

Name of the primary Program Member: \_\_\_\_\_ Check box if renewal:

# Personal VIP Care Agreement 2018

This CONCIERGE MEDICAL PRACTICE MEMBERSHIP AGREEMENT ("**Agreement**") is made by and between:

The undersigned Program Member and, if applicable, additional members (each, a "**Program Member**"), and Igor Huzicka, M.D., d/b/a Foundation for Better Healthcare, a Colorado company, ("**Dr Huzicka**")

Who together constitute the "**Parties**" to this Agreement.

In consideration of the mutual promises and undertakings set forth below and for other valuable consideration, receipt and sufficiency of which are hereby acknowledged by the Parties, and intending to be legally bound, the Parties hereby mutually agree, as follows:

**1. Terms of Services; Program Services.** The Terms and Conditions of Service attached hereto (the "**Terms**") are incorporated herein and made a part of this Agreement. The Parties have read and agree to fully comply with the Terms. In consideration of the Membership Fee, Dr Huzicka agrees to provide PERSONAL VIP CARE Program Member with the following services and amenities (the "**Program Services**"):

- i. **Personal Provision of All Medical Care by a Physician.** Dr Huzicka will, to a reasonable extent, personally communicate with, assist and directly provide care to Program Member regarding all medical matters.
- ii. **Panel Limits.** In order to allow ample time and availability to provide care for Program Members, Dr Huzicka will limit the size of Personal VIP Care Program member panel to approximately 200 patients.
- iii. **Same Day / Next Day Appointments.** Program Member is entitled to same-day or next-day appointments for any reason. Every effort will be made to see Program Member on the same day for any urgent medical matter.
- iv. **Extended Patient Appointments.** Each appointment with Dr Huzicka will be extended, up to 60 minutes or as necessary, so that Program Member can review any number of problems and ask additional questions during one visit.
- v. **Communication Enhancements.** Program Members will be provided with exclusive means of communication with Dr Huzicka via cellular phone, email, and teleconferencing (Skype, FaceTime, etc.). If additional advanced communication capabilities are requested by Program Member, Dr Huzicka will make a reasonable effort to match those capabilities.
- vi. **24/7 Availability.** Dr Huzicka will be generally available to personally communicate with Program Member, to a reasonable extent, twenty-four hours a day, seven days a week, through telephone, text messaging, email, audio or video conference. The response time and the method of communication will be appropriate to the purpose of the communications, typically not to exceed 30 minutes for telephone contact, and not to exceed 24 hours for email. **If the matter is possibly life threatening, 911 should be contacted first** and then, if possible, Program Member or his/her designee shall contact Dr Huzicka via mobile phone as indicated below.
- vii. **Management of medical issues by phone.** As long as it is medically sound and appropriate, Dr Huzicka will attempt to manage Program Member's minor medical issues, such as cold, bronchitis, sinusitis, back pain, diarrhea, by telephone contact without requiring an office visit. Similarly, any follow-up care after an office visit (such as discussion of test results, follow-up testing, etc.) will be, if desired by a Program Member, provided via telephone or electronic communications.
- viii. **Enhanced Coordination of Care.** Dr Huzicka will personally assist with administrative issues such as prescription refills, prior authorizations, and referrals to specialists. Dr Huzicka will also advise Program Member on most cost-effective utilization of their health plan benefits (e.g. choices of medical imaging centers, financial planning for elective surgery).
- ix. **Comprehensive Health Coaching.** Dr Huzicka will provide an annual health planning visit to set Program Member's health goals. Monthly follow-up visits will be available to Program Member to evaluate their progress in achieving those goals and to address obstacles to health improvement. The parameters of the visits will focus on items that, because of their nature (e.g. obesity or stress management, health education) or required frequency (e.g. intensive treatment of diabetes), are not covered by Program Member's insurance, health plan or any governmental entity, including Medicare.
- x. **Screening and preventive services not covered by Program Member's insurance, health plan or any governmental entity, including Medicare.**  
The following tests that are typically not covered by health plans will be included in Program Services: annual screening EKG, annual screening lung function test (spirometry), advanced lipid (cholesterol) measurements, screening for coronary atherosclerosis – coronary calcium score (in men over 40 and women over 50, annually if medically sound), vitamin D measurement, annual thyroid screening, annual low testosterone (men) or estrogen (women) screening, annual PSA in men.
- xi. **Additional services included in the annual membership fee:**
  - Office based testing: EKG, spirometry, urinalysis, rapid Strep and influenza tests, urine pregnancy test
  - Basic laboratory testing: blood count, metabolic panel, cholesterol, thyroid (TSH), hemoglobin A1c
  - Standard adult vaccines including influenza, tetanus booster or tetanus-diphtheria-pertussis (Tdap), Shingles vaccine and Pneumococcal pneumonia vaccines are available at cash price of the purchase cost with 30% discount.
  - Travel vaccines: injectable typhoid vaccine (Typhim) every 3 years, hepatitis A vaccine one series of 2 doses per lifetime if member is not immune (i.e. has no IgG antibodies to hepatitis A).
- xii. **Discounts for cash-only services.** Program Members will be entitled to 30% discount for all cash-only services offered by the practice (e.g. food allergy testing, hormonal and/or vitamin balance analysis, hCG treatment for obesity).
- xiii. **Administrative Assistance.** Fees for medical certificates, form completion and copying medical records for administrative purposes (e.g. life insurance) will be waived.

