Petersburg
MEDICAL CENTER

103 Fram Street
PO Box 589
Petersburg, AK 99833
Phone: (907)772-4299
Fax: (907)772-9273
www.pmcak.org

Direct Primary Care Enrollment Form

PATIENT CONTACT INFORMATION

Last Name*:	**First Name*:**
Middle Name:	**Preferred Name:**
Date of Birth*:	**Email:**
Contact Number(s)*: Home: _____ Work: _____ Cell: _____	**Mailing Address*:** _____ _____ _____ City State Zip

Are you eligible for Medicaid?

☐ No ☐ Yes, currently enrolled ☐ Medicaid application currently pending

COVERED DEPENDENT(S)

Dependents must be under 18 years old to be added to the same Direct Primary Care account.

	First Name	Last Name	Date of Birth
DEPENDENT 1			
DEPENDENT 2			
DEPENDENT 3			

Additional Dependents: _____

_____

PAYMENT METHOD

Payment Method:	☐ **Annual** (cash/check/card) ☐ **Monthly** (credit card)

_____ _____

Signature of Patient or Legal Representative Date

Rev. date: 6/30/26, 10.5.26 review

DIRECT PRIMARY CARE PATIENT (MEMBERSHIP) AGREEMENT
Petersburg Medical Center

This Direct Primary Care Patient Agreement ("Agreement") is made and entered into by and among Petersburg Medical Center (PMC), on behalf of itself and all affiliates, facilities, medical groups, clinics, and providers within its network or otherwise under its direction and control (“PMC"), and _____, an individual patient or the representative of a patient on behalf of such patient ("Patient").

RECITALS

WHEREAS, under Alaska law, a health care provider or health care business and a patient or the representative of a patient may enter into a direct health care agreement for the provision of health care services that a primary care provider may provide to a patient;

WHEREAS, Patient is not a Medicare beneficiary and is not otherwise Medicare-eligible;

WHEREAS, Patient is not currently enrolled in, receiving benefits under, or otherwise an active beneficiary or recipient of Alaska Medicaid or assistance under AS 47.07 or AS 47.08;

WHEREAS, Patient may have a pending Medicaid application or may potentially qualify for Medicaid, but Patient is not required to apply for Medicaid as a condition of enrollment in the Direct Primary Care Program, provided Patient is not currently an active Medicaid beneficiary or recipient; and

WHEREAS, PMC and Patient wish to enter into this Agreement to set forth the terms and conditions pursuant to which PMC will provide, and Patient will receive, certain primary care services in exchange for payment of a periodic fee.

NOW THEREFORE, in consideration of the promises and covenants in this Agreement, the parties agree as follows:

1. SERVICES

1.1 Covered Services.

PMC shall provide a package of ongoing primary care services, both medical and non-medical, and certain amenities offered by PMC, as set forth in Attachment A (collectively, "Services" or "Covered Services"). Services will be provided at the PMC locations listed in Attachment B. Patient will be provided with methods to contact

PMC via phone, electronic messaging, email, or other methods of electronic communication, as available and appropriate. PMC will make every effort to address the needs of Patient in a timely manner but cannot guarantee availability and cannot guarantee that Patient will not need to seek treatment in an urgent care or emergency department setting.

1.2 Permitted Scope of Services.

Covered Services are limited to the type of health care services that a primary care provider may provide to a patient under Alaska law. Covered Services may be provided in person or remotely, including by telemedicine or other electronic means, when clinically appropriate and consistent with the prevailing standard of care.

1.3 Services Not Included.

Patient may need care not included in this Agreement, including but not limited to emergency department services, hospitalizations, specialist care, imaging, advanced diagnostics, durable medical equipment, prosthetics, orthotics, supplies, prescription drugs, and laboratory tests not listed in Attachment A. Care not included in Attachment A is not included in or covered by the Monthly Fee. If provider provides, orders, or arranges non-covered care, this will be communicated to Patient, and such services may be billed separately or submitted to Patient's insurance, if applicable.

1.4 Laboratory Services.

Routine or annual laboratory tests associated with an annual physical or other routine primary care visit may be included only if listed in Attachment A or related program materials. Other laboratory testing is not included in the Monthly Fee and may be charged separately.

1.5 No Guarantee of 24/7 Availability.

This Agreement is for ongoing primary care access. PMC may offer communication options and, when appropriate, after-hours access methods; however, PMC does not guarantee 24/7 PMC availability.

