



## Concierge Medicine Program Agreement

Dear patient:

Welcome to Goodwin Medical Center. We appreciate and welcome you to become a member of our Concierge Medicine Program.

### 1. Service Amenities

The Goodwin Medical Center (GMC) Concierge Medicine Program provides premier service amenities. The service amenities offered by GMC Concierge Medicine Program are listed below, which may change from time to time.

- Executive physical and initial health assessment to develop the baseline medical profile to be integrated individually
- Patient portal
- Little to no wait time for appointments
- Telephone and text access
- Telemedicine visits wherever you are worldwide
- Email access to physician and Medical Assistant
- Appointment coordination per request
- In home visits (when medically necessary)
- One complimentary emergency visit for a family member (yearly)
- Customized and personal doctor-patient interaction
- Enhanced communication and coordination of your care with other physicians and specialists and consult with them, as necessary
- 5% off all Spa services

### 2. Annual Fees

The current Annual Fees for the Program are:

- Individual adult: \$4,700  
Discounted for couples: \$4,500 each individual
- *Exclusion*; Former patients (**from 10/1/21-7/1/23**): \$3,900 each individual  
Discounted for couples: \$3,700 each individual

**3. Payment of Annual Fee**

The annual fee covers a 12-month membership, which is renewable annually upon payment of the annual fee. The annual fee covers the cost-of-service amenities and the cost of any health care services done at GMC.

**4. Health Care Services Excluded from Annual Fee**

Your, or your insurance company will be financially responsible for all health services received from other physicians, Labs or Diagnostic testing. GMC will not bill your health care insurance provider for those health care services furnished in our office. You are financially responsible for any health care services you receive that are not covered by your insurance. Your insurance coverage is as follows:

\_\_\_\_\_  
Primary Insurance

\_\_\_\_\_  
Other insurance

\_\_\_\_\_  
Name of insured

\_\_\_\_\_  
Name of insured

\_\_\_\_\_  
Identification number

\_\_\_\_\_  
Identification number

**You must notify the GMC Concierge Medicine Program as soon as possible if there are any changes or updates to your insurance information. Nothing in the agreement supersedes or modifies the terms or conditions of any agreement relating to your insurance.**



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### 5. Non-Covered services

You understand and agree that the GMC Concierge Medicine Program only covers the amenities listed on section 1 above. You are financially responsible for any health care services provided outside GMC. You understand that this agreement is a membership contract for the GMC Concierge Medicine Program only and is not a contract for insurance or the provision of medical services and is not a substitute for insurance or other health plan coverage.

### 6. Termination

You may terminate this agreement and your participation in the GMC Concierge Medicine Program at any time for any reason upon 30 day written notice to the program. If you choose to terminate your membership prior to its renewal date, you will receive a pro-rated amount based on the remaining length of the membership minus 25% of the membership amount, which is nonrefundable.

### 7. Expectations/Contract policies

GMC practices and treats all patients with honesty and respect, mutual respect and understanding is expected and is a requirement of the GMC Concierge Medicine Program. GMC asks for all our patients to place requests in a timely manner, please allow 48-72 hours for non-urgent requests such as prescription refills and referrals. GMC strives to provide exceptional medical care to our patients, but we cannot control how our referring partners run their practice. GMC Concierge Medicine Program provides all patients with access to the **Concierge line, this line is only to be used for emergencies and after hours.** GMC asks that all patients understand that any requests such as referrals or prescription refills that are requested outside of your active contract period cannot be honored. Although GMC offers a 6 months and 12 months membership, it is recommended to join the 12 months membership since we can assist our patients from wherever they are.

**8. Email/Text communications**

If you wish to receive email communications and text from your GMC Concierge Medicine Program physicians, please consider the following information about email and text communications.

I understand that email and texting are not secure mediums for sending or receiving potentially sensitive personal health care information. Although communication between physician and patient is subject to confidentiality requirements of GMC and applicable law, GMC cannot assure the confidentiality or protection of email and text communications. **I understand that email or text are not a good medium for urgent or time sensitive communications. Time-sensitive communications should be handled by direct telephone contact or in person.** At the discretion of my physician, email and text communications may become part of my permanent medical record. I understand that email and text information described above and authorize GMC to send electronic emails and texts to me. By signing this Membership Agreement, you acknowledge that you understand these important issues.

**9. Provisions**

This agreement supersedes any and all written or oral agreements between you and GMC relating to your participation in the GMC Concierge Medicine Program. This agreement shall be governed by and construed in accordance with the law of the state of Florida and if another provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions held invalid or unenforceable shall substantially impair the benefits of the remaining portions of the agreement.

**PHYSICIAN Dr. Nancy J. Goodwin DO, FACOI, FACOEP is the designated Member’s primary treating physician. Members understand that I may not be available due to illness, vacation or other reasons and may designate a physician or licensed practitioner to attend to the Members’s medical needs from time to time.**

**Please contact us with any questions or concerns that you may have regarding this Agreement. If you wish to become a member of the GMC Concierge Medicine Program, please sign below, and complete and sign the attached Member information/payment sheet.**

\_\_\_\_\_   
 Print Patient Name

\_\_\_\_\_   
 Patient Signature

\_\_\_\_\_   
 Date



## Concierge Medicine Program Agreement

### Member information/ payment

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Payment information

**\*\*Make all checks payable to Goodwin Medical Center. Remit payment to the following:**

Dr. Nancy Goodwin

Goodwin Medical Center

12260 Tamiami Trail East

Unit 102

Naples, FL 34113

**Or if paying by credit card, please be aware that all credit card payments will include a credit card fee of 3% based on the transaction amount.**

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Card number

\_\_\_\_\_/\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Security code

\_\_\_\_\_  
Billing zip code

\_\_\_\_\_  
Authorized Signature