

# Family First Health Center Access Wellness Membership Agreement Terms and Conditions of Service Plans

The following terms and conditions govern the Family First Health Center Access Wellness Service Plan (the “**Service Plan**”) provided by Family First Health Center (“**Family First Health Center,**” or “**FFHC**”) to each person listed on the Electronic Registration Form (“**Client**” or “**Member**”).

**1. Introduction.** If the client pays the fees described in Section 4 below, FFHC will provide to the client at no additional cost basic and enhanced primary care physician services that FFHC typically provides in FFHC’s office to individuals with common illnesses and injuries, wellness services and certain other non-clinical services. These Covered Services are described in further detail in Section 2 below.

**THIS SERVICE PLAN IS NOT INSURANCE AND FAMILY FIRST HEALTH CENTER IS NOT AN INSURANCE COMPANY. FFHC ONLY PROVIDES THE SERVICES DESCRIBED BELOW AND WILL NOT REIMBURSE THE CLIENT FOR ANY COSTS OR CHARGES THE CLIENT MAY INCUR.**

**NOT ALL TYPES OF HEALTH CARE SERVICES ARE COVERED BY THIS SERVICE PLAN. FFHC ONLY PROVIDES THOSE COVERED SERVICES FURTHER DESCRIBED HEREIN. THE SERVICE PLAN DOES NOT COVER HOSPITAL CARE OR ANY OTHER HEALTH CARE SERVICES.**

**MEMBER ACKNOWLEDGES THAT FFHC RECOMMENDS THE MEMBER OBTAIN OR KEEP IN FULL FORCE SUCH HEALTH INSURANCE POLICIES OR PLANS THAT WILL COVER POTENTIAL HEALTH CARE COSTS.**

**BY ENROLLING IN THIS SERVICE PLAN AND RECEIVING SERVICES FROM FFHC, THE MEMBER AND ALL OTHER MEMBERS IDENTIFIED IN THE MEMBER’S REGISTRATION AGREE TO THESE TERMS AND CONDITIONS. PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY.**

**2. Covered Services.** Those services described below and in Exhibit A attached hereto and incorporated herein shall be known as “**Covered Services**” for non-Medicare beneficiaries. Covered services for Medicare beneficiaries do not include the services described below and exclude Exhibit A. Covered services for Medicare beneficiaries are described solely in Exhibit B. All Covered Services shall be provided exclusively at FFHC’s office located at 1898 S. Clyde Morris Blvd., Suite 360, Daytona Beach, FL (“**Clinic**”).

**2.1 Medical Services.** FFHC provides enhanced primary care services to both adults and children in our office as more fully outlined in Exhibit A (“**Enhanced Primary Care Services**”). As part of these Enhanced Primary Care Services, the client will be assigned a Florida licensed physician (“**Physician**”) who will serve as the client’s primary contact and care coordinator during the Term.

**2.2 Wellness Services.** FFHC provides certain wellness related services as more fully outlined in Exhibit A (“**Wellness Services**”) designed to complement the Enhanced Primary Care Services.

**2.3 Non-Medical Services.** In addition to those Enhanced Primary Care Services and Wellness Services described above, FFHC will provide the following “**Non-Medical Services**”:

**2.3.1 Communication With FFHC.** The Client will have direct access to the Physician and/or other relevant Provider (as defined below) through email. Physician/Provider shall use his/her reasonable efforts to answer all email correspondence within a timely fashion. In the instance where your Physician/Provider is unavailable due to emergency or predetermined vacation days, FFHC will arrange for the coverage of a

qualified healthcare practitioner. Notwithstanding anything in this Section 2.3.1, NO emergent situations are to be addressed to Physician/PROVIDER in email or via the website. In the event of an emergency, the client should call 911 immediately and/or proceed directly to the emergency room.

2.3.1.1 FFHC cannot guarantee the privacy or security of communication via e-mail, text message, or video chat. Communication using these methodologies may be intercepted and read by others. Further, if Client shares an e-mail address, an e-mail from FFHC may be available to other persons using the e-mail. E-mail is not necessarily a secure medium for sending or receiving personal health information (PHI) and, in particular, if the Client sends or receives e-mail via your employer's e-mail system, the employer may have the right to review it. FFHC offers a secure patient portal for confidential communications.

2.3.1.2 Client authorizes FFHC to communicate with Client or family members listed in Section 2 by patient portal, e-mail, cell phone, text message, or video chat.

