

**DPC FAMILY DOCTOR, PLLC  
DIRECT PRIMARY CARE  
PATIENT MEMBERSHIP AGREEMENT**

DPC Family Doctor, PLLC (“Practice”) and \_\_\_\_\_, (“Patient”) enter into this Direct Primary Care Membership Agreement (“Membership Agreement”) with the Effective Date as stated in Section 1(c) for Patient to become a member of Practice’s Direct Primary Care Program. Practice and Patient are referred to herein collectively as the “Parties.”

**1. Membership, Program Services and Enrollment.**

- a. Program Membership. Once enrolled into the Direct Primary Care Membership Program (“Program”) as a member by completing all of the steps outlined in Section 1c, Patient shall be eligible to receive certain primary care medical services (“Program Services”) provided by Practice as specified in **Appendix A**, which is attached hereto and incorporated herein by reference. Practice may add or discontinue a service in **Appendix A** in its sole discretion by emailing or regular mail Patient at least thirty (30) days prior to the change.
- b. DPC not Concierge. This Agreement is for membership in Practice’s Direct Primary Care (“DPC”) Program and is not an agreement for membership in a concierge program. The difference between DPC and concierge is DPC provides patients with certain primary care medical services for the payment of a flat monthly fee. Concierge, on the other hand, involves patient’s payment of a flat monthly fee to obtain immediate or priority access to a physician but does not cover the cost of any medical services; patient’s insurance is billed for these medical services. Accordingly, while this Membership Agreement will provide after-hours access to Patient’s provider via telecommunication and provide Patient with an office visit during normal business hours for acute issues, Patient will not be entitled to an immediate office visit or access to his or her provider whenever Patient so desires.
- c. Timing of Auto Payments. Payment for the first month of services will be due and set-up by Patient during enrollment as autopayments to be processed on either the 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup> of the month. Patient should choose the autopayment processing date that is the next available date closest to the date Patient enrolled in the Program. For example, if Patient is enrolling on the 27<sup>th</sup> of the month, Patient should choose the 1<sup>st</sup> as the autopayment date, as opposed to the 25<sup>th</sup> of the month. Thereafter, autopayments will be processed every thirty days from the date chosen by Patient for autopayments.
- d. Location. Member shall receive Program Services at 270 N Denton Tap Rd., Ste. 215, Coppell, Texas 75019, or otherwise agreed upon location.

**2. Fees.**

- a. Enrollment Fee/Re-enrollment Fee. Each Patient shall pay a one-time, non-refundable enrollment fee to cover the costs associated with Patient’s initial enrollment into the Program (“Enrollment Fee”). The Enrollment Fee shall be one hundred fifty dollars (\$150.00) for each individual Patient. In the event Patient terminates this Membership Agreement for any reason, Patient will be ineligible to re-enroll in the Program for a period of six (6) months following the effective date of termination. Notwithstanding the preceding sentence, Practice, in its sole discretion, may allow Patient who has terminated their Membership Agreement to re-enroll before the six (6) month period has passed. Any re-enrollment after termination will require Patient to pay a re-enrollment fee

in the amount of two hundred fifty dollars (\$250.00) and sign a new Membership Agreement.

- b. Monthly Membership Fee. In addition to the Registration Fee, each Patient shall pay a Membership Fee according to the fee schedule noted in **Appendix B**.
- c. Additional Fees. Only those services described in **Appendix A** and not requiring an additional fee are included in the Membership Fee. Services and longer appointments described in **Appendix A**, as requiring the payment of an additional fee, will require payment to Practice at the time the longer appointments and/or services are provided.
- d. Changes to Fees. Practice may change the amount of the Registration Fee, the Membership Fee, referenced on **Appendix B**, and the additional fees described in **Appendix A**, or any other fees associated with this Membership Agreement at any time, in its sole discretion, upon providing Patient at least thirty (30) days' advance notice by either emailing Patient or sending them notice in the mail.

