

Patient Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## **Annapolis Family Medicine** **Specialized Services Consultation Agreement**

Annapolis Family Medicine (“AFM”) provides the highest quality care for treating *the whole patient*. To that end, our practice strives to incorporate all beneficial methods to treat you and get you to your optimal level of health and wellness. Most health insurance plans do not cover services that we believe to be beneficial for many people to achieve an optimal level of wellness. This Specialized Consultation Agreement (“Agreement”) will enable AFM to devote more resources to helping you achieve your personal optimum health and wellness.

This Agreement will not change AFM’s practice of submitting bills to your health insurance provider for all covered services. Instead, this Agreement is strictly for non-covered services based on the following terms:

1. **Term:** This Agreement will be effective on the date the Agreement is signed by both parties (“Effective Date”) and continue for one year. Each year, we will have the opportunity to renew this agreement on mutually agreeable terms.
2. **Consultation:** Your AFM provider will schedule a one-on-one meeting with you. At this consultation, your AFM provider will determine whether your health may benefit from certain specialized services that are not covered by your health insurance provider. This consultation will be separate from any office visit that might be covered by your health insurance provider and will focus solely on the incorporation of the specialized services into your healthcare routine.
3. **Specialized Services:** During our consultation, we will discuss integrative supplemental therapies for your specific health conditions.
4. **Consultation Fee:** Fee can be paid monthly, quarterly, or annually.
  - a. Individual Patient: \$62.50 (monthly) **OR** \$187.50 (quarterly) **OR** \$750.00 (annually)
  - b. Family: \$125.00 (monthly) **OR** \$375.00 (quarterly) **OR** \$1500.00 (annually)
5. **Follow-up Service:** At the conclusion of your consultation (either immediately in the office or promptly thereafter), your AFM provider will recommend which, if any, Specialized Services could contribute to your health and wellness. If you decide to incorporate one or more recommended Specialized Service into your treatment, you may incur additional charges. AFM will first discuss these charges and obtain your written consent prior to providing any Specialized Services.
6. **Entire Agreement:** This Agreement constitutes the entire agreement and sets forth the entire understanding between the parties with respect to this consultation agreement.

After reading the terms of the Specialized Services Consultation Agreement, the parties have agreed to execute this agreement as of the Effective Date.

### **Credit/Debit Card Information**

Name on Card: \_\_\_\_\_

Address associated with the card: \_\_\_\_\_

Address	City	State	Zip Code
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Type of card (circle one):	VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER
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Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature/Verbal Consent: \_\_\_\_\_