2.3.1.3 FFHC will respond to all messages as soon as possible. Messages may receive response based on clinical priority of the medical condition, as determined by FFHC. If Client does not receive a response within twenty-four (24) business hours, Client should utilize an alternative method to communicate with FFHC.

2.3.1.4 Client understands that e-mail and patient portal communication should only be utilized for non-urgent communication. It should not be used for emergencies. Client further understands that, if Client or Client's family member is experiencing a sudden or severe change in health or otherwise needs immediate attention, Client should call 911, go to an emergency room or contact FFHC by telephone.

2.3.1.5 Despite best efforts, technical failures are always a possibility. Neither FFHC nor its providers will be liable to the Client for any loss, cost, injury, or expense caused by, or resulting from, a delay in responding to you as a result of technical failures, including, but not limited to, (i) technical failures attributable to any internet service provider; (ii) power outages, failure of any electronic messaging software, or failure to properly address email messages; (iii) failure of FFHC's computers or computer network, or faulty telephone or cable data transmission; (iv) any interception of e-mail communications by a third party; or (v) the Client's failure to comply with the guidelines regarding use of e-mail communications set forth in this paragraph.

2.3.2 Same/Next Day Appointments. Upon the Member's request, all reasonable efforts will be made to ensure that you are scheduled on the same day or the next day during regular business hours of the Clinic. Please note, however, that patients who are ill may take precedence over patients scheduling routine examinations.

2.3.3 No-Wait Appointments. The Client will have minimal or no wait upon arrival at the Clinic for the Client's scheduled appointments. All reasonable efforts will be made to ensure that appointments are scheduled so that there is little or no chance of treatment times overlapping so as to cause any unnecessary delay. Notwithstanding the forgoing, all reasonable efforts will be made to accommodate walk-ins.

2.3.4 Prescriptions. Approved Prescriptions and prescription refills will be called in within forty-eight (48) regular business hours of an appointment or time of request.

2.4 Delivery of Covered Services. Covered Services will be delivered by teams (composed of physician assistants, nurses, nurse practitioners health coaches and medical assistants) led and overseen by a physician (collectively, "**Provider(s)**"). Health coaches may do the following: (a) conduct intake visits and work with physicians to create care plans; (b) provide education and coaching to patients both individually and in groups; (c) be accessible to patients by phone and email, with coverage arrangements for nights, weekends and holidays; (d) track the progress of patients in meeting their goals; and (e) proactively reach out to patients as needed.

2.5 Management of Your Overall Health. FFHC is committed to the management of your overall health. As such, FFHC will attempt to coordinate the delivery of the Client's care across the care

continuum through direct consultation with and referral to other providers (including specialists, hospitals, extended care facilities and other types of health care providers as medically necessary). On the Client's behalf, and if applicable, FFHC will preauthorize any required specialist appointments with the Client's insurance and schedule such appointments when necessary. A review of the specialist appointment will be conducted with the Client in a timely manner upon receiving the results and/or summary from such specialist. Additionally, FFHC uses a proprietary information technology platform that incorporates data from local hospitals, pharmacies and labs in order to track the care provided by those other practitioners and thereby gain a better understanding of the Client's overall health. Using this data and data from FFHC's own encounters with the Client, FFHC will attempt to identify, direct, and encourage the Client's participation in, as necessary, early interventions and other wellness services. FFHC will engage the Client in these offering through the use of various forms of communication (email, phone, etc.).

**3. Excluded Services.** As part of the Service Plan FFHC only provides to the Client those Covered Services expressly described above. FFHC will not provide, pay for, or in any way reimburse the Client for any other services ("**Excluded Services**") including, but not limited to, the following:

3.1.1 Hospital Care and Hospitalizations. This Service Plan does not cover any services performed at a hospital or similar facility or while the Member is a patient at a hospital or similar facility, including, but not limited to, any type of inpatient or outpatient services or procedures, or any services associated with hospital stays such as use of operating, delivery, recovery, or other specialty rooms and any professional fees, equipment or supplies related therein.

3.1.2 Emergency Care. This Service Plan does not cover any type of emergency care or emergency room service, including, but not limited to, any service required due to a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a layperson possessing an average knowledge of health and medicine would reasonably expect the absence of immediate medical attention to place the health of the individual in serious jeopardy, cause serious impairment to bodily functions, or cause serious dysfunction of any bodily organ or part.

