

Welcome to Hitchcock Family Medicine!

How we are different: We are trying to revolutionize healthcare by returning to its roots - the doctor-patient relationship. We are so excited you found us and are looking forward to many years of a collaborative relationship in healthcare. It is our goal to help keep your employees happy and healthy, and to save you money with our unique approach to healthcare. We are able to do this by removing the middle-men, such as insurance companies, pharmacies, benefit managers, and coders from our “old-fashioned” take on medical care. We provide personalized, affordable, cost-transparent primary care that saves your company time and money.

Signup: We ask you (the employer) to return page 2 of this packet to us, along with a list of employees to whom you are offering our services. Once your company is set up in our system, we will send you a custom enrollment link you can forward to your employees. Your employees can then fill out their enrollment forms through that link and we will contact them to set up a new patient visit and get their membership started.

Billing: We bill monthly on the 5th, 10th, 15th, or 20th. You just need to let us know what day is best for your company, and we'll set up your auto-charge for that day every month. You have the option to pay 0-100% of the membership, labs, imaging, medications, and procedures. Most employers choose to pay the full monthly fee on behalf of their employees and leave any incidental charges (medications, labs, imaging, procedures) up to the employee.

Pricing: \$99/month

Discounts: We do offer a few discounts as follows:

- Children 3-17 years of age are only \$69/month
- Children enrolled with the same physician as a parent are discounted to only \$39/month
- Companies who have at least 5 adults enrolled AND pay with ACH receive additional discounts of (\$82/month for ages 0-2 & 18+, \$57/month for ages 3-17, and \$57/month for children with same physician as parent).

Availability: At Hitchcock Family Medicine we can take care of most people, most of the time. We do close a few weeks a year, typically during the summer and around holidays, and a few other days here and there. We will always notify all patients well in advance of these closings. Otherwise, we try to be available for our patients when they need us.

We're not insurance; we're healthcare: When unplanned catastrophe happens, such as cancer, trauma, or heart attack, it is extremely important to have a plan. Direct primary care and Hitchcock Family Medicine are not health insurance. We highly recommend, when possible, that all of our patients maintain some type of coverage for unpredictable or catastrophic health events. We're happy to direct you toward various options, if needed.

Employee Termination: We know that employees don't always stay with a company for their entire career, so we have made it easy for you to remove employees from your membership plan when they leave your company for any reason. All you have to do is send us an email and we can remove that employee at the end of the month in which we are notified. We will then reach out to that employee directly to see if they would like to continue their membership with us on their own. We do ask that when possible, you notify us as early in the month as possible.

Company Cancellation: We hope that our services are exactly what you are looking for to provide excellent health care benefits to your employees, but we do understand that there may come a time when you wish to cancel your company membership with us. We require a full calendar month's notice for cancellation of your contract. If notification is provided after the 1st of the month, cancellation will occur on the last day of the following month. For example:

- If you cancel April 1st, your membership will end April 30th.
- If you cancel April 2nd, your membership will end May 31st.
- If you cancel April 30th, your membership will end May 31st.

To submit a cancellation request, we simply ask that you email our Admin Team, at Billing@Hitchcock.MD.



Employer Agreement for Direct Care Services at Hitchcock Family Medicine

Business Name: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Who Should Receive Monthly Invoices (please include all names and email addresses if different from primary business contact.

Date for Membership to Start: _____

Number of Enrollees at Start: _____

Future Enrollees may Start: ___ Immediately when they enroll ___ On the 1st of the next month

We will pay the following percentages of fees for our employees:

Employee Membership Fee: 100% Other: _____

Labs: _____ Imaging: _____ Medications: _____ Procedures: _____

We will pay the following percentages of fees for our employees' family members:

We will pay for up to this many family members: _____

Family Membership Fee: 100% Other: _____

Labs: _____ Imaging: _____ Medications: _____ Procedures: _____

Please bill us on the: 5th 10th 15th 20th via Credit Card ACH

For ACH Billing: (Preferred)

Account Holder Name: _____

Routing Number: _____

Account Number: _____

*Please note you will receive two small deposits into your account. Please email us with the date and amounts of these two deposits so we can verify your account. Billing through ACH will not be enabled until this verification process is complete.

For Credit/Debit Card Billing:

Name on Card: _____ Exp. Date: _____

Card Number: _____ Security Code: _____

Name (print): _____ Title: _____

Signature: _____ Date: _____