

**Sheryl Miller Long, MD,**  
**Irvine Family Care**  
4870 Barranca Parkway, Suite 350 Irvine, CA. 92604  
Tel: (949) 262-9700 Fax: (949) 417-9830

**PATIENT APPLICATION AND AGREEMENT**

("Patients"), primary and family members as identified on Page 2, would like to participate in the *Direct Primary Care Access Program* ("Practice") offered by Dr. Sheryl Miller Long ("Provider"). Patient and Provider acknowledge and agree to the following terms and conditions in connection with participation in the Practice.

**DIRECT PRIMARY CARE ACCESS PROGRAM FOR MEMBER PATIENTS**

- Elimination of most previous administrative and form fees
- Ability to communicate with Dr. Long personally, via the NextGen Patient Portal, as medically appropriate
- Improved same day or next day appointments with Dr. Long
- Personal telephone call care and consults, as medically appropriate
- Medical service to coordinate Patient's health care for prescription refills, specialty care referrals, laboratory and diagnostic imaging needs, and prior authorizations for medications or services
- A focus on wellness through the promotion of preventive medicine and the early detection of disease as added time to your annual physical

**PATIENT COMMITMENTS**

To participate in the Practice, Patients will voluntarily contribute an **Annual Fee**:

Each Adult (18 years of age, on or before January 1 annually)	\$500
Each College Student up to 26 years of age)	\$350
Each Child (under 18 years of age)	\$250

- The Annual Fee is for a 12-month period ("Term"). Fees are subject to increase at Provider's sole discretion.
- The Annual Fee is for professional services that are non-billable to insurance plans or Medicare.
- The Annual Fee is due within the first two weeks of each new year *as a condition for continuing as a Patient of the Practice*. We will notify you of any fee increase thirty (30) days prior to your renewal.
- The Annual Fee is nonrefundable. Cancellation requires written notice.
- If your Annual Fee is not paid within thirty (30) days of your renewal anniversary a \$100 reinstatement fee will be added upon renewal.
- The Annual Fee is not reimbursable by your medical insurance as it covers non-billable services.
- This agreement is subject to change.

**PATIENT ACKNOWLEDGMENTS**

Patient acknowledges that the Practice is a unique program with certain specific limitations, including but not limited to:

- Patient has financial responsibility to pay for services that are provided at regular office visits. The Practice will bill Patient's insurance for services performed and Patient shall remain financially responsible for all charges incurred, including applicable deductibles, coinsurance and copayments, without exception. Other billable charges deemed not covered by the patient's insurance, such as labs, procedures, imaging, ancillary services, remain the patient's financial responsibility.
- In the event that Dr. Long is unavailable, care coverage during regular office hours will be provided by her team of Physician assistants, with after-hours and weekend on-call coverage by Irvine Family Care Medical Doctors.

- This Agreement shall automatically renew at the end of the existing Term. If your previous payment was made by credit card, we will automatically renew using your credit card on file.
- Upon expiration or termination of this Agreement, Practice will transfer Patient's medical records and continuing care to any physician requested by Patient with written notice and without charge. If you choose not to accept or renew this agreement, we will continue your care for thirty days for emergency purposes.

If any provision of this agreement is held to be invalid or unenforceable in whole or in part, such invalidity or unenforceability shall attach only to such provision or part thereof and the remaining part of such provision and all other provisions hereof shall continue in full force and effect.

**PATIENT ENROLLMENT REQUEST**

Provide the email used for NextMD.com patient portal

Print Name of <b>Primary Patient</b> :	<b>Email:</b>	
Street Address:		
City:	State:	Zip:
Signature:	Circle Fee: = <b>\$500</b> (adult) or <b>\$350</b> (college student to 26) = \$ _____	

Print Names of <b>Additional Adults</b> :	<b>Email(s):</b>
Signature(s):	Fee: <b>\$500</b> x <input type="text"/> (number of Adults) = \$ _____

Print Names of <b>College Students</b> (up to 26 yrs. old)	<b>Email(s):</b>
Signature(s):	Fee: <b>\$350</b> x <input type="text"/> (# of students) = \$ _____

Print Names of <b>Dependent Children</b> (under age 18):
Fee: <b>\$250</b> x <input type="text"/> (# of children) = \$ _____

Please add up your total

**ANNUAL FEE PAYMENT INFORMATION:**

**Total Annual Fee = \$ \_\_\_\_\_**

You will receive an invoice for your first Annual Fee in the last week of December 2019, if accepted. Payment is due between January 1st and January 16<sup>th</sup>, 2020 or your enrollment will be forfeited. Payment by credit card with instructions will be included in your invoice.

**NOTICE OF ACCEPTANCE**

Dr. Long acknowledges receipt of this agreement and application to become Patients of Direct Primary Care Access Program. This agreement is effective starting January 1<sup>st</sup>, 2020 at 12:00AM until December 31<sup>st</sup> at 11:59PM.

Sheryl M. Long, M.D. \_\_\_\_\_