2. PAYMENT

2.1 Monthly Fee.

In exchange for the Services described in this Agreement and Attachment A, Patient agrees to pay PMC the applicable monthly direct primary care fee (the "Monthly Fee") for all members listed on the Direct Primary Care Enrollment Form as follows:

- Adult patients, aged eighteen (18) years and older: $125.00 per month
- Child patients, under age eighteen (18): $80.00 per month

If a child enrolled under the child rate turns eighteen (18) years of age during the term of this Agreement, the child rate will continue through the remainder of the then-current contract term. The adult rate will apply upon renewal of the Agreement.

2.2 Billing Period and Billing in Arrears.

The period covered by the Monthly Fee is one calendar month, unless PMC adopts a different period in writing. The Monthly Fee for Covered Services will be billed after the end of the period to which the Monthly Fee applies. If PMC uses a monthly billing period, the Monthly Fee for Covered Services provided during a month will not be billed before the end of that month and will be billed in the following month. For example, the Monthly Fee for Services provided during April will be billed after April has ended.

2.3 Card on File and Payment Authorization.

As a condition of enrollment and continued participation in the Direct Primary Care Program, Patient must maintain a valid credit or debit card on file with PMC. Patient authorizes PMC to charge the card on file for recurring Monthly Fees after the applicable billing period has ended and for any applicable prorated amounts, additional fees, or termination fees owed under this Agreement. Patient is responsible for ensuring payment information remains current. Failure to maintain a valid payment method may result in suspension or termination under this Agreement.

2.4 Additional Fees.

Any additional fees outside the scope of Services included in the Monthly Fee, if adopted and disclosed by PMC, are not part of the periodic fee for Covered Services and may be charged separately. Such additional fees do not have to be billed in arrears. No enrollment fee, implementation fee, termination fee, cancellation fee, or other additional fee will be charged unless disclosed in this Agreement, Attachment A, or another written notice approved by PMC according to applicable policy.

2.5 Third-Party or Employer Payment.

If accepted by PMC, Patient's employer or another third party may pay the Monthly Fee and any additional fees owed by Patient. Any such payment does not make the employer or third party an insurer, health maintenance organization, or party to this Agreement, and Patient remains responsible for compliance with this Agreement.

2.6 Sliding Fee and Financial Assistance.

The DPC Monthly Fee is not subject to PMC's sliding fee discount program unless PMC expressly adopts such a discount in writing for the DPC Program. Individual primary care services that are outside the scope of the Monthly Fee and billed separately may

be eligible for PMC's sliding fee discount or financial assistance programs according to PMC policy.

2.7 Proration.

Monthly Fees may be prorated based on the Patient's enrollment start date within the applicable month. Because billing occurs in arrears, the prorated amount for an initial partial month will be billed after the end of that month or applicable billing period. Upon termination, fees will be prorated based on the number of covered days during which the Agreement was active and Patient was eligible for and had access to Covered Services under this Agreement, regardless of whether Patient actually utilized Services during that period. DPC fees are access-based and are not based on the number of visits or services used.

3. TERM

3.1 Initial Term and Renewal.

This Agreement will commence on the date it is last signed by Patient and PMC below (the "Effective Date") and will extend for an initial term of one (1) year. Following the initial one-year term, this Agreement shall automatically renew for successive one-year renewal terms unless either party provides written notice to the other party of its intention not to renew at least thirty (30) days prior to the end of the initial term or any successive renewal term.

4. TERMINATION

4.1 Mutual Agreement.

This Agreement may be terminated by mutual written agreement of the parties at any time.

4.2 Termination Without Cause.

Either party may terminate this Agreement without cause upon thirty (30) days' prior written notice to the other party

4.3 Termination of Cause, Patient Cancellation, and Immediate Termination.

This Agreement may be terminated before the end of the then-current term as follows:

4.3.1 Patient Cancellation Within 30 Days.

Patient may terminate this Agreement within thirty (30) days after the Effective Date by providing written notice to PMC. If Patient terminates under this section, PMC shall refund any payments made under this Agreement within thirty (30) days after termination, less amounts owed for services already provided that are not included in the Monthly Fee and any other amounts permitted under applicable law.

4.3.2 Material Breach.

Either party may terminate this Agreement if the other party materially breaches a term of this Agreement. A material breach means a failure to comply with a material obligation under this Agreement that substantially affects the rights or obligations of the parties. Except where immediate termination is permitted under this Agreement or applicable law, the non-breaching party will provide written notice describing the breach and allow the breaching party up to fifteen (15) calendar days to cure the breach. If the breach is not cured within the cure period, the non-breaching party may terminate this Agreement by written notice.

