers
- Dedicated Member Phone Line
- Free Reimbursify Claim Filing for reimbursement for out-of-network benefits excluding Medicare

### **Services Excluded from Membership Fee (Separate Charge Applies)**

You may need the care of emergency rooms, laboratory testing, pathology studies, prescribed medications, radiologic imaging, specialist consultations or treatment, surgery, urgent care centers, specialty vaccinations, durable medical equipment or other healthcare services that are outside the scope of this Agreement and are not included in the membership fee. We highly recommend that you maintain health insurance, which may or may not cover the costs of these services. The following services are not included in the annual membership fee and will be charged when requested by you:

- Injections - Vitamin B-12, Vitamin-D and others that may be offered in the future
- Low Dose Allergy Consultation and Therapy
- Infusions, SoftWave Therapy and NES Energy Medicine, when not paid via Wellness Credits

### **Controlled Substances**

It is not our policy to prescribe chronic controlled substances on your behalf, including commonly abused opioid medications, benzodiazepines, and other stimulants. If we do

prescribe this class of pharmaceuticals for you, you will be asked to sign and honor our Controlled Substances Agreement.

**Consent to Treat**

You acknowledge, consent, and hereby authorize Integrative Medical Clinic of North Carolina, PLLC (IMCNC) and its providers to carry out your healthcare treatment. You acknowledge and understand that this consent is given in advance of any specific diagnosis or treatment, that these services are voluntary, and that you have the right to refuse these services. You understand and intend this consent to be continuing in nature, even after a specific diagnosis has been made and treatment recommended. This consent will remain in full force unless revoked in writing and will not affect any actions that were taken prior to receiving your revocation.

**Membership Period**

The membership is for one year based on the date the membership is paid, except for all new plans paid on or prior to December 29, 2023, for the 2024 Membership Year, which is in effect January 1, 2024.

**Non-Participation in Health Insurance**

Neither IMCNC, nor its physicians or other providers, participate in any public or private health insurance plans, including Medicare. We do not make any representations regarding third party insurance reimbursement and such reimbursement is not anticipated by this Agreement. Pursuant to federal regulations, our physicians have elected "opt out" status of Medicare participation. This means that Medicare cannot be billed for any Services performed under this Agreement. Further, you agree not to bill Medicare or attempt Medicare reimbursement for any such Services. If you are eligible for Medicare, or during the term of this Agreement you become eligible for Medicare, the Practice is required to obtain your understanding, memorialized by your signature, of our Private Medicare Contract. If you are now or become Medicare-eligible and choose not to sign our Private Medicare Contract, your membership will be automatically terminated with no refund of any membership fees.

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Printed Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Member's Signature

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Today's Date