



PLAN C PEDIATRIC QUARTERLY PAYMENT AGREEMENT (NEW)

This agreement is between \_\_\_\_\_ the parent/guardian of the primary participant \_\_\_\_\_, and Jessica Davis, M.D., the physician. This agreement is for access to outpatient primary care services provided at Meliora Family Medicine PLLC.

1. I, \_\_\_\_\_, will pay the initial one-time registration fee of \$100, plus a total of \$\_\_\_\_ per year, divided into quarterly payments of \$\_\_\_\_ per quarter for access beginning \_\_\_/\_\_\_/\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_ for the above primary participant.

2. Wellness visits are: \_\_\_\_\_ Illness visits are \$\_\_\_\_ per hour.
 included in the access fee.
 copay of \$\_\_\_\_
 hourly rate of \$\_\_\_\_
Prorated agreement terms: \_\_\_\_\_

3. Quarterly payments are due by the first day of each quarter, for access during that coming quarter. (Quarters begin January 1, April 1, July 1. and October 1 of each year). If the full quarterly payment is not received in the office by the first day of the quarter and no written notification for opting out of the program is received, a bill will be mailed to the participant, and a minimum of \$10 billing fee will be assessed for each bill. The participant will not receive notification beyond this document prior to the bill and the \$10 billing fee.

4. This agreement can be ended for any reason by either party with 30 days written notice. Re-entry into the practice requires a \$100 re-entry fee.

5. If payment in full is not received by the 15th of the first month of each quarter, emergency medical care only will be provided through the end of the month and the physician-patient relationship will be officially terminated at the end of that month. Any outstanding balance will be turned over to a collection agency at that time. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

6. Additional charges apply for vaccinations and certain procedures. The fee schedule is subject to change at any time, but will be available on the website, or prior to any visit for review. Do not hesitate to ask for cost information at anytime.

7. A receipt at the end of each visit can be provided for the participant, who then has the option to submit this information to a third party payer (with the exception of Medicare). The physician does not contract with any outside payers and does not guarantee any amount of reimbursement by these systems.

I understand and agree to the above terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:
Amount Received: \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_ MD Initials: \_\_\_\_\_



PLAN C PEDIATRIC ANNUAL PAYMENT AGREEMENT (NEW)

This agreement is between \_\_\_\_\_ the primary participant, and Jessica Davis, M.D., the physician. This agreement is for access to outpatient primary care services provided at Meliora Family Medicine PLLC.

- 1. I, \_\_\_\_\_, will pay the initial one-time registration fee of \$100, plus a total of \$\_\_\_\_\_ per year for access beginning \_\_\_/\_\_\_/\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_ for the above primary participant.
2. Wellness visits are: Additional / Illness visits are \$\_\_\_\_\_ per hour.
3. This agreement can be ended for any reason by either party with 30 days written notice.
4. Full payment for services provided is due at the time of service.
5. The annual wellness exam needs to take place in the time period designated above.
6. Additional charges apply for vaccinations and certain procedures.
7. A receipt at the end of each visit can be provided for the participant...

I understand and agree to the above terms.

Signature

Office Use Only:

Amount Received: \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_ MD Initials: \_\_\_\_\_