4.3.3 Patient Breach.

The following may constitute a material breach by Patient:

1. Failure to pay amounts due under this Agreement after the applicable invoice date, grace period, and cure period;
2. Failure to maintain a valid payment method on file after notice from PMC and opportunity to cure;
3. Misrepresentation of current Medicare enrollment status or receipt of Medicare benefits;
4. Misrepresentation of current Medicaid enrollment status, current Medicaid beneficiary or recipient status, Medicaid approval status, or failure to notify PMC upon Medicaid approval or enrollment;
5. Misrepresentation of approval for or receipt of assistance under AS 47.08, if applicable;
6. Use of the DPC Program for services, individuals, or benefits not covered under this Agreement;
7. Repeated failure to comply with reasonable PMC policies related to scheduling, communication, payment, or use of DPC services.

4.3.4 Immediate Termination by PMC.

PMC may terminate this Agreement immediately, without opportunity to cure, if:

1. Patient is currently enrolled in Medicare or Medicaid, is receiving Medicare or Medicaid benefits, or is otherwise prohibited by law from participating in the DPC Program;
2. Patient becomes approved for Medicaid or other assistance that makes Patient ineligible for continued participation in the DPC Program;

3. Continued participation would violate applicable law;
4. Patient made a material misrepresentation related to enrollment, benefit, or recipient status;
5. Patient poses a threat to the safety of PMC staff, PMCs, patients, or others;
6. Patient engages in disruptive, threatening, discriminatory, abusive, or disrespectful behavior and does not stop the behavior after PMC requests that the behavior stop. This includes but is not limited to harassment through electronic communications or social media.

4.3.5 Nonpayment.

If payment is not received by the invoice due date, PMC may attempt to collect payment using the payment method on file and may notify Patient of the missed payment.

If payment is not received within seven (7) calendar days after the invoice date, Patient will be considered past due.

PMC will allow a total grace period of fifteen (15) calendar days after the invoice date, inclusive of the initial seven (7) calendar days described above. If payment is not received by the end of the fifteen (15) calendar day grace period, PMC may suspend DPC services.

If payment is not received within thirty (30) calendar days after the invoice date, PMC may terminate this Agreement for material breach.

If PMC terminates this Agreement due to nonpayment and the Monthly Fee for the applicable service period has not been paid, PMC may charge Patient for services actually provided during the unpaid period at PMC's applicable self-pay rates, consistent with PMC policy. PMC will not collect both the DPC Monthly Fee and separate self-pay charges for the same covered services during the same service period.

4.3.6 Effect of Termination.

Termination does not waive PMC's right to collect amounts owed for the period before termination, including prorated Monthly Fees through the effective termination date, applicable additional fees, or charges for services not included in the Monthly Fee.

Patient is not responsible for Monthly Fees for periods after the effective termination date. Any refund or proration will be based on the number of covered days Patient was enrolled and had access to DPC services, not on the number of visits or services used.

4.5 Fee Changes.

PMC may change the Monthly Fee for the DPC subscription plan no more than once during any twelve (12) month period. PMC will provide Patient with at least forty-five (45) calendar days' advance written notice before any change to the Monthly Fee takes effect.

Patient may terminate this Agreement by providing written notice to PMC no later than the day before the effective date of the Monthly Fee change. PMC reserves the right to waive the early termination fee at its sole discretion. If Patient does not terminate this Agreement before the effective date of the Monthly Fee change, Patient will be deemed to have accepted the revised Monthly Fee as of the effective date.

4.6 Early Termination Fee.

If Patient terminates this Agreement without cause under Section 4.2 before the end of the then-current contract term, and the termination is not a cancellation under Section 4.3.1 or a termination due to a Monthly Fee change under Section 4.5, PMC may charge Patient an early termination fee equal to one applicable Monthly Fee in effect for Patient at the time of termination.

The early termination fee is a separate additional fee. It is not part of the periodic Monthly Fee for Covered Services and may be charged at the time of termination. PMC will not bill Patient for Monthly Fees for the remaining months of the contract term after this Agreement is no longer effective.

4.7 Amounts Owed Upon Termination.

Upon termination of this Agreement, Patient remains responsible for amounts owed through the effective date of termination, including: (i) the Monthly Fee prorated through the date of termination based on covered days; (ii) any early termination fee, if applicable under Section 4.6; and (iii) any additional fees or charges for services already provided by PMC that are not included in the Monthly Fee.

Refunds or prorations, if any, will be calculated based on the number of covered days Patient was enrolled in and had access to DPC services under this Agreement. Refunds and prorations will not be based on the number of visits or services Patient used during the applicable billing period.

