

## Membership/Patient Access Model Contract for Wellness for Women

By signing below, you are agreeing to participate in the Membership/Patient Access Model with Wellness for Women, PLLC. This contract defines both your obligations as well as those of Wellness for Women.

1. What the Practice Provides. As an enrollee in the Program, Wellness for Women will provide you with the following services:
  - a. Same day or next day visits on weekdays for emergent visits (M-F);
  - b. Direct access to office staff and provider (Dr. Dries) for questions and prescription refills within 24 hours
  - c. Access to Dr. Dries via email, patient portal, and cell phone for both calls and texts
  - d. Direct after-hours access to Dr. Dries subject to limitation below
  - e. 25% off aesthetics
  - f. Discounts on cosmetic services with First Light
  - g. Discounts on homeopathic services
  - h. Health and Wellness coaching included in your annual visits
2. Limitations. There may be times when Dr. Dries is not available due to vacation, illness, etc, and during those times, you may need to seek urgent care elsewhere. Dr. Dries however will have a Nurse Practitioner cover her practice for any scheduled vacations and even when sick she will have her cell phone available.
3. Costs. Your total cost for the above services are as follows:
  - a. The cost of this membership/access model is \$199.00 annually.
  - b. This fee needs to be payable in advance of, or on the date of the initial service under this model. This can be paid by cash, check, or credit card. If paying with credit card, you must provide a valid credit card and hereby authorize Wellness for Women to charge the annual membership fee.
  - c. A penalty fee of \$25 will be charged for late payments, invalid credit cards, or a bounced check.
  - d. Term: This agreement is for an initial term of one year. Either you or Wellness for Women can terminate your membership at any time by giving at least a sixty (60) day notice. Any amount prepaid by you beyond those sixty (60) days will be refunded.
4. Membership/Access Model is NOT insurance. You understand that this membership to Wellness for Women is not insurance and is not intended to replace any existing or future health insurance or health plan coverage. It simply provides you access to additional services beyond what is available in the traditional medical care model. It is not intended to cover medical care reimbursed by insurance.
5. Not Covered by Insurance. You acknowledge that though Wellness for Women participates with traditional insurance, the membership/access fee paid is entirely for services and scheduling that are NOT covered by your insurance. If you have Medicare/Medicaid, then the membership and services are entirely for services not covered by Medicare/Medicaid.
6. Health Savings Accounts. Wellness for Women does not make any representation about your ability to pay membership fees from your Health Savings Account, if you have one. The IRS regulations about the use of such accounts are complicated and you should seek the advice of a tax professional before using your HSA to pay the membership fee.

7. Communications. You acknowledge that communications with Dr. Dries or staff at Wellness for Women using e-mail, facsimile, video chat, Facetime, and cell phone are not guaranteed to be secure or confidential methods of communication. As such, you expressly waive Dr. Dries and Wellness for Women's obligation to guarantee confidentiality with respect to correspondence using these means of communication. You acknowledge that all such communications may become part of your medical record.
8. Miscellaneous.
  - a. This agreement is governed by the laws of the State of Maine.
  - b. Any notice that Wellness for Women gives to you can be sent to the address you provide below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU ACKNOWLEDGE THAT YOU HAVE READ THIS CONTRACT AND UNDERSTAND WHAT WELLNESS FOR WOMEN INTENDS TO PROVIDE TO YOU AND WHAT IT WILL NOT PROVIDE. YOU ALSO ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS YOU MAY HAVE ABOUT THIS CONTRACT AND THEY HAVE BEEN ANSWERED TO YOUR SATISFACTION.

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

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return to:

Wellness for Women  
50 Portland Rd. Suite 4  
Kennebunk, ME 04043

Email to [wellness4womenmaine@gmail.com](mailto:wellness4womenmaine@gmail.com)

Fax to 207-502-7521