

**OUR LADY OF THE LAKE PHYSICIAN GROUP
PLATINUM EXECUTIVE WELLNESS PROGRAM
DIRECT ACCESS AGREEMENT**

The Practice will provide you with the following services:

- (a) **Comprehensive Annual Exam.** You will be provided with one comprehensive physical exam per year. The Practice will call you to schedule the appointment at your convenience. The exam will include a comprehensive health history, complete lab panel and other office testing as indicated.
- (b) **Individualized Consultation.** Following completion of the annual physical exam, you will have an individualized consultation that delineates your current health and physical status.
- (c) **Individualized Follow-up on Wellness Plan.** Based on your individualized wellness plan, appointments will be scheduled throughout the year to document your progress and modify the plan as necessary.
- (d) **Direct Telephone Access.** You will have direct telephone or video access to the Physician on a twenty-four hour per day, seven day per week basis. During the Physician's absence for vacations, continuing medical education, illness, emergencies, or days off, the Practice will provide the services of a substitute physician, and you will be given instructions on how to contact the substitute physician.
- (e) **Online communication.** You will have access to an online patient portal that will enable you to communicate in a secure manner and to review your health record.
- (g) **Same Day/Next Day Appointments.** If you call, fax, text or email the Practice prior to noon on a normal office day (Monday through Friday) to schedule an appointment, every effort will be made to schedule an appointment with the Physician on the same day. If you call, fax, text or email the Physician after noon on a normal office day (Monday through Friday) to schedule an appointment, every reasonable effort will be made to schedule an appointment with the Physician on the following normal office day. In any event, the Practice will make every reasonable effort to schedule your appointment on the same day that you make the request.
- (h) **No-Wait Appointments.** You will be seen by the Physician immediately upon arriving for a scheduled office visit or after only a minimal wait in the Practice's waiting room.
- (i) **Hospital Visits.** If you are confined to a hospital where the Physician has medical staff privileges, the Physician will make every effort to visit you while you are hospitalized and will help coordinate your care with the specialists treating you at the hospital.

(j) **Inoculations.** The Practice will administer flu vaccines, tetanus shots and pneumonia inoculations as part of your wellness plan. Travel vaccinations can also be provided for an additional fee, based on the vaccines needed.

(k) **Referrals to Specialists.** The Practice will assist you in scheduling appointments with specialists, and will use every reasonable effort to see that you receive a timely appointment with the specialist. The Practice will communicate with the specialist in order to best coordinate your care.

(l) **Ancillary Services.** The Practice will coordinate appointments for any ancillary services that you might require, *i.e.*, lab work, x-rays, MRIs, Pet Scans.

(m) **Pharmacy** – The Practice will transmit all eligible prescriptions to the pharmacy of your choice in a timely manner and without delay.

(n) **Additional Services.** The Practice will not be responsible for providing specialized testing performed outside of the Practice, unless otherwise specified. The Practice will coordinate appointments for specialized testing and options for cash payments. Examples include MRI, PET scan, CT Angiography. There may be additional costs for cosmetic or surgical procedures performed within the Practice.

For these services, you will pay \$12,000 per year, to be paid in full prior to receiving any services.

The Practice will notify you, prior to their administration or delivery, of any additional charge for supplies, medications, or specific vaccines that are not included under this Agreement.

You acknowledge that: the Physician may from time to time, due to emergency situations, *i.e.*, medical emergencies and natural disasters, not be available; the Practice has opted out of Medicare and will not accept payment from insurance for the services covered under this Agreement; and the annual comprehensive fee does not affect the co-payments, co-insurance, or deductibles you are required to pay under the terms of your insurance coverage. Neither the Physician nor the Practice makes any representations whatsoever that the fees paid under this Agreement are or are not covered by your own health insurance or by other third party plans that might provide you coverage.

You will receive the services for one year from the initial date of payment of your fees. This agreement will renew upon payment of the annual fee specified above, unless either party notifies the other of termination or the agreement is terminated as set out below.

You may terminate this agreement at any time by giving written notice. The Practice may terminate this Agreement if you fail to pay the direct fee; you have performed an act that constitutes fraud; you have repeatedly failed to comply with the recommended treatment plan; you are abusive and present an emotional or physical danger to the staff or other patients of the Practice; or the Practice discontinues operation as a direct practice.

This Agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described. A Comprehensive Disclosure Statement is attached.

**Our Lady of the Lake Physician Group
Platinum Executive Wellness Program**

Member Signature:

Print Name: _____

Date: _____

REQUIRED COMPREHENSIVE DISCLOSURE STATEMENT

Platinum Executive Wellness Direct Access Agreement Disclosures:

You should obtain and maintain insurance for services not provided under the Direct Access Agreement. The Practice will not bill a health insurance issuer for any services covered under the Direct Access Agreement. You are responsible for the payment of the fee specified in the Direct Access Agreement in advance of the provision of any services under such agreement. The direct fee is a non-refundable annual payment in advance for the services specified in the Direct Access agreement. Any services that are not specified in the Direct Access Agreement shall be charged to you and/or your insurance company. The contact information for the Louisiana State Board of Medicine is: Louisiana State Board of Medical Examiners, 630 Camp Street, New Orleans, LA 70130, (504) 568-6820.