5. NONPAYMENT, DEFAULT, AND REACTIVATION

5.1 Due Date.

Monthly Fees are due upon invoice issuance and are billed in arrears as described in Section 2.2.

5.2 Grace Period.

PMC may allow a grace period of up to fifteen (15) calendar days from the invoice date. During the grace period, Patient may remain eligible for DPC Services, subject to PMC policy.

5.3 Default and Suspension.

Patient is considered in default if payment is not received by the end of the grace period. Upon default, PMC may suspend DPC eligibility, and DPC Services may not be scheduled or provided under this Agreement.

5.4 Termination for Nonpayment and Self-Pay Charges.

If payment is not cured within thirty (30) days of invoice issuance, PMC may terminate this Agreement for breach. Termination for nonpayment may occur without the thirty (30) day notice otherwise required for termination without cause. If Patient's payment is declined or otherwise not paid and PMC is unable to secure the applicable Monthly Fee for a period in which Covered Services were provided, PMC may, to the extent permitted by law and PMC policy, charge Patient the applicable self-pay rate for services actually provided during the unpaid period rather than the flat Monthly Fee for that unpaid period. PMC will not charge both the Monthly Fee and separate self-pay charges for the same Covered Services for the same unpaid period.

5.5 Reactivation.

Reactivation after default or termination for nonpayment is at PMC's discretion. To be considered for reactivation, Patient must pay all outstanding balances in full related to the DPC program, execute a new Agreement if required by PMC, and re-establish an approved payment method. Reactivation, if approved, is prospective only and will not be retroactive.

6. MEDICARE, MEDICAID, AND OTHER ASSISTANCE ELIGIBILITY

6.1 Medicare.

At this time, Medicare beneficiaries and individuals who are enrolled in Medicare or receiving Medicare benefits may not participate in the Direct Primary Care Program or receive Covered Services from PMC under this Agreement.

Medicare will not be billed for any Covered Services performed by PMC under this Agreement. Patient acknowledges and agrees that Patient is not currently enrolled in Medicare, is not a Medicare beneficiary, and is not receiving Medicare benefits.

Patient agrees to notify PMC in writing within sixty (60) days before enrolling in Medicare or beginning to receive Medicare benefits, if known, or as soon as reasonably practicable after such enrollment or receipt of benefits. This Agreement will terminate upon Patient’s Medicare enrollment, Medicare beneficiary status, or receipt of Medicare benefits.

6.2 Medicaid.

Active Medicaid beneficiaries or recipients are not eligible to be treated by PMC under this Agreement, and Medicaid cannot be billed for any services performed by PMC under this Agreement or be responsible for the Monthly Fee. Patient acknowledges

and agrees that Patient is not currently enrolled in or receiving Medicaid benefits and is not an active Medicaid beneficiary or recipient.

6.3 Medicaid Pending or Potential Eligibility.

A Patient with a pending Medicaid application, or a Patient who may potentially qualify for Medicaid but has not applied or does not wish to apply, may enroll in the Direct Primary Care Program if Patient is not currently enrolled in or receiving Medicaid benefits and otherwise meets program eligibility requirements. PMC does not require Patient to apply for Medicaid as a condition of enrollment in this Agreement and does not require separate income verification for DPC eligibility.

6.4 Medicaid Approval During Term.

If Patient enrolls in Medicaid or otherwise becomes an active Medicaid beneficiary or recipient during the term of this Agreement, Patient must notify PMC as soon as practicable and no later than sixty (60) days prior to such enrollment or eligibility if known in advance. This Agreement will terminate upon Patient becoming an active Medicaid beneficiary or recipient. Any amounts owed or refunded will be handled according to the proration provisions of this Agreement.

6.5 AS 47.08 Assistance.

Patient acknowledges and agrees that Patient is not currently approved for or receiving assistance under AS 47.08, Assistance for Catastrophic Illness and Chronic or Acute Medical Conditions. If Patient becomes approved for or begins receiving such assistance during the term of this Agreement, Patient must notify PMC, and this Agreement may terminate as required by applicable law.

7. REIMBURSEMENT FOR SERVICES IF AGREEMENT IS INVALIDATED

If this Agreement is held to be invalid for any reason, and if PMC is therefore required to refund all or any portion of the Monthly Fees paid by Patient, Patient agrees to pay PMC an amount equal to the fair market value of the Services actually rendered to Patient during the period of time for which the refunded Monthly Fees were paid, to the extent permitted by law.

