



Membership Agreement

This patient membership agreement (the “Agreement”) specifies the terms and conditions under which you, our patient (“You”) will participate in our program (“Program”) offered by Jeffrey Ng, MD (the “Practice”) and is effective when you sign this Agreement and pay your first fee payment (the “Effective Date”).

- **Program.**

The Program’s annual fee encompasses the following services (“Services”):

- Annual executive wellness examination, with a panel of comprehensive screening tests.
- Maintaining your personal health record.
- Other specialized services are covered in the Explanation of Program Fees.

- **Annual Patient Fee.**

- You will pay an annual fee to the Practice (“Annual Fee”) for each year that you elect to participate in the Program. The Practice intends to limit the Program to 400-450 patients.

- **Renewals and Termination.**

- The Annual Fee covers a period of twelve months, calculated based on when you enroll. Renewal payments must be made on or before the period ends. If You do not pay the Fee when due it will result in the termination of your participation in the Program.
- You or the Practice may terminate this Agreement at any time upon 30-days written notice, with or without a reason. If You or the Practice terminate the Agreement before you have received your annual wellness examination for the year, you will receive a pro-rata refund of the Annual Fee. If you have already received your annual wellness examination for the year, You will not be eligible for a refund, and you will be responsible for the balance of the Annual Fee. Unless otherwise terminated, this Agreement shall automatically renew for additional twelve month one-year periods.

- **Medical Care Services Excluded from Annual Fee.**

- The Annual Fee specified herein covers only the defined “Services” described in Section 1 above. More details about what is included and excluded from the Program, Program Fees and other billing are in the Explanation of Program Fees, attached hereto and incorporated herein. Except for your physical, You and/or your insurer, as the case may be, will be financially responsible for paying for all healthcare and medical care services received by you from the Practice and other third parties. The Practice will bill You and/or your insurer, as the case may be, for those healthcare or medical services provided to you, other than those charges paid at the time of your visit to the Practice. Please refer to our financial policy for a more detailed explanation.

- **Entire Agreement.**

- This is the entire, integrated agreement between You and the Practice. There are no promises or representations except as set forth herein.

- **Governing Law/Jurisdiction.**

- This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada and You and the Practice agree to exclusive jurisdiction in Clark County, Nevada.

- **Billing.**

- Initial membership payments are processed at the time of enrollment. Subsequent renewal payments are charged annually.



Explanation of Program Fees

Your Concierge fee covers your membership and an annual comprehensive executive wellness examination to be completed at the time of your covered insurance physical for your convenience.

Membership: Patients will have secure emailing with our staff and physicians. You will also have your physician's cell phone number for after-hour emergencies. Forms, letters, and directives are also included. Routine and office follow up appointments will start on time and will be scheduled every 30 minutes. Same day or next business day urgent care visits will also be available in 15-minute increments.

Your physician will be your concierge in the coordination of specialist care.

The executive wellness exam includes multiple advanced health screenings, nutrition and wellness counseling, a comprehensive visit with your physician and a personal health report.

Services not included in Annual Fee

Office visits, consultations, and optional services, such as: minor surgeries, suture procedures, biopsies, injections, vaccines, incision and drainage, diagnostics, nebulizer treatments, Pap smears, PSA testing, Cologuard screening, Xrays, diagnostic lab work, etc. Please ask for more specific concerns.

PLEASE NOTE: YOU MUST BRING YOUR INSURANCE CARD FOR EVERY VISIT

Patient Responsibility

The basic office visit charge will typically include a co-pay and should be paid at the time of each visit. **The amount may vary based on your current insurance coverage.**

All insurance plans, including Medicare, usually have a deductible which will be billed to you after the insurance company sends us an explanation of benefits. A new deductible begins every January 1 and must be billed.

1. For no-insurance, out of network – \$55.00 copay per office visit.
2. For in-network – the copay as indicated
3. Medicare without supplement – Patient responsible for 20% of Medicare allowable fees.
4. Medicare with supplement – Co-pays will be collected if required by your specific medical plan

Please refer to our financial policy for more information.

Optional Services will be billed to the patient after insurance determines patient portion. If you do not have insurance, we will work with you on pricing.



Ng Family Healthcare

A Concierge Experience

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Membership Agreement

I am requesting enrollment in Ng Family Healthcare's concierge medical practice. By my signature on this page, I am agreeing to the Membership Agreement attached hereto:

Signature: _____ Date: _____

Name: (Please print): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell: _____

Billing

Payments may be made by check, cash, or credit card. Please make your check payable to Ng Family Healthcare.

*There is a \$25.00 discount *per membership* if paying by check or cash.

Individual Membership (\$2725.00) _____

Annual Couple (\$5250) _____

Partner name _____

Signature: _____ Date: _____