Name of the primary Program Member: \_\_\_\_\_

**2. Service Location; Contact Information.**

<p>As Program Service benefit, Program Member shall utilize the following <b>exclusive means of communication</b> with Dr Huzicka: <b>Cell phone:</b> 720-441-4305  <b>E-mail:</b> igorhuzicka@denvermd.net  <b>Fax:</b> 720-554-7634                  For audio or videoconferencing we can use FaceTime, Skype, Google Duo.</p>	<p>All services requiring physical contact between Program Member and Dr Huzicka will be provided at the following location: First Internal Medicine                  5950 South Willow Drive                  Greenwood Village, CO 80111                  Office Phone: 303-799-1443                  Office Fax: 303-706-1900</p>
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**3. Program Member Information; Additional Program Members.**

Program Member represents and warrants that his/her information set forth below is accurate and complete, and agrees to promptly notify Dr Huzicka of any changes.

Member Name		Date of Birth	E-mail Address	
Mobile Phone (required)	Home Phone		Day-time Phone	
Mailing address – Street (± suite or apartment number)		City	State	ZIP

If the box is checked, I wish to include additional Program Members to this Agreement for an additional fee as indicated below. The personal information on additional members is listed on the page 3 which is hereby incorporated into this agreement. I warrant that the information on additional Program Members is complete and accurate, and will be updated promptly in writing when changed.

**4. Membership Fee.** Program Member hereby selects the payment for the Program Services (“Membership Fee”) as indicated below. Payment of the Membership Fees is in accordance with the Terms. No part of the Membership Fee paid by Program Member hereunder is being paid in consideration for medical services covered by Program Member’s insurer, health plan or by any governmental program, including Medicare.

	Individual – \$3,000 annually
	Two Adults – \$5,000 annually
	Adolescent/young adult (age 15-26) as 1 <sup>st</sup> or 2 <sup>nd</sup> additional member – \$750
	Family of two adults and up to two adolescents/young adults (age 15-26) – \$6,000
	Third and additional adult family member – \$1,000
	Third and additional adolescent/young adult (age 15-26) family member – \$500

**5. Payment Authorization; Execution.** This Agreement becomes effective upon receipt from Program Member this signed Agreement and either (i) check payable to “**Foundation for Better Healthcare**” tendered together with this Agreement, or (ii) approved charge to the credit card provided herein to which Program Member hereby authorizes Foundation for Better Healthcare to bill the above Membership Fee:

Credit Card Number	Expiration (MM/YY)
Cardholder’s Name as Printed on the Credit Card	Verification code
Billing address if different from Mailing address listed above	

\_\_\_\_\_  
 Program Member Signature

\_\_\_\_\_  
 Igor Huzicka, M.D., dba Foundation for Better Healthcare

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

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

Please deliver or mail the signed Agreement and payment to:

Foundation for Better Healthcare  
 c/o First Internal Medicine  
 5950 South Willow Drive, Suite 212  
 Greenwood Village, CO 80111

Name of the primary Program Member: \_\_\_\_\_

**List of additional Program Members (if applicable, see page 2 of the Agreement)**

2 <sup>nd</sup> Member Name		Date of Birth	E-mail Address	
Mobile Phone (required)	Home Phone		Work Phone	
Mailing address		City	State	ZIP

3 <sup>rd</sup> Member Name		Date of Birth	E-mail Address	
Mobile Phone (required)	Home Phone		Work Phone	
Mailing address		City	State	ZIP

4 <sup>th</sup> Member Name		Date of Birth	E-mail Address	
Mobile Phone (required)	Home Phone		Work Phone	
Mailing address		City	State	ZIP

5 <sup>th</sup> Member Name		Date of Birth	E-mail Address	
Mobile Phone (required)	Home Phone		Work Phone	
Mailing address		City	State	ZIP