



PATIENT AGREEMENT

This is an agreement entered into on _____, 20____, between **Lane Pediatrics, PA**, and _____, parent(s) or guardian(s) of _____ [patient(s)].

Lane Pediatrics, PA is a Direct Primary Care practice (DPC), which delivers pediatric services through its physician, Sara Lane, MD. By signing this agreement, Lane Pediatrics agrees to provide the above patient(s) with the services described herein and as further set out on our website, www.lanepediatrics.com, on the terms and services contained in this agreement, and I (we) agree to pay the fees set out below for the services provided.

Fee Schedule: Membership fee is due monthly and is per patient. All fees shall be paid by preauthorized credit card or automatic bank withdrawal. Please see Appendix 1 for fees.

Charging Responsibility: I (we) understand that I am responsible for any charges incurred for health care services performed outside of Lane Pediatrics or by a provider who is not employed by Lane Pediatrics, including but not limited to emergency room visits, hospital and specialist care, and imaging and laboratory tests performed by third parties.

Billing: After paying my nonrefundable enrollment fee, I (we) agree to pay my monthly membership fee on or before the due date. Monthly fees start accruing at time of sign up with the practice, if after August 1, 2019, and continue and renew monthly thereafter. Any send-out labs or medications will be charged at the time of service and payment in full is expected at that time. In the event that I am unable to pay my fee on time, I understand that I will be charged at \$30 late fee and that this agreement may be terminated.

Lane Pediatrics Is Not Insurance: I (we) understand that this agreement does not provide comprehensive health care coverage, not is it a contract of insurance or a substitute for health insurance or other health plan coverage. Lane Pediatrics makes no representations whatsoever that any fees paid under this agreement are covered by your health insurance or other third-party payment plans applicable to the Patient. Lane Pediatrics will not bill insurance carriers on my behalf for any services provided. If I wish to seek reimbursement, upon request, Lane Pediatrics will provide me with office notes and a superbill that I can submit in an attempt to receive reimbursement from insurance companies or others. I understand that Lane Pediatrics will not provide administrative support for these matters. It is highly recommended that I maintain health insurance for unpredictable and catastrophic expenses and general healthcare costs.

Specialist/Hospital Care: Lane Pediatrics will coordinate with medical specialists to whom the Patient is referred to assist Patient in obtaining specialty care. I (we) understand that fees paid under

Parent/Guardian Initials: _____

July 2019

this Agreement do not include and do not cover specialists' fees or fees due to any medical professional other than the Lane Pediatrics Physician. While Lane Pediatrics' primary care physician will do everything possible to manage conditions within her scope of practice, I (we) am aware that there are circumstances in which a specialist is necessary for medically appropriate care.

In the event that a Patient needs to be admitted the hospital, Lane Pediatrics will help coordinate the admission with the hospitalist at the appropriate facility, but any fees or charges associated with any hospitalization are the responsibility of the patient and are not included in the fees paid under this agreement.

Quitting the Practice: I (we) understand that both Lane Pediatrics and I have the absolute and unconditional right to terminate this agreement, for any reason and at any time, by providing 30-days written notice to the other party. I understand that I will remain responsible for any unpaid fees that I have incurred up to and through the termination date.

Rejoining the Practice: I (we) understand that if I terminate this agreement after receiving initial services, I may be allowed to reestablish my membership patient status at the discretion of Lane Pediatrics, and only after payment of the re-joining fee of \$250.00.

Out of Office Policy: On occasion, Dr. Lane will be out of the office. Patients will be notified at least 48 hours before these dates, if possible, to allow ample time for refills and routine matters to be addressed. Whenever possible, Dr. Lane will be accessible via cell phone or email, though response times maybe be delayed. Most concerns can be handled over the phone, but on the rare occasion a patient needs to be seen in Dr. Lane's absence, Dr. Lane will direct me to another provider at her own expense (unless such provider is a specialist or other facility as set out above as a separate charge not covered by the monthly fee of this agreement).

HSA, HRA, FSA Accounts and Primary Care: Lane Pediatrics makes no representation that the IRS considers primary care monthly membership feeds eligible for payment under any of these accounts. As laws change, please consult with your tax specialist to determine the best ways to use funds from these accounts.

Change in Service: I (we) understand that from time to time, Lane Pediatrics may have to change the services provided or fee schedule under this agreement, and that I will be provided with at least sixty (60) days advance notice of such changes.

Privacy of Communications: I (we) understand that Lane Pediatrics will comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy requirements. I also understand that communications with the physician using email, fax, video chat, cell phone, texting, or other forms of electronic communication can never be absolutely guaranteed to be secure or confidential methods of communication. I further acknowledge that all such communications may become part of the electronic health record. By providing an email address upon registration, I authorize Lane Pediatrics and its Physician to communicate with me by email regarding the patient's "protected health information", knowing that email is not necessarily a secure medium and there is always a possibility

Parent/Guardian Initials: _____

July 2019

that a third party may gain access. I also understand that email is not the preferred communication if an issue is time sensitive or urgent/emergent.

Emergencies: In the event of an emergency, or a situation which could be reasonably expected to develop into an emergency, I will call 911 or go to the nearest Emergency Room and follow the direction of emergency personnel.

Addressing Concerns: I (we) agree to bring any complaints or concerns about the services we receive as members of Lane Pediatrics to the attention of Dr. Lane, to be addressed as quickly and completely as possible. I understand that Lane Pediatrics strives for excellent patient and family service and would like to know if something is not right.

Severability: If for any reason any provision of this agreement shall be deemed, but a court of competent jurisdiction or other regulating agency, to be legally invalid or unenforceable, the validity of the remainder of the agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, shall be enforceable.

Jurisdiction: This agreement shall be governed and construed under the laws of the State of Florida.

By signing below, I (we) agree to the terms of this agreement and any attachments hereto. This agreement will commence on the date it is signed by the Parent or Guardian of the patient(s) and the Physician below, and will extend monthly thereafter.

Printed Name of Parent or Guardian

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Signature of Parent or Guardian

Lane Pediatrics:

Sara Lane, M.D.
Owner, *Lane Pediatrics, P.A.*

Parent/Guardian Initials: _____

July 2019

APPENDIX 1: FEE SCHEDULE

Monthly membership fees:

Age	Fee (per month)
Birth to 6 months old	\$250
6 months to 5 years old	\$150
5 years to college	\$100

For families with more than one child, you will receive a 10% discount on the monthly fee for all but the youngest child. Any other discounts for larger families to be offered at the discretion of Lane Pediatrics.