



## Upscale Personalized Medical Agreement

Dear \_\_\_\_\_,

Welcome to the GMC Concierge Medicine Program, we are thrilled to have you as a member of our practice.

### 1. Schedule of VIP Amenities

At the GMC Concierge Medicine Program, we offer premier service amenities that may evolve over time. Below is a list of the current services provided:

- **Executive Physical & Initial Assessment:** Establish a personalized baseline medical profile.
- **Personalized Wellness Plan:** Tailored specifically to your health needs.
- **24/7 Online Patient Portal:** Secure access for document review and sensitive information exchange.
- **Direct Contact with Medical Staff:** Reach us during office hours.
- **Access to Your Physician via Mobile:** Stay connected wherever you are.
- **Worldwide Electronic Visits:** Convenient consultations from any location.
- **Email Access to Medical Staff:** Communicate easily about your health.
- **On-Demand Appointment Coordination:** Schedule appointments as needed.
- **In-Home Visits:** Available during business hours when medically necessary.
- **In-Home Visits outside of office hours:** Additional charge of \$300 per hour.
- **Complimentary Emergency Visit:** Allowed one per year for a family member.
- **Enhanced Doctor-Patient Interaction:** Customized communication to meet your needs.
- **Coordination with Other Physicians:** Seamless integration of care as necessary.
- **One complimentary facial per year-** May be gifted.
- **15% off all Spa services**

Initials: \_\_\_\_\_

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

Please note that you or your insurance provider will be financially responsible for health services rendered by other physicians, labs, or diagnostic testing. The GMC Concierge Medicine Program will not bill your insurance for services provided in our office. For our records, please provide your insurance information below:

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

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

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

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

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

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

**Notify us promptly of any changes to your insurance information. This agreement does not modify any terms or conditions related to your insurance.**

**3. Non-Covered services**

You acknowledge that the GMC Concierge Medicine Program only covers the amenities listed above. You are responsible for any healthcare services outside of GMC. This agreement is a membership contract and not an insurance contract.

**Initials: \_\_\_\_\_**

#### 4. Termination

You may terminate this agreement and your participation in the GMC Concierge Medicine Program upon a 90-day written notice to the program. The GMC Concierge Medicine Program may terminate this agreement and your participation in the program upon a 30-day written notice if any of the following occur (a) you fail to pay the Annual fee (b) you fail to abide by the policies of the GMC Concierge Medicine Program.

If you choose to terminate your membership before 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. In the event of death, this agreement will terminate, and refunds will not be applicable.

#### 5. Expectations and Policies

- I understand that the GMC Concierge Medicine Program practices and treats all patients with honesty and respect. Mutual respect and understanding are expected and is a requirement of the GMC Concierge Medicine Program.
- I understand that the GMC Concierge Medicine Program 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.
- I understand that the GMC Concierge Medicine Program strives to provide exceptional medical care to our patients, but we cannot control how our referring partners run their practice.
- I understand that the concierge line is for after-hours and emergencies, and I will not place requests for refills, referrals etc. through this means.
- I understand that if my contract is over, I will not request medical care, refills or referrals

Initials: \_\_\_\_\_

#### 6. Electronic communications

If you wish to receive email communications and text from the GMC Concierge Medicine Program, 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 the GMC Concierge Medicine Program and applicable law, the GMC Concierge Medicine Program cannot assure the confidentiality or protection of email and text communications. **I understand that email or text is not a good medium for urgent or time-sensitive communications. Time-sensitive communications should be handled by direct telephone contact or in person.** At my physician's discretion, email and text

communications may become part of my permanent medical record. I understand that email and text information described above and authorize the GMC Concierge Medicine Program to send electronic emails and texts to me. By signing and initialing below, I acknowledge that I understand these important issues. I understand that I can revoke this consent at any time by doing so in writing.

**Initials:** \_\_\_\_\_

## 7. Provisions

This agreement supersedes 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.

**Initials:** \_\_\_\_\_

## 8. Annual Fees

- **Individual Adult:** \$4,700
- **Discounted for Couples:** \$4,500 each (when signing up together)

## 9. 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.

**Primary Physician:** Dr. Nancy J. Goodwin, DO, FACOI, FACOEP. In case of unavailability, a designated physician may attend to your needs.

**For questions or concerns regarding this agreement, please contact us. To become a member, please sign below and complete the attached Member Information/Payment Sheet.**

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

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

\_\_\_\_\_  
Date

**Member information/ payment**

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

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

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

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

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

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

**Payment information**

**Make checks payable to Goodwin Medical Center and remit to:**

Dr. Nancy Goodwin  
Goodwin Medical Center  
12260 Tamiami Trail East  
Unit 102  
Naples, FL 34113

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

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

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

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

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

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