### 3. Automatic Payment of Membership Fees.

- a. Autopayment Information and Changes. During the enrollment process discussed in Section 1.c., Patient will input their ACH bank account information (preferred) or debit/credit card so that membership fee payments may be made automatically. Patient may change or update payment information by accessing his or her account using Practice's online, onboarding and billing platform, which can be accessed at this web address: \_\_\_\_\_.
- b. Authorization. By inputting this information or by changing/updating debit/credit card/bank account information during the term of this Agreement, Patient is providing Practice with authorization to have its online, onboarding and billing platform initiate Membership Fee recurring charges every month. This authorization will remain in full force until this Agreement is terminated in accordance with Section 14 and until Practice and Patient's debit/credit card institution has a reasonable time to act on it.
- c. Appearance for Recurring Auto Payments. The Membership Fee auto charge or debit will appear on card holder or patient/authorized signor's bank statements as DPC Family Doctor, or a variation of this name.
- d. Timing of Auto Payments. Payment for the first month of services will be due upon enrollment. Thereafter, autopayments will be processed every thirty days from the date of Patient's enrollment as discussed in Section 1c.
- e. Auto Payment Failure/Late Fees. In the event an auto payment fails for any reason, Patient will receive an email with a link to update the credit card/bank account information. If this information is not updated within 14 days from when the payment was due, Practice will contact Patient to obtain updated credit card/bank account information and collect a late payment fee of twenty-five dollars (\$25.00).

4. **No Insurance Claims**. Practice will not bill any insurance carriers or health care plan to which Patient may be a subscriber or beneficiary for the Membership Fee or any additional fees associated with Membership and the Program Services. Patient is solely responsible for payment for all Services Patient receives from Practice regardless of whether such Services are reimbursable or payable by Patient's insurance carrier. Any amounts due for additional fees that are not included in the Membership Fee will be paid by Patient at the

time the services are rendered. Patient may ask Practice for an invoice for those Services that require an additional fee to be paid so that Patient may submit a claim for reimbursement to Patient's Insurance carrier if Patient believes the Services are reimbursable.

- 5. No Reimbursement from Government Healthcare Programs.** Practice and its providers have opted out of participation in all governmental healthcare programs (including, but not limited to Medicare, Medicaid, TRICARE, CHIP, VHA, and Indian Health Service). This means that Practice cannot bill any of these government healthcare programs on behalf of Patient, nor can Patient make any attempt to collect reimbursement from any of these programs.
- 6. Patient Requirements When Medicare Part B Beneficiary.** Any Patient that is a Medicare Part B Beneficiary will need to notify Practice of this fact and will be required to sign Practice's Medicare Private Contract prior to receiving any services. Failure to do so may lead to Patient's termination from the Program.
- 7. Tax-Advantaged Medical Savings Accounts.** Patient may have a tax-advantaged savings account, including, but not limited to, a health savings account, medical saving account, flexible spending arrangement, health reimbursement arrangement, or other similar health plan (collectively, "Tax-Advantaged Savings Accounts"). Because every Tax-Advantaged Savings Account is unique, Patient is advised to consult with their accountant regarding whether any of the fees incurred pursuant to this Membership Agreement may be paid using funds contained in a Tax-Advantaged Savings Account.
- 8. Other Insurance; High Deductibles.** Some services provided herein may be a covered benefit or covered service, at no cost to Patient, under Patient's health benefit plan. Further, third-party payers may not count the Membership Fees incurred pursuant to this Membership Agreement or the fees associated with additional services that are not included in the Membership Fee toward any deductible. Patient should consult with their health benefits adviser regarding whether Membership Fees may be counted toward Patient's deductible under a high deductible health plan.
- 9. No Emergency Care.** Practice is not an emergency room, and accordingly, does not have the ability to treat Patient during a medical emergency. If Patient is experiencing a medical emergency, Patient should contact 911 or go to the nearest emergency room to seek immediate treatment.
- 10. Virtual Visits.** Virtual visits are included in the Membership Fee but are at the sole discretion of Practice as there are times when a virtual visit is not suitable given the situation, which will require Patient to schedule an in-person appointment for treatment.
- 11. First Visit and Preventive Visits.** While the Program Services include virtual visits, adult Patient's enrollment requires that Patient schedule an appointment to be seen in person by Practice within 6 months of enrollment, sooner if medication refills are needed or Patient has a chronic condition that warrants sooner appointment. In addition, Patient agrees to physically visit Practice for an initial comprehensive wellness visit, which will be scheduled approximately 12 months from Patient's most recent physical exam outside of this Practice. Thereafter, Patient agrees to physically visit Practice for subsequent comprehensive wellness visits in accordance with the recommendations based on age (every 12-18 months if 18-39 years of age; every 12 months if 40 years of age and older).