3.1.3 Burns and Broken Bones. This Service Plan does not cover any definitive treatment of 2<sup>nd</sup> and 3<sup>rd</sup> degree burns, bone fractures, and/or dislocations.

3.1.4 Surgery and Surgical Care. This Service Plan does not cover any type of surgery, preoperative and post-operative surgical care, casts, specialized surgical dressings, and/or any supplies, devices or appliances surgically inserted within the body that are not generally provided in a family practice setting.

3.1.5 Gastrointestinal Diagnostic Testing. This Service Plan does not cover any gastrointestinal diagnostic testing, including, but not limited to, colonoscopy or endoscopy.

3.1.6 Radiological and Similar Testing. This Service Plan does not cover any radiological or similar testing, including, but not limited, to x-rays, CT or CAT scans, magnetic resonance imaging (MRI), mammograms, ultrasound, and nuclear medicine.

3.1.7 Orthotics. This Service Plan does not cover supportive devices for the foot, including, but not limited to, foot inserts, arch supports, heel pads and heel cups, and orthopedic/corrective shoes.

3.1.8 Dental Care. This Service Plan does not cover dental care, including, but not limited to, dental examinations, root canal treatments, the filling or replacement of teeth, the removal of teeth, alveolectomy, bone grafts, dental implants, dentures, treatment of injuries to the teeth, diseases of the teeth, gingival tissues, or soft tissue impactions.

**4. Fees and Payment / Billing.**

4.1 Monthly Service Fees. The Member must pay the following monthly service fee based upon his/her age:

4.1.1 Children under the age of 18. If the Member is under the age of 18 the Member's monthly service fee is \$57.00 (before discounts).

4.1.2 Between the age of 19-50. If the Member is between the ages of 19-50 the Member's monthly service fee is \$77.00 (before discounts).

4.1.3 Over the age of 50. If the member is over the age of 50 the Member's monthly service fee is \$97.00 (before discounts).

4.1.4 Family Plan Members assume responsibility for all financial obligations of family members enrolled with them in this agreement

4.1.4.1 Couples plan: defined as two adults of any change, no children \$ 147

4.1.4.2 Family plans

4.1.4.2.1 Two Parent Family Plan defined as up to 2 adults of any age plus one child \$197

4.1.4.2.2 Single Parent Family Plan defined as up to 1 adult of any age plus one child \$127

4.1.4.2.3 Additional children under the age of 18 may be added to any Family plan for \$40 for each additional child.

4.2 Payment/Billing. FFHC requires that you set-up recurring electronic payments for the Member's monthly service fee using the link provided on FFHC's website. The Member's monthly payment will be processed on the same date each month unless the Member's Service Plan is terminated or the Member elects to pay for the plan in full for the entire year at a 5% discount. The Member hereby authorizes us to make these charges or debits depending on the payment method the Member authorized through FFHC's website.

4.2.1 Biannual/Annual Billing. For longer membership plans, the Member is electing to enter a contract of minimum length. This contract price is non-refundable for the duration of the contract term.

4.2.2 Processing Fee. There is 1 (one), one time non-refundable \$50 registration processing fee for any individual, couple or family plan.

4.2.3 A Member may incur a \$20 late fee for any payment received past the due date

4.2.4 Client is responsible for maintaining up to date contact and billing information with FFHC

4.2.5 Unused Services will not be redeemed for cash value

4.2.6 A member shall incur a \$60 fee for failing to give 24 hour notice of need to cancel, reschedule or no show for a scheduled appointment.

## 5. Term / Termination.

5.1 Term. The Client's Service Plan membership commences on the date FFHC receives your payment ("**Effective Date**") and continues until 11:59 p.m. on the date immediately preceding the Effective Date in the following month (e.g. if FFHC receives your payment on January 10 the membership will continue until 11:59 p.m. February 9) ("**Initial Term**"). At the end of the Initial Term, FFHC will automatically renew your membership in the Service Plan on a monthly basis (each a "**Renewal Term**").

Notwithstanding the forgoing, The Client can terminate his/her membership in the Service Plan by notifying FFHC in writing at least fourteen (14) days prior to the beginning of the next Renewal Term of the Client's desire to terminate the membership. The Initial Term and any subsequent Renewal Term shall collectively be referred to as the "**Term**".

5.2 **Termination.** The Client's Service Plan membership may be terminated by FFHC for any reason or no reason upon thirty (30) days' written notice, in compliance with all applicable regulations and licensing requirements, which are imposed on licensed physicians in the State of Florida.

