

**NORTHWEST LIFESTYLE HEALTH, LLC PRIVATE PRACTICE-  
PATIENT AGREEMENT**

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

Patient(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Phone Numbers: (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Social Security Number of Primary Patient: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

PLEASE CHECK HERE IF RESPONSIBLE PARTY INFORMATION IS SAME AS PATIENT (Responsible Party and Patient(s) are collectively referred to as "Patient")

Street Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Phone Numbers: (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Northwest Lifestyle Health, LLC ("Private Practice"), offers our Patients the following amenities and features ("Amenities") that are outside of, and in addition to, what our Patient's private health insurance and/or Medicare ("Plan") covers. This Private Practice agreement ("Agreement"), describes the Amenities that the Private Practice offers, and the terms and conditions between Private Practice and our Patients (Private Practice and Patient are each individually referred to as "Party" or collectively as "Parties").

**AMENITIES:**

Private Practice provides participating Patients with the following Amenities:

- A routine annual examination and consultation , to include lab work and health vitals assessments, that collectively deliver an annual functional medicine analysis and guidance ("Routine FM Exam") , which varies from and is neither a Welcome To Medicare physical nor an Annual Wellness Visits ("AWV") that may be covered by Medicare (if applicable). The Routine FM Exam includes a Functional Medicine history and assessment, and a comprehensive screening that focuses on disease prevention and healthy aging.
- Laboratory interpretation of laboratory testing performed as part of the Routine FM Exam.
- Clinical recommendations and education regarding hormone balance and replacement therapy, including a consultation on the management of estrogen, progesterone , testosterone , thyroid , DHEA, pregnenolone , oxytocin, Vitamin D, growth hormone, and/or melatonin, regardless of medical history.
- Office consultation relating to implementation of the Routine FM Exam guidance, and related Patient education and training targeted to achieving improved self-management of chronic illness and disease prevention and healthy aging and to develop a plan based on the Patient's individual goals that may address the following topics:
  - Nutrition;
  - Healthy Aging;

- o Nutritional supplementation;
  - o Exercise;
  - o Lifestyle behaviors; o  
Stress management;
  - o Hormone replacement therapy; and o  
Functional medicine and treatments.
- Convenient appointment scheduling at our office or your home (your subscription fee covers our physician's travel cost).
  - Enhanced connection via same day or next business day telephone/ electronic communication, to discuss Routine FM Exam.
  - Convenient telemedicine videoconferencing resources.

AMENITIES ARE BEYOND PLAN COVERAGE:

All of the Private Practice Amenities are beyond services that are covered by your Plan. The Program Amenities do not include Plan covered medical services or mandated "free of cost" preventative care ("Covered Services"). The Private Practice will not charge Patient private fees for any Covered Services. To the extent that Private Practice participates in the Patient's Plan, we will bill Patient's Plan for any Covered Services provided. Plan-covered traditional medical care, which may be submitted to Plans for reimbursement (or bundled with what Plans cover) is outside of private-fee Amenities. This may include medication prescription for chronic and acute disease processes, and care coordination or referrals to other health professionals as medically indicated.

Electronic communication Amenities do not include: communications related to medically necessary or Plan covered office visit scheduling or following-up. Amenities do not include care coordination or telehealth communications covered by Medicare.

PLAN COVERED SERVICES:

Patient may request additional Covered Services. If Patient's Plan is Medicare, and Medicare covers these services, the Private Practice will bill Medicare for those Covered Services, and Patient may be required to pay any applicable co-payment or deductible because Dr. Zuckerman has neither opted out of Medicare nor is excluded from Medicare under Sections 1128, 1156, or 1892 of the Social Security Act.

PRIVATE PRACTICE **FE**E FOR AMENITI ES:

The fee for the Private Practice's Amenities ("Private Practice Fee") is as follows:

\$2,000/year/patient Name(s): \_\_\_\_\_

Patient's payment of the Private Practice Fee secures Amenities that are outside, and in addition to, Patient's

Plan Covered Services. The Private Practice reserves the right to adjust the Private Practice Fee annually. Private Practice will provide Patient with written notice of any changes. Participation in the Private Practice is personal to each individual and may not be assigned to others.