**12. HIPAA and Communications.** Practice shall comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requirements including the privacy regulations, security standards and the standards for electronic transactions. Patient’s participation in the Program and execution of this Agreement will provide Patient with the ability to communicate with the Practice through the use of an encrypted portal. If Patient would like for Practice to communicate with Patient outside of this encrypted portal, such as by regular e-mail, texting and cell phone, Patient will be required to execute the Consent to Unencrypted Email and SMS Messaging of PHI. This will authorize Practice and its staff to communicate with Patient by e-mail and cell phone regarding Patient’s “protected health information” (PHI). E-mail is not an appropriate means of communication in an emergency for dealing with time-sensitive issues. In an emergency, or a situation in which could reasonably be expected to develop into an emergency, Patient understands and agrees to call 911 or go to the nearest hospital as opposed to emailing Practice or leaving a cell phone message.

**13. Term.** This Agreement shall become effective on the date discussed in Section 1(c) above and shall continue for twelve successive months (the “Term”) and automatically renew for additional one-year periods (“Successive Term(s)”) unless otherwise terminated in accordance with Section 14 herein.

**14. Termination.**

- a. Termination by Patient. Patient may terminate this Membership Agreement but is required to do so by completing the Written Notice of Membership Termination Form (“Term Form”) which is available by contacting Practice. This Form may be submitted to Practice either in person or by email to: info@dpcfamlydoctor.com.
- b. Term Form Timing Requirements. All Term Forms must be received by Practice no later than thirty (30) days prior to Patient’s next credit/debit auto-processing date. Patient shall be responsible for verifying with Practice that his or her Term Form was received by Practice 30 days in advance of Patient’s next auto billing date. Term Forms submitted within the 30-day billing cycle will result in a final Membership Fee auto payment, enabling Patient to utilize the Program Services for another 30 days. No refund will be issued once an auto payment is made.
- c. Termination by Practice. Practice may terminate this Agreement if Patient: a) fails to pay his or her Membership fees; b) performed an act of fraud; c) repeatedly fails to adhere to the recommended treatment plan; d) violates Practice’s Code of Conduct or is abusive and presents an emotional or physical danger to the staff or other patients of the Practice; e) has healthcare needs that exceed the care that can be provided under the Program; or f) the Practice discontinues the Membership Program.

**15. Not Insurance/Required Disclosure.** Prior to entering this Agreement, Patient acknowledges that he or she was provided with electronic notice that this Agreement is not subject to regulation by the Texas Department of Insurance; is NOT a contract for health or accident insurance; and does not provide healthcare or accident coverage. It will only cover the services as described in Appendix A. Patient should obtain or keep such health insurance policy(s) or plans that will cover Patient for general healthcare costs.

**16. Code of Conduct.** In order for Practice to provide a safe and healthy environment for staff, patients and their families, Practice expects Patient and accompanying family members or friends to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients or staff. Accordingly, as a condition of membership in the

Program, Patient agrees to execute a copy of the Practice's Code of Conduct as part of the onboarding process. Any violation of this Code of Conduct by Patient or their accompanying family members or friends will result in Patient's immediate termination from the Membership Program.