8. INSURANCE OR OTHER MEDICAL COVERAGE

8.1 Not Insurance.

Patient acknowledges and understands that this Agreement is not an insurance plan and is not a substitute for health insurance or other health plan coverage. Patient acknowledges that PMC has advised Patient to obtain or keep in full force such health insurance policy or policies or health plan coverage that will cover Patient for general healthcare costs. Patient acknowledges that THIS AGREEMENT IS NOT A CONTRACT THAT PROVIDES HEALTH INSURANCE, does NOT meet the insurance requirements of the Affordable Care Act, and is not intended to replace any existing or future health

insurance or health plan coverage that Patient may carry. PATIENT IS NOT ENTITLED UNDER THIS AGREEMENT TO THE PROTECTIONS UNDER ALASKA STATUTE 21.07 (PATIENT PROTECTIONS UNDER HEALTH CARE INSURANCE POLICIES).

8.2 Insurance Claims and Superbills for Covered Services.

PMC will not submit insurance claims for Covered Services included in the Monthly Fee. To the extent Patient receives Covered Services under this Agreement that may also be covered by Patient's insurance, Patient waives: (a) any right to make an insurance claim for such Covered Services; and (b) any obligation of PMC and its affiliates to file an insurance claim for such Covered Services. PMC will not issue superbills or similar billing documentation for the purpose of insurance reimbursement for Covered Services included in the Monthly Fee.

8.3 Non-Covered Services.

Services not included in Attachment A or otherwise outside the scope of Covered Services may be billed separately or submitted to insurance, if applicable and consistent with PMC policy and payer requirements.

8.4 Other Coverage Recommended.

This Agreement does not cover hospital services, emergency department services, or any services not directly provided by PMC under Attachment A. Patient may need to visit an emergency department, urgent care, hospital, specialist, or other provider from time to time and is encouraged to maintain health insurance or other coverage for services not covered by this Agreement.

9. NOTICE AND CONTACT INFORMATION

Unless otherwise specified in this Agreement, any reporting obligations or notices required of any party will be communicated in writing to the following addresses:

For Petersburg Medical Center	**For Patient**
Petersburg Medical Center **Attn**: Direct Primary Care Program / Patient Relations P.O. Box 589 Petersburg, AK 99833 **Phone**: 907-772-4291 **Email:** financialservices@pmc-health.org	Name: _____ Address: _____ _____ Phone: _____ Email: _____

10. NON-ASSIGNMENT

This Agreement shall not be assigned, delegated, sold, or transferred by either party without the other party's prior written consent.

11. AMENDMENT AND COMPLAINTS

1.1 Annual Review and Changes to Covered Services

PMC may conduct an annual review of the DPC Program, including the Covered Services listed in Attachment A, to determine whether changes are needed for clinical, operational, financial, legal, regulatory, staffing, supply, patient access, or program administration reasons.

PMC may maintain and update the current DPC Covered Services List. The current DPC Covered Services List, as approved by PMC, will serve as the operational source for determining which services are included in the Monthly Fee. Unless otherwise stated by PMC, updates to the DPC Covered Services List will apply to all active DPC patients as of the effective date of the update, regardless of the date on which Patient signed this Agreement.

PMC may add services, clarify services, update administrative processes, change scheduling practices, change locations where services are available, or substitute clinically equivalent services at any time. These changes will not be considered a material reduction in Covered Services.

PMC will not materially reduce Covered Services during an active contract term unless the reduction is required by applicable law, regulation, payer-program restriction, clinical standard of care, patient safety concern, provider availability, supply availability, or operational necessity.

If PMC makes a material reduction to Covered Services, PMC will provide Patient with at least forty-five (45) calendar days' advance written notice when practicable. Patient may terminate this Agreement by providing written notice to PMC no later than the day before the effective date of the material reduction. If Patient terminates under this section, PMC will not charge an early termination fee.

11.2 Periodic Monthly Fee Changes

PMC will provide at least forty-five (45) calendar days' advance written notice to patient before any change to the Monthly Fee takes effect. PMC will not change the Monthly Fee more than once during any twelve (12) month period.

Patient may terminate this Agreement by providing written notice to PMC no later than the day before the effective date of the Monthly Fee change. If Patient does not terminate this Agreement before the effective date of the Monthly Fee change, Patient will be deemed to have accepted the revised Monthly Fee as of the effective date.

11.3 Other Amendments and Patient Information Updates

Except as otherwise stated in this Agreement, no modification or waiver of any provision of this Agreement will be valid unless it is in writing and signed by each party.

Patient may request an amendment to this Agreement or request changes to Patient's personal information, including mailing address, physical address, telephone number, electronic mail address, or other contact information, by contacting PMC in writing at the contact information listed in Section 9.

