



## H&Ds | HIGHLIGHTS & DETAILS

### ***Enhanced Concierge Care Benefits Included as Part of the Annual Fee***

These offerings are not covered by Medicare or by other insurance plans. Our practice size is smaller which allows office staff to provide you with the following membership benefits:

**Direct communication during business hours.** When you call the office during office hours there will be no recording to navigate only real people to take your call, with a real concern for your health and well-being. All phone calls will be returned promptly, but if you deem your problem “urgent” we will make every effort to speak to you at the time of your call.

**An after hours emergency cell phone number will be provided to you.** This allows easy and direct communications for urgent medical problems that occur outside of regular office hours. We will use our reasonable best efforts to be available to hear from you when you are ill or injured, to coordinate your care. For emergencies, however, always call 911 first.

**Convenient email communication for non-urgent health issues or questions.** You will receive a prompt response (usually within 24 hours). Because email communication is not always secure, please use discretion when choosing topics to discuss via this platform. Your patient portal is the best way to communicate securely and confidentially.

**Little or no office waiting room time, and longer appointments.** Office visits will start promptly. Appointments will generally be scheduled for approximately 30 minutes, for office visits, but a Comprehensive Annual Health Assessment will be scheduled for approximately 60 minutes. Our aim is to afford you the time to thoroughly address all your questions and concerns, regardless of the reason for your visit.

**Extended office hours.** Office visits are best scheduled when the full complement of staff is available. However, should you require occasional visits outside of our usual office hours, we will certainly do our best to reasonably accommodate you.

**Strong focus on preventive medicine and long-term health and wellness.** As part of our commitment to your long-term health and wellness, our philosophy is to educate you about the importance of fitness, weight management, healthy living and, in addition to the clinical services we already offer through our practice, we will assist you to identify and evaluate wellness providers and offerings. This will support your effort to take an active role in managing and maintaining your good health. Additionally, the six pillars of Lifestyle Medicine may be incorporated to address chronic diseases using evidence-based, whole-person, prescriptive lifestyle changes, to treat and often reverse such conditions.

**Body Composition Analysis & Weight Management.** With the use of a body composition scale, we are able to accurately measure the percentage of body fat in patients who are interested in this health marker. This can help us in determining an effective action plan for each patient’s wellness journey.

**Personalized hospital and/or skilled facility care.** Should you need to be hospitalized, we will make ourselves available when we can to communicate with you and to serve as an advocate on your behalf, even when you are admitted to a facility at which we do not have privileges. If you wish, unless hospital policy or protocol does not allow, we will do what we reasonably can to remain involved in your care, including communicating with the hospitalists or other attending physicians who are providing services to you.

**Long distance care.** Whether you are on a brief vacation or living some of the year in a second residence, we will be available for consultation. However, if in our judgment you need to be seen by a local physician, you will be encouraged to seek medical attention. We will communicate with you directly, as well as with your treating physician as needed, to support the coordination of any healthcare issues that may arise.

**Hearing screening.** As part of our commitment to preventive care, we will provide you with an annual hearing screening exam, excluding diagnostic hearing and balance exams, regardless of any reported symptoms. We believe that regular hearing screenings are an important tool for early detection of hearing loss.

**Care for visiting relatives and/or friends.** Should your out-of-town family or friends become ill during a brief visit to the area, we will be happy to see them in our office and assist with their medical care. We will treat them as though they were a member of our practice. Our standard office visit charge will apply.

**Quarterly newsletter on topics relevant to your health and well-being.** We provide seasonal newsletters on medical subjects of interest.

**Travel medicine consultation.** We will offer guidance on CDC recommended inoculations and/or precautions to be taken while traveling.

**Seminar groups.** We will host meetings to discuss a variety of timely health issues and offer an opportunity for small group interaction.

**Handicapped parking.** For your convenience, handicapped parking is readily available. If you request, we will meet you at your car with a wheelchair and escort you to our office.

### Comprehensive Annual Health Assessment

In our ongoing efforts to assist you in adopting and maintaining a healthy lifestyle and optimizing your quality of life, you will be encouraged and reminded by our staff to schedule a Comprehensive Annual Health Assessment, regardless of condition or necessity, each year. This is a comprehensive annual visit, unrelated to any illness or injury. It will include a thorough examination and an appropriate array of screening tests based on age, health status and risk factors. Each person is unique and there is no one-size-fits-all approach when it comes to prevention and treatment. Depending on your particular health situation, additional tests (such as blood tests, a colonoscopy, mammogram, etc.) may be recommended. These will be billed by the performing entity, and you or your insurer will be responsible for payment of these tests. We will use the results of your exam to help you develop a plan for the year to improve health and fitness and to address any new or existing health goals. Every patient is advised to have an annual evaluation.

The membership fee does not apply to the Welcome to Medicare assessment or to any annual wellness checkup. Portions of this Comprehensive Annual Health Assessment and associated tests may be “covered” services under Medicare and other commercial insurance plans and will be billed accordingly. The annual membership fee applies only to non-covered components of the Comprehensive Annual Health Assessment.