- 17. Indemnification.** Patient agrees to indemnify and to hold Practice and its members, officers, directors, agents, and employees harmless from and against all demands, claims, actions or causes of action, assessments, losses, damages, liabilities, costs, and expenses, including interest, penalties, attorney fees, etc. which are imposed upon or incurred by Practice as a result of Patient's breach of any of Patient's obligations under this Membership Agreement.
- 18. Technical Failure.** Neither Practice nor any Provider will be liable for any loss, injury, or expense arising from a disruption or delay in responding to Patient when the disruption or delay is caused by technical failure. Examples of technical failures include: (i) failures caused by an internet or cell phone service provider; (ii) power outages; (iii) failure of electronic messaging software, or any e-mail provider; (iv) failure of Practice's computers or computer network, or faulty telephone or cable data transmission; or (iv) any interception of e-mail communications by a third party which is unauthorized by Practice.
- 19. Entire Agreement.** This Membership Agreement constitutes the entire understanding between the Parties hereto relating to the matters herein and shall not be modified or amended except in a writing signed by both Parties hereto.
- 20. Waiver.** The waiver by either Practice or Patient of a breach of any provisions of this Membership Agreement must be in writing and signed by the waiving party to be effective and shall not operate or be construed as a waiver of any subsequent breach by either Practice or Patient.
- 21. Change of Law.** If there is a change of any law, regulation or rule, federal, state or local, which affects this Membership Agreement, any terms or conditions incorporated by reference in this Membership Agreement, the activities of Practice under this Membership Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and Practice reasonably believes in good faith that the change will have a substantial adverse effect on Practice's rights, obligations or operations associated with this Membership Agreement (a "Legal Change"), then Practice may, upon written notice, require Patient to enter into good faith negotiations to renegotiate the terms of this Membership Agreement. If the parties are unable to reach an agreement concerning the modification of this Membership Agreement within ten (10) days after the effective date of the Legal Change, then Practice may immediately terminate this Membership Agreement upon providing written notice to Patient.
- 22. Dispute Resolution/Governing Law/Jury Waiver.** Any dispute regarding this Agreement shall be resolved first by mediation conducted in accordance with the Commercial Arbitration Rules and Mediation Procedures of the American Arbitration Association ("AAA"). Each Party shall bear its own costs of mediation and one-half of the mediator's and/or AAA's fees. If the dispute is not resolved by mediation, the matter shall be settled by final and binding arbitration before a single arbitrator in accordance with the rules of the applicable dispute resolution organization. Any award by an arbitrator shall not include punitive or exemplary damages. This Agreement and the rights and obligations of Practice and Patient hereunder shall be construed and enforced pursuant to the laws of the State of Texas. Patient irrevocable submits to the exclusive jurisdiction of the state and county courts located in Dallas County and agrees that all proceedings may be brought in such courts. **EACH PARTY TO THIS AGREEMENT ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT IS LIKELY TO**

**INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE, EACH PARTY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT AND ANY OF THE AGREEMENTS DELIVERED WITH THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY.**

**23. Appendices and Documents.** The Appendices referenced in this Agreement, together with all the documents referenced herein, form an integral part of this Agreement, and are incorporated into this agreement wherever reference is made to them to the same extent as if they are set out in full at the point at which such reference is made.

**24. Assignment.** This Membership Agreement shall be binding upon and shall inure to the benefit of the Practice and its respective successors and legal representatives. Neither this Membership Agreement, nor any rights hereunder, may be assigned by Patient without the written consent of Practice.

**IN WITNESS WHEREOF**, the Parties have caused this Membership Agreement to be effective in accordance with Section 1(c) herein.

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**PATIENT SIGNATURE:**

*If Patient is a minor, then name and signature of patient's parent or legal guardian*

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Name of Patient's Parent or Legal Guardian

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Signature

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Date

**Appendix A**  
**MONTHLY MEMBERSHIP**  
**PROGRAM SERVICES**

**Appointments.** All appointments will be at the discretion and scheduling of Practice. Practice does not provide walk-in urgent care services. Practice strives to see Patients in a timely manner during normal business hours, which are: Monday through Thursday from 9:30 am - 5:00 pm, with a lunch break between 12:30- 2:00 pm and Friday 9:30 am – 12:30 pm. Same-day appointments are subject to provider’s availability. The last appointment of the day is at 4:00 pm. Wellness visits and appointments for patients new to the Practice, which typically take more time, are subject to the provider’s availability. For Patients with acute issues, same or next-day care shall be available depending on whether its medically necessary and the provider’s availability.

**After-hour Communications.** Outside of normal business hours, Patients may call or message Practice’s provider every day including holidays and weekends. Practice’s provider will make every effort to address Patient’s medical needs in a timely manner, but Practice cannot guarantee provider’s availability, and cannot guarantee that Patient will not need to seek treatment in an urgent care or emergency department setting. Calls or messages outside of normal hours are reserved for urgent/acute clinical concerns only. Appointment requests, prescription refills, Program questions and routine health care concerns or questions will not be addressed outside of normal business hours. Routine or continued disregard of this requirement may result in termination of Patient’s membership in the Program.