11.4 Complaints

Patient may make a complaint concerning this Agreement or the Services provided under it by contacting PMC at the complaint contact information listed in Section 9 or otherwise made available by PMC.

12. COMPLIANCE WITH LAW; NONDISCRIMINATION; ACCURATE PROGRAM INFORMATION

The parties agree that this Agreement is intended to comply with all applicable rules, regulations, reimbursement policies, federal and state statutes, rules, regulations, and administrative or judicial decisions ("Applicable Law"), including applicable Alaska direct health care agreement requirements and AS 21.36 regarding trade practices and frauds. PMC will administer this Agreement consistent with applicable nondiscrimination laws and will not decline to enter into or terminate a direct health care agreement because of a patient's race, religion, color, national origin, age, sex, disability, or any other characteristic protected by applicable law. PMC will not publish untrue, deceptive, or misleading information regarding the terms of this Agreement, the benefits or advantages provided, the characterization of this Agreement, or the business of direct primary care. In the event any provision or underlying purpose of this Agreement, or the association of the parties pursuant to this Agreement, becomes violative of Applicable Law, any party may give notice of intent to amend this Agreement to ensure compliance with the prohibition, restriction, limitation, or change, and the parties shall negotiate in good faith with respect thereto. If the parties cannot mutually agree to amend this Agreement in writing within fifteen (15) days after notice is given, then any party may elect to terminate this Agreement immediately upon written notice to the other party without further liability, except for amounts owed for Services, covered days, or additional fees already provided or incurred.

13. GOVERNING LAW

This Agreement has been executed and delivered in, and shall be interpreted, construed, and enforced pursuant to and in accordance with, the laws of the State of Alaska. The parties each waive a jury trial in any dispute to the extent permitted by law.

14. ENTIRE AGREEMENT

This Agreement, including its attachments, constitutes the entire agreement among the parties with respect to Services. PMC and Patient acknowledge that, in entering into and executing this Agreement, they have relied solely upon the representations and agreements contained in this Agreement. This Agreement supersedes any and all other prior agreements, either written or oral, among the parties regarding the Services.

15. COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

[***Signature Page Follows***]

SIGNATURES

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below to be effective as of the Effective Date.

PMC: Petersburg Medical Center	**Patient / Legal Representative**
Signature By: _____	Signature By: _____
Printed Name: _____	Printed Name: _____
Title: _____	Relationship, if representative: _____
Date: _____	Date: _____

ATTACHMENT A

Scope of Services and Monthly Fee

Patient's Monthly Fee is billed in arrears after the end of the applicable monthly service period. The fee is prorated based on the Patient's enrollment start date within the month and, upon termination, based on covered days as described in the Agreement.

Monthly Fee:

- Adult patients, age eighteen (18) years and older: $125.00 per month
- Child patients, under age eighteen (18): $80.00 per month

If a child turns eighteen (18) during the contract term, the child rate continues through the remainder of the then-current contract term. The adult rate applies upon renewal.

Early Termination Fee: If applicable under Section 4.7, the early termination fee is equal to one applicable Monthly Fee in effect for Patient at the time of termination. The early termination fee will not exceed one month's cost of the periodic Monthly Fee. PMC reserves the right to waive the early termination fee at its sole discretion.

Covered Services Include:

Please note services listed below are subject to change at PMC discretion, The full list of covered charges at the time of signing are listed in attachment C. The most up-to-date list of covered charges are located on PMC website.

- Primary care office visits for evaluation and management of acute concerns, chronic conditions, preventive care needs, and other non-emergency primary care issues within PMC's scope of practice.
- Preventive care and annual wellness visits;
- Basic in-office procedures, as determined by PMC and listed within this Attachment or related program materials;
- Care coordination and patient communication by phone, email, electronic messaging, telemedicine, or other methods made available by PMC, when appropriate and consistent with the standard of care. Telemedicine services are available only as permitted by applicable federal and state law and licensure requirements.
- Routine or annual labs associated with preventive visits or annual physicals, as determined by provider and listed within this Attachment or related program materials.

Services Excluded from Monthly Fee Include, but are not limited to:

- Emergency department services;
- Hospitalizations;
- Specialist care;

- Imaging and advanced diagnostics, unless expressly listed by PMC as included;
- Laboratory testing outside routine or annual labs specifically included by PMC;
- Durable medical equipment, prosthetics, orthotics, and supplies;
- Prescription drugs and over-the-counter medications;
- Any service not listed as a Covered Service under this Agreement or Attachment.

PMC may update this Attachment according to the notice provisions in the Agreement.