### Staff

Our staff is an important part of your experience with my office. They not only have the expertise to advocate on your behalf but will assist you in navigating through other aspects of the medical community when necessary.

### Insurance Information

#### Commercial Insurance Patients

Office visit charges are not included in your annual fee. We are in-network providers for many major insurance plans. We will bill insurance for all covered services and patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. It is our intention that no insurance-covered medical services are included in your annual fee.

#### Medicare Patients

We will submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. Patients will be responsible for deductibles, co-pays, and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are not covered by Medicare and will not be paid for or reimbursed by Medicare.

### Annual Fees & Instructions

Please see the Membership Agreement Form for annual fees and instructions.



# FAQS | FREQUENTLY ASKED QUESTIONS

## **What is the mission of your practice?**

Our goal is to provide the highest-quality medical care with an emphasis on patient safety and comfort, and a proactive, comprehensive approach to both disease prevention and wellness. We strive to provide excellence in care that is both compassionate and truly patient-focused. From the moment you call our office, we want you to be completely satisfied with every aspect of your care.

## **How is the practice different from a traditional medical practice?**

In order to devote more time to each patient's care and individual needs, we have intentionally limited the size of our practice. We also offer certain non-covered amenities and benefits designed to personalize and enhance the health care experience. In-office appointments will start promptly, with little or no waiting time; virtual visits via telemedicine are offered as an option upon patient request. This practice model also enables us to schedule longer patient appointments (approximately 30 minutes for routine appointments and approximately 60 minutes for the Comprehensive Annual Health Assessment). If an issue requires extra time for evaluation or discussion we will accommodate you to the best of our ability. Also, after hours for urgent issues, you will be able to contact us directly, making it easier than ever to communicate.

## **What services are provided as a part of my annual fee?**

Please see the Highlights & Details document for a complete list of amenities and benefits provided to our personalized care patients. Your annual fee pays for those non-clinical, non-covered services. Professional services that are covered by Medicare or a commercial insurance plan will be billed separately, and you will continue to be responsible for any applicable co-pays or deductibles relating to those services.

## **Where is your personalized care practice located?**

Our office is located at 3903 Fair Ridge Drive #219, Fairfax, VA 22033

## **At which hospitals are you on staff?**

All of the local hospitals now utilize hospitalists which means we do not admit to any hospital. However, we are affiliated with Inova Fair Oaks Hospital. Should you need to be hospitalized, we will be able to communicate with the hospitalists who care for you at Inova Fair Oaks Hospital. If you are at any other hospital, we will do our best to be available to communicate with you and to serve as an advocate on your behalf.

## **Who will cover for when you are not available?**

Our goal is to be available to patients 24 hours a day, 7 days a week. However, there will be occasions when we are out of town or otherwise unavailable. In these situations, a trusted colleague will serve as a covering physician.

## **Do I still need health insurance if I enroll with you?**

Yes. Your annual fee only pays for the non-clinical, non-covered amenities and benefits that are described in the Highlights & Details document. Neither the fee nor the amenities take the place of general health insurance coverage. You are advised to continue your Medicare or other health insurance program coverage.

## **Will you be a provider on my insurance plan?**

We remain in-network providers for many major insurance plans and will bill your insurance directly for professional services that are covered by those plans. (Professional services are not covered by your annual fee.) If the terms of your insurance plan require a co-pay, we are obligated to request payment at the time of service. Even if we are not providers for your insurance plan, we will attempt to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations as medically indicated. Those services will likely be covered by your insurance plan.

## **Will you be a participating provider for Medicare?**

Yes. Our office will file your claims with Medicare as well as with your supplemental insurer on your behalf, as required by law. Office visit fees that are not reimbursed by insurance will be the responsibility of the patient.

### **Will my private insurance or Medicare reimburse my annual fee?**

No. The annual fee is not covered by private insurance or by Medicare.

### **Is the annual fee tax deductible or reimbursable through my HSA or FSA?**

In some instances, the annual fee, or part of the fee, may be payable through your HSA or FSA. You are advised to consult with your HSA or FSA plan administrator, employer, HR representative or tax adviser to clarify qualification in your particular circumstance.

### **What are my annual fee payment options?**

Your annual membership fee may be paid by ACH (electronic bank transfer) or credit/debit card, in quarterly, semiannual, or annual installments. The first payment will be processed upon receipt of enrollment. Subsequent payments will be processed automatically, according to your selected terms. Unless we hear otherwise, payments will be processed on a continual basis.

### **What about labs, X-rays, specialists' fees and hospitalization?**

All medical procedures and services, whether performed in the office or by other providers or health care facilities, will be billed by the performing physician and/or entity.

### **Will I be required to pay my annual fee even if I do not use your services?**

Yes. Paying your annual fee allows you to be a member of our practice and to be in touch with us whether you are sick or well. We strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your well-being.