**Emergency Care.** In an emergent situation, or anything that could possibly be perceived as an emergent situation, Patients should proceed to the nearest emergency room or call 911.

**Alternative Provider.** In the event Patient’s provider is on vacation or is unavailable either in person or via telecommunications, an on-call provider will be available.

**DOT/FMCSA; Workers’ Comp; Disability Determinations.** The DPC Program does include Federal Motor Carrier Safety Administration (“FMCSA”/”DOT”) physical. The Practice does not include workers’ compensation physicals nor disability determinations for insurance, social security, or ADA purposes.

**Family Planning.** Practice will provide advice and consult on family planning issues. The practice does not prescribe hormonal birth control for the purpose of contraception.

**Vaccinations.** While the practice will advise Patients whether certain vaccines are necessary and should be obtained by Patient, the administration of vaccinations are not offered by the Practice at this time. The Practice will make every effort to assist Patient in obtaining medically necessary vaccinations. Dallas County Health Department provides vaccinations and Practice will advise Patients as to how to arrange to obtain vaccinations from Dallas County Health Department.

**Labs.** Labs are not included in the monthly membership fees. Practice does not provide phlebotomy services on site, for labs patient will be required to go to an outside facility that will be coordinated at a discounted price. Patient may elect to use their private insurance for laboratory testing; Practice is not responsible for costs incurred with insurance-billed testing.

**Medications.** Medications may be ordered through Practice dispensary. Medications dispensed in the office are not included in the membership fee and the cost will be due at the time they are dispensed. **Dispensing medications by a physician practice is not permitted in Texas.** Patient’s membership in the Practice does NOT guarantee medications will be prescribed or that certain medications will be provided to Patient; Practice’s physician will do what is medically appropriate for the Patient in determining whether to prescribe medications. Practice does not

dispense controlled medications, and reserves the right to not prescribe controlled substances, including stimulants, opiates, and benzodiazepines.

**Durable Medical Equipment (DME).** DME is equipment utilized in a Patient's treatment. Practice will advise Patient as to what DME is required and how to obtain the DME. If DME is provided to Patient by the Practice, the cost is not included in the membership fee, and will be due at the time the DME is provided.

**Pathology.** Pathology testing of tissue samples collected from procedures is not included in the membership fee. Practice has negotiated discounted prices for pathology services. Pathology costs will vary depending upon reflexive testing for confirmation, which is performed automatically without the intervention of the ordering physician. Patient will be invoiced for pathology testing when Practice receives a bill.

### **Imaging and Testing**

Outside imaging services (for example, Xray's, MRI, CT Scans, Ultrasounds) and outside testing (for example, cardiac, pulmonary, GI studies) are not included in the membership fee and will be ordered in an economical manner. Imaging is either arranged with payment directly to the outside facility or client-billed on behalf of Patient. Patient will be invoiced when the Practice receives a bill.

### **Referrals**

Practice's physician will make recommendations for outside referrals when medically necessary. Practice will make every effort to work with Patient to choose the most appropriate service provider based on skill, geographical location, and cost-effectiveness.

Listed below are the services included in the Program and whether there is any additional fee due for the particular service. If there is any additional fee to be paid, the payment is due at the time the medical services are rendered.

<b>Type</b>	<b>Description</b>	<b>Additional Fee?</b>
<b>WELLNESS AND PHYSICALS</b>	Well woman, sports, camps, and school physicals DOT (Department of Transportation) physicals, but no disability determinations for insurance, social security, or ADA purposes or Workman's Compensation visits	No