5.3 FFHC reserves the right to modify or discontinue membership services, or increase the applicable fee schedule at any time, but no more than twice per year. Client will be provided notice of any such modification at least 30 (thirty) days prior to the effective date of such change.

## **6. General Provisions.**

6.1 **Dispute Resolution.** In the event of any controversy or dispute between the Client and Family First Health Center related to or arising out of the Client's Service Plan membership, the parties agree to meet and confer in good faith to attempt to resolve the controversy or dispute without an adversary proceeding. If the controversy or dispute is not resolved to the mutual satisfaction of the parties, either party will have the option of submitting the controversy or dispute to binding arbitration, to be conducted in Volusia County, Florida. Such binding arbitration proceedings will be conducted in accordance with the procedures set forth by the American Health Lawyers Association with the non-prevailing party responsible for payment of all reasonable attorney's fees and costs as well as the cost of the arbitrator.

6.2 **Assignment.** The Member may not assign or transfer his/her Service Plan membership or any interest therein to any other person or entity, and any such assignment or transfer shall be void. FFHC may assign or transfer this Service Plan without the Member's consent, and any such assignment or transfer is binding upon and inures to the benefit of the Member, FFHC and FFHC's respective successor and assigns.

6.3 **Policies, Procedures and Amendments.** FFHC may from time to time develop policies and procedures in connection with the operation or administration of the Service Plan. FFHC may also amend the Service Plan, including those Covered Service listed on Exhibit A, from time to time and in FFHC's sole discretion. The Member shall be bound by all such policies, procedures and amendments.

6.4 **Conflict.** In the event of a conflict between these Terms and Conditions and any document, form or brochure, these Terms and Conditions shall control.

6.5 **Entire Agreement.** These Terms and Conditions and all Exhibits hereto (as FFHC may modify or amend from time to time) constitute the sole and entire agreement between the Member and FFHC with respect to the subject matter hereof and thereof, and supersede any and all prior written or oral agreements, discussions or understandings between the Member and FFHC.

6.6 **General Release.** To the greatest extent enforceable by law, each Member, on behalf of himself or herself and each of their respective heirs, beneficiaries, successors and assigns, hereby forever releases and discharges Family First Health Center, its affiliates, and each of their respective officers, directors, employees, agents and representatives from and against any and all liabilities, claims, demands, actions, and cause of action of any kind or character that such person has, or may have relating to or arising from use of services under the Service Plan. The sole recourse available to any such releasing person against Family First Health Center is termination of your Service Plan membership in accordance with these Terms and Conditions.

6.7 **Governing Law.** This Service Plan shall be governed by and construed in accordance with the laws of the State of Florida without giving effect to the choice or conflict of laws of that or any other jurisdiction.

6.8 **Privacy of Individually Identifiable Health Information.** We will maintain the privacy and confidentiality of all individually identifiable information about you in accordance with all applicable statutes and regulations.

6.9 **Notices.** All notices, consents, approvals, requests, and communications required under these Terms and Conditions and this Service Plan shall be in writing and shall be deemed to have been given when

delivered by first class mail, postage prepaid or by hand delivery to you at the most recent address shown in FFHC's records and to FFHC at the address shown below:

Family First Health Center  
1898 S. Clyde Morris Blvd, Suite 360  
Daytona Beach, FL 32119

6.10 Headings. The headings contained in these Terms and Conditions have been inserted for convenience only and do not define or limit the provisions hereof or the Service Plan.

6.11 Waiver. The waiver by Family First Health Center of any breach of any provision of these Terms and Conditions by Member will not operate or be construed as a waiver of any subsequent breach by Member.

6.12 Severability. Any provision of these Terms and Conditions that is held to be inoperative, unenforceable, voidable or invalid in any jurisdiction will, as to that jurisdiction, be inoperable, unenforceable, void or invalid without affecting the remaining provisions of these Terms and Conditions in that jurisdiction or the operation, enforceability or validity of that provision in any other jurisdiction, and to this end, the provisions of these Terms and Conditions are declared to be severable. Any provision of these Terms and Conditions that is held to be inoperative, unenforceable, voidable or invalid will be enforced to the maximum extent permitted under applicable law.