### **What happens if I move out of the area and need to terminate after I enroll?**

Your membership agreement may be terminated after the initial one (1) Service Year, upon 30 days' written notice to our practice.

### **What if I have an emergency?**

Please know that you can contact us at any time. However, if you have a life-threatening emergency, call 911 immediately. You can then call us or ask the hospital personnel to contact us so we may assist in your care. If you have a non-urgent problem, feel free to contact us first.

### **What should I do if I become ill while traveling or away on an extended vacation?**

If the problem is minor, call us first. However, if you have a life-threatening emergency, call 911 immediately – then you can call us. With the exception of controlled substances, we will seek to accommodate your prescription requests if state/local law allows. If you seek care at an emergency room or urgent care center out of the area, you should feel free to ask the doctor seeing you to call us for coordination of your care. If you should require hospitalization while away, at your request, we will attempt to establish regular phone communication with you and your attending physician(s) to ensure continuity of care.

### **What if I need to see a specialist or a surgeon?**

Should you request, we are available to help you decide which specialist to see and to coordinate such consultations. This will ensure the most appropriate resource is used, the earliest arrangements are made, and your applicable medical information is sent in advance of your specialist visit.

### **What if I have questions about my concierge membership after I enroll?**

You can access your membership payment information, track invoices, download receipts, or update credit card information quickly and easily, at any time, by using our Concierge Membership Portal located at the top-right of our website

**MEMBERSHIP AGREEMENT  
PRIMA MEDICINE CONCIERGE CARE**

**PLEASE COMPLETE & RETURN OR CALL SPECIALDOCS TO ENROLL VIA PHONE (703) 219-8148**

I/we have engaged Prima Elite Concierge, LLC (Company) to provide non-covered, non-clinical amenities and benefits to me/us for an initial minimum period of one year beginning on my/our Start Date. I/we understand that this Agreement will renew automatically following the end of each one-year period unless I/we provide Company a written notice of non-renewal. I/we further understand that I/we will be required to pay the yearly membership fee for the non-covered services, amenities and benefits for a minimum of one year. As used in this Agreement, the term "Start Date" refers to the one-year period beginning on the date of enrollment, as well as every one-year renewal period thereafter.

I/we understand that the first payment of my/our annual fee will be charged upon enrollment and the balance will be charged according to my/our terms selected after the Start Date, continuously, while this Agreement remains in effect.

**FOR MEMBERSHIP DURING THE SERVICE YEAR, I AGREE TO PAY THE COMPANY:**

**\$2,200/year = First Individual**

**Additional family members in the same household may receive a 10% discount.**

**Member(s): Sign and Print Name(s)**

This Agreement is for non-covered, non-clinical amenities and benefits as described in the Highlights & Details document. I/we have read and understand this Agreement as well as the Highlights & Details and Frequently Asked Questions documents that are considered a part of this Agreement. Unless the Agreement is terminated as provided in the first paragraph above, it will automatically renew for subsequent Service Years under the same payment terms unless I/we notify Company otherwise (or Company notifies me/us) within 30 days prior to the next payment due date. Concierge membership fees are subject to change.

I/we authorize my/our physician(s) and/or their billing company to send emails regarding my/our membership, enrollment, invoices, upcoming and past due payments, and receipts.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature (Member #1) / Print Name / D.O.B. / Gender

\_\_\_\_\_/\_\_\_\_\_  
Email (Member #1) / Cell Phone Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature (Member #2) / Print Name / D.O.B. / Gender

\_\_\_\_\_/\_\_\_\_\_  
Email (Member #2) / Cell Phone Number

\_\_\_\_\_/\_\_\_\_\_  
Home Address / ZIP Code

How did you hear about the practice?  Current Patient  Patient Referral  Internet Search  Insurance Provider  
 Physician Referral  Print Ads  Other \_\_\_\_\_

**METHOD & TERMS OF PAYMENT: I authorize the Company to automatically charge my bank account/card the amount(s) indicated above:**

**ACH** (electronic bank transfer). *Please note we are unable to accept checks.*

**Credit Card** (Your card will be charged Prima Elite Concierge, LLC)

- I will pay annually.** I understand that the full annual fee will be charged upon enrollment and the full annual fee will be charged automatically at 12-month intervals from my Service Year, continually, while this Agreement remains in effect.
- I will pay semiannually.** I understand that one-half of the annual fee will be charged upon enrollment and one-half will be charged automatically at six-month intervals from my Service Year, continually, while this Agreement remains in effect.
- I will pay quarterly.** I understand one-quarter of the annual fee will be charged upon enrollment and one-quarter will be charged automatically at three-month intervals from my Service Year, continually, while this Agreement remains in effect.

**ACH BANK TRANSFER:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder Signature / Routing Number / Bank Account Number

**CREDIT/DEBIT CARD:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder Signature / Card # / Exp. Date / Security Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder Billing Address (if different than home address) / ZIP Code / Cardholder Daytime Number