ATTACHMENT B

PMC Locations

Services under this Agreement will be provided at the following PMC location(s):

- Petersburg Joy Janssen Clinic

PMC may update the listed service locations in accordance with the notice provisions of this Agreement

ATTACHMENT C
Direct Primary Care Program
Covered Services / Charges List

Office Visits - Evaluation and Management			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Office Visits - Established Patient	Level I (nursing)	99211	
Office Visits - Established Patient	Level II	99212	
Office Visits - Established Patient	Level III	99213	
Office Visits - Established Patient	Level IV	99214	
Office Visits - Established Patient	Level V	99215	
Office Visits - New Patient	New Patient / Level I	99201 / 99202	Confirm code selection; 99201 may require billing review if no longer active.
Office Visits - New Patient	Level II	99203	
Office Visits - New Patient	Level III	99204	
Office Visits - New Patient	Level IV	99205	

Preventive Visits and Other Screening Services			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Preventive Visits - New Patient	Under 1 year	99381	
Preventive Visits - New Patient	1-4 years	99382	

Preventive Visits - New Patient	5-11 years	99383	
Preventive Visits - New Patient	12-17 years	99384	
Preventive Visits - New Patient	18-39 years	99385	
Preventive Visits - New Patient	40-64 years	99386	
Preventive Visits - New Patient	65 and older	99387	Use only if patient is eligible for DPC under final Medicare language.
Preventive Visits - Established Patient	Under 1 year	99391	
Preventive Visits - Established Patient	1-4 years	99392	
Preventive Visits - Established Patient	5-11 years	99393	
Preventive Visits - Established Patient	12-17 years	99394	
Preventive Visits - Established Patient	18-39 years	99395	
Preventive Visits - Established Patient	40-64 years	99396	
Preventive Visits - Established Patient	65 and older	99397	Use only if patient is eligible for DPC under final Medicare language.
Other Preventive/Screening Services	Sports physical	99499	
Other Preventive/Screening Services	Basic life insurance physical	99450	Confirm inclusion in DPC scope if this is not routine primary care.
Other Preventive/Screening Services	Ocular screening	99177	

Preventive Visits and Other Screening Services			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Preventive Visits - New Patient	Under 1 year	99381	
Preventive Visits - New Patient	1-4 years	99382	
Preventive Visits - New Patient	5-11 years	99383	
Preventive Visits - New Patient	12-17 years	99384	
Preventive Visits - New Patient	18-39 years	99385	
Preventive Visits - New Patient	40-64 years	99386	
Preventive Visits - New Patient	65 and older	99387	Use only if patient is eligible for DPC under final Medicare language.
Preventive Visits - Established Patient	Under 1 year	99391	
Preventive Visits - Established Patient	1-4 years	99392	
Preventive Visits - Established Patient	5-11 years	99393	
Preventive Visits - Established Patient	12-17 years	99394	
Preventive Visits - Established Patient	18-39 years	99395	
Preventive Visits - Established Patient	40-64 years	99396	
Preventive Visits - Established Patient	65 and older	99397	Use only if patient is eligible for DPC under final Medicare language.
Other Preventive/Screening Services	Sports physical	99499	

Other Preventive/Screening Services	Basic life insurance physical	99450	Confirm inclusion in DPC scope if this is not routine primary care.
Other Preventive/Screening Services	Ocular screening	99177	

Administration Services			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Immunization Administration	Initial, adult	90471	
Immunization Administration	Each additional, adult	90472	
Immunization Administration	Children, first administration	90460	All routes
Immunization Administration	Children, each additional administration	90461	All routes
Immunization Administration	Intranasal/oral, first administration	90473	
Immunization Administration	Intranasal/oral, additional administration	90474	
Injection Administration - Medicine	Medication administration	96372	
Allergen Injection Administration	Single injection	95115	
Allergen Injection Administration	Two or more injections	95117	

Administration Services			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Immunization Administration	Initial, adult	90471	
Immunization Administration	Each additional, adult	90472	

Immunization Administration	Children, first administration	90460	All routes
Immunization Administration	Children, each additional administration	90461	All routes
Immunization Administration	Intranasal/oral, first administration	90473	
Immunization Administration	Intranasal/oral, additional administration	90474	
Injection Administration - Medicine	Medication administration	96372	
Allergen Injection Administration	Single injection	95115	
Allergen Injection Administration	Two or more injections	95117	