<b>ACUTE ISSUES</b>	Initial evaluation and basic management of abdominal pain, acid reflux, allergic reactions, ankle injuries, asthma attacks, back strains, bedbugs, bee stings, blood clots in the legs, bone fractures, bug bites, burns, bursitis, carpal tunnel, chest pain, cold sores, constipation, COPD exacerbations, COVID, cuts, diarrhea, dizziness, ear infections, electrolyte problems, erectile dysfunction, eyelid infections, gallbladder infections, genital concerns, gout, headaches, hemorrhoids, hip injuries, influenza, ingrown toenails, intertrigo, jock itch, kidney problems, kidney stones, knee injuries, lice, migraines, mono, nausea and vomiting, pink eye, plantar fasciitis, pneumonia, rashes, rectal bleeding, ringworm, scabies, seasonal allergies, sexually transmitted diseases, shingles, shoulder injuries, skin infections, sports injuries, sprains and strains, stomach ulcers, strep throat, tonsil stones, tonsillitis, tooth infections, urinary tract infections, vaginal discharge, vaginal yeast infections	No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
<b>CHRONIC CONDITIONS</b>	Evaluation and basic management of acne, alcohol dependence, allergies, angina, anxiety, asthma, atrial fibrillation, autoimmune diseases, chronic constipation, chronic kidney disease, COPD, Crohn's disease, dandruff, depression, dysmenorrhea, diabetes, eczema, enlarged prostate, gastroesophageal reflux disease (GERD), hand eczema, heart disease, heart failure, high blood pressure, high cholesterol, irritable bowel syndrome, leg swelling, menstrual problems, menopausal symptoms, menorrhagia, neurological diseases, osteoarthritis, osteoporosis, psoriasis, PCOS, rheumatoid arthritis, sleep apnea, stroke, thyroid disease, ulcerative colitis	No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
<b>DERMATOLOGY ISSUES</b>	Initial evaluation and basic management of acne, athlete's foot, atypical moles, burns, calluses, corns, dandruff, eczema, excessive sweating, genital warts, hand eczema, hives, hidradenitis suppurativa, ingrown toenails, intertrigo, jock itch, keloids, skin precancers, psoriasis, rashes around the mouth, ringworm, rosacea, skin tags, warts	No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
	Skin cancer screening	No
	Abscess draining	Yes, cost of supplies*

	Skin shave/punch and biopsies	Yes, cost of supplies, additional cost of outside pathology*
	Total body skin exams	No
<b>VACCINATIONS</b>	See vaccinations Above	Yes, administration fee
<b>PROCEDURES</b>	Ingrown nail removal	Yes, cost of supplies*
	Injections for trigger finger, keloids, trochanteric bursitis, knee pain and shoulder pain	Yes, cost of supplies*
	Removal of objects from ears	No
	Laceration Repair (Stitches)	Yes, cost of supplies*
	Fracture care, casting, and splinting (may be times when outside referral to orthopedist may be necessary)	Yes, outside imaging fee and cost for cast and/or DME*
<b>COUNSELING</b>	End-of-life planning	No
	Exercise counseling	No
	Nutrition counseling	No
	Smoking cessation counseling	No
	Weight management counseling	No
<b>WOMEN'S HEALTH</b>	Initial evaluation of and basic management of breast problems, menstrual problems, menopause, overactive bladder, urinary tract infections, vaginal discharge, vaginal yeast infections	No for initial evaluation, but additional cost may be necessary depending on any further testing, referrals, or treatments that are needed
	Osteoporosis screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will include additional costs
	Breast cancer screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will require additional costs
	Breast exams	No
	Cervical cancer screening/pap smears	No, but outside pathology will require additional costs
	Contraception counseling	No

	Birth control	No, we do not provide birth control
	Natural family planning counseling	No
	Osteoporosis screening counseling and coordination	No, but cost of DEXA scan or other tests will require additional costs
	Pelvic exams	No
<b>MEN'S HEALTH</b>	Initial evaluation and basic management of enlarged prostate, genital problems, erectile dysfunction	No for initial evaluation, but any further testing, referrals, or treatments will require additional cost
	Prostate cancer screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will require additional cost
	Testicular exams	No

\*Depending on availability of the supplies.

**Appendix B**  
**MEMBERSHIP FEE**

The Membership Fee shall be as follows:

Each Patient aged 18 to 29	\$ 69.00/month
Each Patient aged 30 to 44	\$ 79.00/month
Each Patient aged 45 to 64	\$89.00/month
Each Patient aged 65 and above	\$99.00/month