6.13 Medicare. Medicare enrolled participants may participate in services exclusively listed in Exhibit B. For Exhibit A covered services the Client represents that he/she is not currently enrolled in Medicare. If the Client enrolls in Medicare at any time during the term of his/her membership, this service plan will be deemed to have terminated for exhibit A covered services on the date of the Client's Medicare Enrollment. Individuals with Medicare understand that their membership excludes those services in Exhibit A and only includes the services listed under Exhibit B.

6.14 Regulatory Compliance. It is the intent of Family First Health Center that the Service Plan comply in all respects with all applicable federal, state and local laws, regulations, rules and interpretive case decisions and Family First Health Center has structured it with that specific intent. However, it is understood that such laws, regulations and case decisions are complicated and in a state of flux. Therefore, in the event that any provision of these Terms and Conditions is rendered invalid or unenforceable by a court of competent jurisdiction, or the applicable laws and regulations are altered by any legislative or regulatory body, or Member is notified in writing of Family First Health Center's reasonable belief that these Terms and Conditions or any of its provisions may be declared null, void, unenforceable, or in violation of applicable laws or regulations, the remaining provisions, if any, of these Terms and Conditions will nevertheless continue in full force and effect.

## **7. Availability of Membership.**

7.1 Availability of Membership Services. FFHC providers may from time to time, due to vacations, sick days, and other similar situations, not be available to provide the Membership Services. These times will be minimal, and FFHC shall make every effort to give sufficient advance notice to Client so Membership Services can be scheduled on another date. However, in an emergency, Client calls to FFHC or one of its providers will be directed to a healthcare provider who is "covering" for the FFHC provider during her absence ("Covering Provider"). Any medical services furnished to Client or Client's family member described in Section 2 by any Covering Provider not directly employed by FFHC may be billed to Client's health insurance plan by the Covering Provider. Client is responsible for any deductibles or co-pays due to the Covering Provider.

## **8. Miscellaneous.**

8.1 Client has reviewed all information available from FFHC regarding Membership Services and has had sufficient opportunity to ask any questions and receive answers regarding the Membership Services.

8.2 This is a personal agreement between Client and FFHC. It is not transferrable or assignable by either party without the written consent of the other party.

8.3 If, for any reason, any provision of this Agreement shall be deemed by a court of competent jurisdiction to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of this 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 enforceable in its modified form. If FFHC is required by law to refund all or any portion of the Fees, Client agrees to pay FFHC an amount equal to the reasonable value of Membership Services actually rendered to Client during the period of time for which the refunded fees were paid.

8.4 This Agreement contains the entire agreement between the parties and supersedes all prior oral and written understandings and agreements regarding the subject matter.

8.5 This Agreement shall be governed and construed under the laws of the State of Florida and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction in Daytona Beach, Florida.

## **EXHIBIT A**

### **COVERED SERVICES**

1. **Exams**. Members are entitled to monthly medically necessary appointments with FFHC's doctor during normal business hours. Members under eighteen (18) years of age will be encouraged to, at a minimum, schedule well-child care and well-baby check-ups consistent with the recommendations of the American Academy of Pediatrics.

2. **Preventative, Diagnostic, and Other Procedures**. Covered Services will also include, but not be limited to the following preventative, diagnostic, and other procedures when deemed medically necessary by your treating Provider:

2.1 **Blood Draw for Laboratory Tests**. FFHC's Providers or a contracted laboratory will draw your blood for medically necessary laboratory tests; however, the actual costs of the laboratory, outside of those listed in section 2 of Exhibit A, will be the client's responsibility.

2.2 **Blood Pressure Screening**. A blood pressure screening detects whether a patient has high blood pressure, a condition that increases the risks of heart failure, heart attack, stroke, and kidney failure. For patients who have already been diagnosed with high blood pressure, a blood pressure screening is a way of monitoring the effectiveness of medications and dietary modifications.

2.3 **Breast Exam**. A breast exam is a visual and physical examination of a patient's breasts in order to detect lumps.

2.4 **Cerumen Impaction Removal**. Cerumen impaction removal is a procedure that is performed to remove wax blockages from a patient's ear.

2.5 **Diabetic Foot Check**. A diabetic foot check is an examination of diabetic patients' feet for blisters, scratches, and skin that is hard, broken, inflamed, or feels hot or cold when touched.

2.6 **Electrocardiogram Testing (EKG)**. An EKG is a test that measures the electrical activity of a patient's heartbeat and helps doctors in the screening and diagnosis of cardiovascular diseases.