Basic In-Office Procedures			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Skin/Integumentary	Destruction (cryo) warts/seborrheic keratosis, #1-14	17110	
Skin/Integumentary	Destruction (cryo) warts/seborrheic keratosis, #15 and up	17111	
Skin/Integumentary	Destruction (cryo) actinic keratosis/pre-cancerous, single lesion	17000	
Skin/Integumentary	Destruction (cryo) actinic keratosis/pre-cancerous, each additional lesion #2-14	17003	
Skin/Integumentary	Removal of skin tags, 1 up to 15	11200	
Skin/Integumentary	Removal of skin tags, each additional 10	11201	
Skin/Integumentary - Biopsy	Tangential/shave/curette biopsy	11102	
Skin/Integumentary - Biopsy	Tangential biopsy, each additional	11103	
Skin/Integumentary - Biopsy	Punch biopsy	11104	
Skin/Integumentary - Biopsy	Punch biopsy, each additional	11105	

Skin/Integumentary - Biopsy	Incisional biopsy	11106	
Skin/Integumentary - Biopsy	Incisional biopsy, each additional	11107	
Skin/Integumentary - Lesion Removal	Shave removal	11300-11312	Not all included; confirm final scope.
Incision & Drainage	Simple, single	10060	
Incision & Drainage	Complex, multiple	10061	
Laceration Repair - Simple	Simple repair	12001-12015	Varies by location. If adhesive is used for wound closure, alternate approach may be adhesive supply plus E/M office visit charge.
Ear Cleaning	Irrigation/lavage by MA; less invasive, can be performed by MA	69209	
Ear Cleaning	Unilateral ear irrigation by provider; requires instrumentation such as curette, hook, suction, or forceps	69210	
Nebulizer Treatment	Initial treatment	94640	
Nebulizer Treatment	Subsequent treatment	94640, modifier 76	
Orthopedic Procedures	Arthrocentesis/aspiration/injection - small joint/bursa	20600	
Orthopedic Procedures	Arthrocentesis/aspiration/injection - medium joint/bursa	20605	
Orthopedic Procedures	Arthrocentesis/aspiration/injection - large joint/bursa	20610	
Orthopedic Procedures	Ganglion cyst	20612	
Trigger Point / Tendon Injections	Single tendon	20550	
Trigger Point / Tendon Injections	Single origin/insertion	20551	
Trigger Point / Tendon Injections	Trigger point injection, 1-2 points	20552	

Trigger Point / Tendon Injections	Trigger point injection, 3 or more points	20553	

DPC Lab Order Set			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
DPC Lab Order Set: PETE_DPC Labs	Complete Blood Count (CBC)	85025	
DPC Lab Order Set: PETE_DPC Labs	Comprehensive Metabolic Panel (CMP)	80053	
DPC Lab Order Set: PETE_DPC Labs	Lipid Panel (cholesterol)	80061	
DPC Lab Order Set: PETE_DPC Labs	Hemoglobin A1c	83036	
DPC Lab Order Set: PETE_DPC Labs	Thyroid Stimulating Hormone (TSH)	84443	If indicated
DPC Lab Order Set: PETE_DPC Labs	Prostate-Specific Antigen (PSA)	G0103	If applicable
DPC Lab Order Set: PETE_DPC Labs	Bilirubin Direct	82248	If reflexed
DPC Lab Order Set: PETE_DPC Labs	Collection: Venus Draw	36415	
DPC Lab Order Set: PETE_DPC Labs	SARS-CoV-2 (COVID-19)/Flu/RSV (GeneXpert)	87637	
DPC Lab Order Set: PETE_DPC Labs	STREP A – PCR (GeneXpert)	87651	
DPC Lab Order Set: PETE_DPC Labs	Mono Screen	86308	

DPC Lab Order Set: PETE_DPC Labs	Urinalysis and microscopic examination	81000	CPT 81000 only pays for the urinalysis portion and does not include the additional testing and processing required for a urine culture.

Items from Spreadsheet Listed Separately for Review			
Service Category	**Covered Service / Charge Description**	**CPT / Code**	**Notes**
Medicare-Specific Services	Welcome Initial	G0402	Not included in DPC covered list unless Medicare language/final scope allows.
Medicare-Specific Services	Wellness Annual	G0438	Not included in DPC covered list unless Medicare language/final scope allows.
Medicare-Specific Services	Wellness Subsequent	G0439	Not included in DPC covered list unless Medicare language/final scope allows.
Medicare-Specific Services	Well Woman	G0101	Not included in DPC covered list unless Medicare language/final scope allows.
Medicare-Specific Administration	Medicare Flu Administration	G0008	Medicare-specific; listed separately for review.
Medicare-Specific Administration	Medicare Pneumonia Administration	G0009	Medicare-specific; listed separately for review.

Medicare-Specific Administration	Medicare Hepatitis B Administration	G0010	Medicare-specific; listed separately for review.