



## DOVE PEDIATRICS, PLLC MEMBER AGREEMENT

### Background

- Dove Pediatrics, PLLC is a Direct Primary Care (DPC) practice, which delivers pediatric primary care services by Dr. Jacquelyn Burnett, MD at 3280A Henderson Dr., Jacksonville, NC, 28546. In exchange for monthly membership fees, Dove Pediatrics agrees to provide the Patient(s) named below with the Services described in the Services Guide on the terms and conditions contained in this Agreement.
- This is an agreement between Dove Pediatrics (Dove Peds), a North Carolina Professional Limited Liability Company and You (the Parent/Legal Guardian) on behalf of your child(ren) (Patient). "I" in this agreement refers to you as a patient 18 years or older, or as the parent/legal guardian of your child who will be receiving services.

### Terms

- I acknowledge and understand that I am voluntarily becoming a Dove Pediatrics, PLLC (Dove Peds) Member for primary care services on behalf of myself or individuals for whom I am a parent or legal guardian. I understand that this Agreement is non-transferable.
- I have reviewed the Services Guide in Appendix 1 of this Agreement, which describes the types of services provided under the monthly fee. I have had the opportunity to ask questions and receive answers about their content.
- I acknowledge and understand that the monthly membership fee is paid in consideration for the services outlined in the Services Guide. I have reviewed the pricing table in Appendix 2 of this agreement, and I understand that if my child's care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance and I will be responsible to pay these fees in full at the time of service.
- I acknowledge and understand that this agreement **does not** provide comprehensive health insurance coverage nor is it a contract of insurance. It provides only for primary care health care services as specifically described in the Services Guide. I recognize that I am encouraged to obtain conventional private individual, catastrophic, or comprehensive health insurance.

### Agreement

- In exchange for the Services outlined in the Services Guide, I agree to pay Dove Pediatrics a monthly fee in the amount specified as outlined in Appendix 2 of this agreement based on the age of my child(ren), the Patient(s) at time of enrollment. I may also choose to pay an annual lump sum if preferred, which will cover Services as outlined for the following 12 months starting on the date paid and expiring on the same date the following year.
- I acknowledge that a family enrollment fee of \$99 is due at the time of enrollment, after signing this Agreement, unless waived as a part of a temporary promotion specified by Dove Pediatrics.
- I acknowledge that the first monthly Membership fee will be paid on the date I enroll my child(ren), the Patient(s), and will be prorated to include the remainder of the current calendar month. The

following recurring payments will be due on the 1<sup>st</sup> of every month and will cover Services for that month.

- I understand I have the option of automatic payment to be withdrawn on the 1<sup>st</sup> OR the 15<sup>th</sup> of every month. If I choose the 15<sup>th</sup>, then on the 1<sup>st</sup> of the next month following enrollment, I will be assessed a prorated fee to cover the 1<sup>st</sup>-15<sup>th</sup> of that month. Then, going forward, my payments will be made on the 15<sup>th</sup> to cover services until the 15<sup>th</sup> of the following month.
- I acknowledge and understand that to become a Dove Pediatrics member and have access to scheduling/requesting appointments, I must submit my first month's (or yearly) Membership fee and enrollment fee (if applicable) with my enrollment forms, which shall include my authorization for automatic monthly payment of my monthly membership fee.
- I acknowledge and understand that my monthly Membership fee will be automatically transferred from my selected method of payment (debit or credit card, or automatic bank draft) on the chosen due date each month.
- I acknowledge that in the event my monthly Membership fee is not received by Dove Pediatrics within 5 days from payment due date, Dove Pediatrics will notify me through my given contact information and will assess a \$25 late fee to my account. If payment is not received in full (including late fees assessed) by 15 days from the last payment due date, I understand that Dove Pediatrics will consider my Membership cancelled and will terminate Services. In this event, I understand and acknowledge it is my responsibility to establish alternate medical care for my child. Dove Pediatrics reserves the right to work with individuals on repayment plans, but is not required to do so.
- I understand that it is my responsibility to inform Dove Pediatrics of any changes to my credit/debit card or bank account information. Failure to update payment information that results in late or non-payment may result in termination of membership.
- I acknowledge and understand that Dove Pediatrics may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually) and that I will be given at least sixty (60) days' notice of fee changes.
- I understand that the monthly fee is intended to cover the availability of a Dove Pediatrics provider to provide Services as outlined and that the monthly fee is due for months under this Agreement even if I do not communicate with Dove Pediatrics providers or see them during a particular month.
- I acknowledge and understand that the monthly fee paid to Dove Pediatrics does not cover the cost of prescription drugs, extensive laboratory costs, hospitalization costs, Emergency Room visits, major surgery, dialysis, high level radiology (CT, MRI), specialty provider fees, procedures or visits performed outside of Dove Pediatrics, and that I am responsible for any charges incurred for those services performed outside of Dove Pediatrics.

