



Personal Care Associates

CONTRACT FOR MEDICAL SERVICES

This contract is between Personal Care Associates, hereafter referred to as “PCA” and _____, hereafter referred to as “Patient”. This contract establishes an agreement for PCA to provide certain medical services to the Patient. The terms of this agreement are detailed below:

COVERED MEDICAL SERVICES:

PCA agrees to provide “Covered Medical Services” to the Patient. Covered Medical Services are detailed in Appendix A and include: One annual medical examination, routine follow-up visits, urgent visits and inpatient visits usually provided by PCA physicians. Routine laboratory tests and office procedures as outlined in Appendix A are included at no additional charge.

At the time of the annual medical examination, the Patient will receive an itemized statement of charges for that particular service. This will be the only bill that the Patient will receive with respect to the Covered Medical Services. The Patient may wish to submit this bill to his/her medical insurance company. PCA does not guarantee that the Patient will receive reimbursement for some or all of this bill. Any reimbursement may be less than the annual fee.

MEDICAL SERVICES EXCLUDED:

Charges for any test, procedures or vaccinations not listed in Appendix A are the responsibility of the Patient. PCA will inform Patient of any services not covered by the annual fee before services are provided. The Patient will be billed separately by PCA or the appropriate provider for any services not covered by the annual fee. Services not covered by the annual fee may be submitted to the Patient’s medical insurance for reimbursement. The decision as to what amount, if any, to be reimbursed will be made by the Patient’s insurance provider.

The Patient is responsible for the annual fee, payable in one initial non-refundable payment, or the Patient may establish a payment arrangement of three consecutive monthly payments. The annual fee will be determined by the Patient’s physician annually, based on your past, present and ongoing health care needs. The annual fee is the base charge for the provision of Covered Medical Services by PCA for one year and must be paid annually to be eligible to receive such care from PCA.

PCA reserves the right to change the annual fee for services provided in subsequent years based on changes in the Patient's health assessment.

Full payment of the annual fee for services of \$_____, guarantees this contract for one (1) year from the date of the contract as specified below.

You may also make three (3) consecutive monthly payments, the first payment of \$_____, beginning _____. The second monthly payment of \$_____, due on _____. Upon receipt of the third and final payment of \$_____, due on _____, the Patient will be entitled to coverage under this program in accordance with this contract for the period from _____ to _____. Failure to pay an installment of the annual fee when due, will result in termination of the contract.

MasterCard _____ - _____ - _____ - _____ Expiration date __/__/__

Visa _____ - _____ - _____ - _____ Expiration date __/__/__

Authorized Signature _____ Date _____

This contract is renewable annually with the mutual consent of PCA and/or its representative. PCA reserves the right to change the annual fee for service upon renewal. The Patient may cancel this contract at any time during the year by giving written notice to PCA. In the event of cancellation, the Patient's annual fee is non-refundable.

The Patient has read this contract and agrees to the terms specified within.

Patient's Signature Date

Printed Name

Matthew A. Parker, M.D. Date
Medical Director