#### TERMINATING PARTICIPATION IN PRIVATE PRACTICE:

Either Party may terminate this Agreement at any time for any reason with thirty (30) days' prior written notice. Upon termination, the Private Practice will refund any applicable Private Practice Fees paid in the form of a check. Refunds, if applicable, are paid on a pro rata basis that is based on the number of days the Patient was enrolled in the Private Practice, the Private Practice Fee paid, and whether the Routine FM Exam Amenity was delivered (delivery of the Routine FM Exam precludes refund or termination of the annual Private Practice Fee payments as these fees are deemed substantially earned).

The Private Practice may also terminate this Agreement at any time with less than thirty (30) days' notice should the Patient: 1) fail to timely pay the Private Practice Fee or statements for health care services provided; or 2) violate the Private Practice's policies or instructions communicated to the Patient.

The Private Practice limits participation in order to preserve and retain the private character of the Amenities that we provide. The Private Practice retains sole rights, and reserves the right to decline any Patient's renewal of participation.

#### PRIVATE PRACTICE FEE PAYMENT OPTIONS:

Private Practice requires that all Patients enrolled in our Program keep a credit or debit card on file. Private Practice automatically charges the Patient's Program Fee amount to their credit card each month, or annually in advance, if the Patient prefers. Patient acknowledges and authorizes Private Practice to charge Program Fee amount to their credit or debit card until Patient revokes authorization, or this Agreement is terminated. Patient authorizes Private Practice to charge Patient's credit or debit card for the payment of any additional fees not covered by Patient's Plan.

#### PATIENT'S FINANCIAL RESPONSIBILITIES:

Patient is financially responsible for all applicable co-payments, co-insurance, and deductible amounts required under the Patient's Plan. The Private Practice will immediately bill upon service for: 1) any fees not collected at the time of health care service; 2) Patient's Plan co-insurance and deductibles; and 3) any fees not covered by the Patient's Plan for additional services that Private Practice provides.

As a courtesy to the Patient, if the Private Practice accepts Patient's Plan as an in-network provider, we will bill Patient's Plan for any Covered Services that Patient received. If the Private Practice is an "out of network" provider with the Patient's Plan, we may, upon your request, provide Patient with a coded insurance claim form or a billing document (i.e. a "superbill"), that outlines the medical services Private Practice provided so that Patient may submit it to their Plan for reimbursement (other than Medicare).

The Private Practice Fee does not cover charges for any non-Covered Service that the Private Practice provides. Patient is solely responsible for all the Private Practice's reasonable, usual, and customary charges for non-Covered Services Private Practice provides Patient that are not described in the Private Practice's Amenities.

**NOTE: DO NOT SUBMIT TO MEDICARE FOR REIMBURSEMENT ANY PRIVATE FEES PAID TO PRIVATE PRACTICE!**

PRIVATE PRACTICE IS NOT AN INSURANCE PLAN:

The Private Practice is not an insurance company or plan. The Private Practice does not promise to provide Patient with unlimited care in exchange for Patient's payment of the Program Fee. Private Practice presumes that the Patient is either eligible for Medicare, or a Plan that provides health care coverage for services not covered by the Private Practice Fee.

ADDITIONAL PATIENT ENROLLMENT TERMS:

Patient's participation in the Private Practice is complete once the Patient signs this Agreement and the Private Practice receives Patient's Private Practice Fee payment. Patient acknowledges and accepts the Private Practice's office policies, integrated herein by this reference. This Agreement shall be governed by the laws of the State of Alaska, without application of choice-of-law principles.

This Agreement replaces and supersedes all prior agreements between the Parties. This Agreement may not be modified absent a writing signed by Patient and an authorized representative of the Private Practice. If any term of this Agreement is deemed invalid or in violation of any law, regulation, or statute, the invalid term shall be deemed removed, and the remaining terms of this Agreement shall remain in full force and effect. Either Party may use a copy of this signed Agreement for present and future purposes. Each participating patient over the age of 21 is required to sign below.

*[SIGNATURES TO FOLLOW ON NEXT PAGE]*

Patient's signature represents that the Patient understands and agrees to the terms and conditions described within this Agreement.

**NORTHWEST LIFESTYLE HEALTH, LLC**

a Washington Limited Liability  
Company

**RESPONSIBLE PARTY/PATIENT**

By: \_\_\_\_\_

Dr. Jeffrey A. Zuckerman, M.D.

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_

Relationship to Patient: \_\_\_\_\_

By: \_\_\_\_\_

Maryann Sudmeier, NP

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_

Relationship to Patient: \_\_\_\_\_

Dr. Zuckerman is honored to be your physician, and looks forward to being your health care advisor, educator, advocate, and coach. THANK YOU