### Cancellation

- I acknowledge and understand that Dove Pediatrics may cancel this Member Agreement for cause due to nonpayment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Dove Pediatrics will not cancel this Member Agreement solely on the basis of health status. If termination is initiated by Dove Pediatrics, no further charges will be assessed beyond the current billing cycle. In the event of cancellation for these reasons, refunds will not be provided.

- I acknowledge and understand that I am free to cancel this Membership at any time by providing written notice to Dove Pediatrics. Email notification is considered acceptable. Monthly fees will continue to accrue until the written cancellation is received. If my account is overdue, I am responsible for resolving the outstanding balance prior to my Service cancellation.
- I acknowledge and understand that if I terminate my Membership, Dove Pediatrics will continue to provide medical services as outlined in the Services Guide through the end of the current billing cycle. Dove Pediatrics does not refund monthly membership or any other fees. Membership rates are not pro-rated in the final month of Membership.
- I acknowledge and understand that if I cancel this Member Agreement, I may not reenroll until 6 months after the date of my written cancellation and I must submit a new registration fee of \$99 along with the other requirements of enrollment. Dove Pediatrics makes no representations that I will be able to reenroll at some future date. \*\*If cancellation is due to military or career move, and patient moves back to area in the future, enrollment fee will be waived upon re-enrollment.

### **Non-Participation in Health Insurance**

- I acknowledge and understand that Dove Pediatrics will not bill any insurance carrier, including but not limited to TRICARE, Medicare, or Medicaid for any services provided.
- I acknowledge and understand that Dove Pediatrics does not accept payments from Health Savings Accounts (HSAs). I understand that it is my responsibility to determine whether monthly service fees paid to Dove Pediatrics are eligible expenses under my insurance HRA or FSA and to submit any required documentation or request for reimbursement.
- I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the “Medicare Opt-Out Agreement” for review and signature before my first appointment.

### **Miscellaneous**

- I acknowledge and understand that Dove Pediatrics is a Christ-centered, private healthcare practice and as such, may offer to pray with me or my family during my visits and that I have a right to decline.
- I acknowledge and understand that Dove Pediatrics reserves the right to practice based in Biblical values, and as such, healthcare that discredits the truth that each life is precious and made in the image of God, will not be offered, including: hormone and/or puberty-blocking therapy or any other medical/surgical therapy for the purpose of gender transition, nor referrals to outside or specialty providers for gender transition, nor treatment or referrals for abortion.

### **Communications**

- I agree to disclose all information relating to my child’s health condition and to actively collaborate with his/her health care provider to understand treatment options and develop the best course of action.
- I understand that I will be forthright with regard to my child’s prescription and over the counter medication and his/her use of them.

- I understand that communication with my child’s provider via email, instant messaging, text, video chat, facsimile, and cell phone are not guaranteed to be secure or confidential methods of communication, nor may they be most appropriate for time-sensitive medical problems.
- I understand that if I do not receive a response to an email within 24 business hours, I agree to contact the practice by telephone or other direct means. If it is an urgent issue and phone call or text has not been returned within 1 hour, I understand and agree that I need to call 911 in the event of an emergency or situation that could reasonably develop into an emergency.
- I understand that it is my responsibility to ensure that Dove Pediatrics has correct contact information (e.g. mailing address, email, phone) for my account.
- I agree to arrive on time for my appointment. If I do not arrive on time, my provider may not be able to spend as much time with my child as he/she may need. In addition, I agree to call Dove Pediatrics at least 24 hours before an appointment if I need to cancel so that other patients can use my visit time. I understand that if I have more than two instances of “no-call, no-show” within a 6-month period, Dove Pediatrics may terminate this agreement.
- I understand that I have the right to speak in confidence with my Dove Pediatrics provider and to have my and my child’s health care information protected. I understand that Dove Pediatrics will not disclose my or my child’s information without my authorization or without a legal obligation to do so.
- I understand that if I am dissatisfied for any reason, I may contact the Clinic’s Administrator to address any complaints at [office@dovepeds.com](mailto:office@dovepeds.com). I agree to first bring issues to the attention of Dove Pediatrics and seek resolution before seeking further action.

This agreement shall be governed and construed under the laws of the State of North Carolina. All disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for Dove Pediatrics in Jacksonville, North Carolina.

By my signature below, I agree to become a Dove Pediatrics Member and I agree to the terms outlined in this Member Agreement. Parents or guardians of members under age 18 may sign on their behalf as their representative. This Member Agreement will become effective when fully signed by the prospective Member Representative and accepted by Dove Pediatrics, PLLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Patient Name(s): \_\_\_\_\_

Dove Pediatrics Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## DOVE PEDIATRICS, PLLC PATIENT AGREEMENT

### Appendix 1: Services Guide

#### 1) Medical Services

Medical Services under this agreement are those medical services that the Physicians are permitted to perform under the laws of the State of North Carolina, are consistent with the Physicians' training and experience, are usual and customary for a pediatrician to provide, and include the following:

- Acute and Non-acute Office Visits
- Well Child Visits according to the AAP Bright Futures recommended schedule
- All patient school and sport physical forms
- Basic Vision/Hearing Screening
- Developmental Screening at recommended intervals and as concerns warrant
- Basic lab testing at recommended intervals (i.e. lead testing, Hgb screening, iron screening)
- Blood Pressure Monitoring
- Breathing Treatments (nebulizer or inhaler with spacer)
- Removal of Cerumen (ear wax)
- Medical Ear Piercing\*
- Urinalysis
- Rapid Test for Strep Throat, Flu, Mono, and COVID-19
  
- Once clinic space allows:
  - Drawing basic labs. Labs and testing that cannot be performed in-house will be offered at a discounted rate through select vendors.\*
  - Convenient access to many commonly prescribed prescription medications and DME at greatly reduced prices, dispensed on premises once available.\*\*

\* Patient is responsible for all fees associated with any procedures, laboratory testing, and/or specimen analysis. If Patient prefers for labs to be billed to insurance, must indicate so at time of ordering.

\*\*Prescription medications dispensed and/or DME provided by Dove Peds is subject to an additional charge at wholesale cost, for which the Patient is responsible.

#### 2) Non-Medical, Personalized Services

Dove Peds shall also provide Patient with the following non-medical services ("Non-Medical Services"):

- (a) **After Hours Access.** Patients shall have direct telephone and text access to a Dove Peds Physician six days per week after clinic hours. Patient may reach the Physician directly for guidance regarding concerns that arise unexpectedly outside of office hours (Please make every effort to call/text between the hours of 7am-10pm). Video chat and text messaging may be utilized when a

Physician and Patient agree that it is appropriate. Calls and texts made between 10pm-6am may not be answered immediately, and in case of emergency, patient is encouraged to call 911.

- (b) Physician Absence.** From time to time, due to vacations, illness, or personal emergency, a Dove Peds Physician may be temporarily unavailable to provide in-person services referred to above in this paragraph one. In order to assist Patients in scheduling non-urgent visits, the Clinic will notify Patients of any planned Physician absences as soon as the dates are confirmed. In the event of a Dove Peds Physician's unplanned absences when text and virtual appointments are not available, Patients will be given the name and telephone number of an appropriate provider for the Patient to contact. Any treatment rendered by a non-Dove Peds Physician, but instead by a substitute provider, is not covered under this contract, but may be submitted to the Patient's health plan.
- (c) E-Mail Access.** Patient shall be given the Physician's e-mail address to which non-urgent communications can be addressed. Such communications shall be dealt with by the Physicians or staff member of Dove Peds in a timely manner. Patient understands and agrees that email and the internet should never be used to access medical care in the event of an emergency, or any situation that Patient could reasonably expect may develop into an emergency. Patient agrees that in such situations, when a Patient cannot speak to a Dove Peds Physician immediately in person or by telephone, that Patient shall call 911 or the nearest emergency medical assistance provider, and follow the directions of emergency medical personnel.
- (d) No Wait or Minimal Wait Appointments.** Reasonable effort shall be made to ensure that Patient is seen by a Dove Peds Physician immediately upon arriving for a scheduled office visit or after only a minimal wait. If the Physician foresees a minimal wait time, Patient shall be contacted and advised of the projected wait time.
- (e) Same Day/Next Day Appointments.** When Patient calls or e-mails the Physicians prior to noon on a normal office day (Monday through Friday) to schedule an appointment, every reasonable effort shall be made to schedule an appointment with a Dove Peds Physician on the same day. If the patient calls or e-mails the physician after noon on a normal office day (Monday through Friday) to schedule an appointment, every reasonable effort shall be made to schedule Patient's appointment with a clinic Physician on the following normal office day. In any event, however, Dove Peds shall make every reasonable effort to schedule an appointment for the Patient on the same day that the request is made.
- (f) Visitors.** Non-Medicare family members temporarily visiting a Patient from out of town may take advantage of the services described in subparagraphs (a), (c), and (d) of this paragraph. Medical services rendered to Patient's visitors shall be charged on a fee-for-service basis.
- (g) Specialists Coordination.** Dove Peds and Physicians shall coordinate with medical specialists to whom Patient is referred to assist Patient in obtaining specialty care. When available and appropriate, consultation may be requested virtually. Patient understands that fees paid under this Agreement do not include and do not cover specialist's fees or fees due to any medical professional other than the Dove Peds Physicians.



## DOVE PEDIATRICS, PLLC PATIENT AGREEMENT

### Appendix 2: Fees

#### 1) Monthly Membership Fees

Monthly membership fees are fixed and based on age and expected appointment needs:

- Under 2: \$100/month
- 2-5 years: \$85/month
- 6-18: \$60/month
- Family Maximum: \$250/month, unlimited number of children

#### 2) Enrollment Fees

- One-time enrollment fee per family: \$99/family

#### 3) Additional Fees

- Infant ear piercing (have received at least 2 doses of DTaP)
- In home acute visits or well visits > 6 months (travel fee \$75)
- In home lactation consultation (provided by physician until IBCLC is hired)
- In home bedtime assessments (\$250 for travel fee and 2-hr assessment)