2.7 **Hemoglobin A1C Test**. The Hemoglobin A1C test is a lab test that shows the average amount of sugar (also called glucose) that has been in a person's blood over the last 3 months. The test shows if a person's blood sugar is close to normal or too high and is used primarily to monitor the glucose control of diabetics.

- 2.8 **Immunizations.** The Service Plan covers the administration of any medically necessary vaccine; however, the Client will be responsible for obtaining and subsequent cost of the actual vaccine.
- 2.9 **Pelvic Exam / Pap Test.** The Pap test, also called a Pap smear, checks for changes in the cells of a woman's cervix. The Pap test can detect infections, abnormal cervical cells, and cervical cancer. The Service Plan covers the exam and the preparation of the specimen; however, the Client will be responsible for any fees associated with a pathologist's read and report.
- 2.10 **Rectal Exam.** A rectal exam is an examination of the lower rectum to check for hemorrhoids, anal fissures, and stool abnormalities such as frank (evident) or occult (hidden) blood.
- 2.11 **Urine HCG Pregnancy Test.** The Urine Test is a test that measures the amount of the hormone HCG in a woman's urine to detect pregnancy.
- 2.12 **Simple Suture Removal.** Sutures, commonly known as "stitches," are thread-like material used to sew tissue together. Suture removal is a procedure in which the physician removes the patient's stitches.
- 2.13 **Tuberculosis Testing.** The Tuberculosis test (also called a PPD or Mantoux, and similar to a Tine test) is designed to find those individuals who have been exposed to, and carry the bacterium that causes tuberculosis, but are not yet sick.
- 2.14 **Urine dipstick.** A urine dipstick is a basic diagnostic tool used to determine pathological changes in your urine by immersing a urine test strip in a urine sample and comparing the changes in color against a chromatic scale provided by the manufacturer. The analysis can include testing for the presence of proteins, glucose, ketones, hemoglobin, bilirubin, urobilinogen, acetone, nitrite and leucocytes as well as testing of pH and specific gravity.
- 2.15 **Visual Acuity Test.** A visual acuity test is used to determine the smallest letters a person can read on a standardized chart or on a card held 14 - 20 feet away.
- 2.16 **Additional Tests.** Additional tests covered by the membership plan and ordered at the physician's sole discretion are limited to Rapid strep screening test for group A streptococcal infection, HIV, CBC, CMP, Prostate Specific Antigen, TSH, Free T4 and T3.
- 3. Wellness Services.** Covered Services include access to the following wellness related services:
- 3.1 **Medication Review.** Medication Review is a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimizing the impact of medicines, minimizing the number of medication-related problems, and reducing waste.
- 3.2 **Nutrition Counseling.** Nutrition Counseling is an ongoing process in which a physician or wellness coach works with a patient to assess his or her usual dietary intake and identify areas where change is needed. The physician or wellness coach provides information, educational materials, support, and follow-up to help the patient make and maintain the needed dietary changes.
- 3.3 **Other Wellness Initiatives.** FFHC may periodically provide additional wellness related services or initiatives in FFHC's office from time to time including certain group classes. The Client may obtain a current list of those additional wellness initiatives by contacting FFHC's office or visiting FFHC's website.
- 3.4 **Pediatric Safety and Prevention Counseling.** Pediatric safety and prevention counseling is an ongoing process in which physicians counsel the parents of Member children on measures to reduce the risk of unintentional household and recreational injuries.

## EXHIBIT B

The service plan fees cover the following amenities to Medicare beneficiaries who sign up as Members.

1. Longer un-hurried office visits
2. Secure internet patient portal for communication with staff and doctor. Access to exclusive online health management tools. Website which includes electronic consultations, patient portal, access to labs, medical record, medication refill request, and purchase of available products
3. Patient Education Materials Prepared by the physician or wellness coach
4. Preparation of health related paper work.
5. Coordination of referrals

The membership fees cover only the above defined Amenities which are not covered services under the medicare insurance plan. In the case where medical care services are provided to the Client and are either covered under the medicare insurance plan or are excluded from the Program, the Client and/or his/her insurer will be financially responsible for paying for all such healthcare and medical care services.

IN WITNESS WHEREOF, the parties have executed this Agreement on the month, day and year written below.

FAMILY FIRST HEALTH CENTER

CLIENT

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Signature of Client or Personal

\_\_\_\_\_  
Date

**Representative if under 18 years of age**

\_\_\_\_\_  
Personal Representative, printed name

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date