



Membership Agreement and Disclosure Statement

Terms:

- I acknowledge and understand that I am voluntarily becoming a MorningStar Family Health Center (MSFHC) practice member, and that this agreement is non-transferable.
- I have reviewed the Membership Details on the back of this page, and I have had the opportunity to ask questions and receive answers regarding its content.
- I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage, nor is it a contract of insurance, and that it only provides the health care services specifically described.
- I acknowledge and understand that I am responsible for any charges incurred for health care services incurred outside of MSFHC including but not limited to emergency room, hospital, outside laboratory, imaging and specialty services.
- I acknowledge and understand that MSFHC must maintain a record of my health information and must protect the privacy of my health information as per the terms of the Notice of Privacy Practices.
- I acknowledge and agree to pay my monthly fee on a monthly basis by recurring debit of my credit card or bank account. I understand I will be charged a \$20 fee for returned charges and that my service agreement may be terminated.
- I acknowledge and understand that I may terminate this membership agreement at any time after the first 3 months and for any or for no reason by providing written notice to MSFHC. Monthly fees will continue to accrue until written termination notice is received. Cancellation will take effect at the end of the current monthly billing cycle. I acknowledge and understand that a \$250 re-enrollment fee will apply if I choose to re-enroll.
- I authorize the practice to email and text me to exchange non-medical information. I understand that this allows the practice to serve me more efficiently. I understand that I may terminate this authorization at any time.
- In addition, I acknowledge and understand that MSFHC may terminate this Membership Agreement by providing me written notice. MSFHC will not terminate solely on the basis of health status.
- I acknowledge and understand that MSFHC may add or discontinue services or may increase my fee schedule at any time (but not more than once per year) and that I will be given notice at least 60 days of such fee schedule changes.
- I acknowledge that if I am enrolled in Medicare, or a Non-HMO Medicare Advantage plan, I may not be a Full Member, but may be a Supporting Member. The Supporting Membership only covers services NOT covered by Medicare. We are Medicare participating and will electronically submit your claims to Medicare and your secondary insurance.

Initial monthly membership fees: Individual: \$ _____ Spouse: \$ _____ Child: \$ _____ each

By my signature below, I agree to become a MorningStar Family Health Center member and I agree to the terms outlined in this membership agreement.

Signature: _____

Date: _____

Print: _____

Relationship: _____

Membership Details

Functional Medicine approach seeks out the root causes of dysfunction BEFORE that dysfunction progresses to disease. The traditional insurance model addresses symptoms and disease with medications and surgery, many times without ever addressing the root cause—the WHY—of the disease occurrence. We provide care and education to prevent disease, recover from chronic illness, and optimize wellness.

Family Practice provides care for men, women, and children over eight-years-old.

Direct Primary Care Memberships are designed to deliver access to HEALTH and MEDICAL care without barriers. This allows us to spend as much time as needed with our Practice Members. The traditional insurance model limits the time per visit and interferes with our delivery of care. We don't work for insurance companies, we serve you. Minimum period is three months. \$250 charge to resume a lapsed membership.

Direct Primary Care Membership covers you with NO CO-PAY:

- Unlimited office visits
- Secure e-mail for communication
- Phone visits as appropriate
- A yearly assessment of your health
- Chronic Disease Management
- Guidance on Medications
- Lifestyle Interventions
- Nutritional Guidance and Recommendations
- Acute Sick Care: Usually same day or next day
- Procedures: EKG, Venipuncture, Minor Surgical Procedures (biopsies, skin lesion removal, skin tag removal, ingrown toenail removal, minor laceration repair)
- NaProTECHNOLOGY: Restorative approach to women's health, Infertility, PMS, Irregular Cycles, Polycystic Ovarian Syndrome, Painful Menstrual Cycles, Endometriosis, Perimenopause, Menopause
- Bio-Identical Hormone Replacement
- Osteopathic Manipulative Therapy

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| Individual Membership: | \$99 per month |
| Couples Membership: | \$189 per month |
| Children, ages 8-26 (unmarried): | \$10 per month |
| <i>(with an Individual or Couple Membership)</i> | |
| Medicare Supporting Membership: | \$69 per month |

Reasonable fees for the few items not included:

- Immunizations
- Supplements
- Creighton Model Sessions
- Ultrasounds
- Home Visits
- And our very own, FOUNDATIONS FOR OPTIMAL HEALTH program, an educational and coaching wellness program designed to restore health or improve wellness by addressing the root causes of underlying problems and establishing the Five Pillars of Health. These programs come with membership in our DPC program.

We recommend a high-deductible health insurance policy or Christian Health Sharing for the "Big Stuff" like hospitalizations, specialists, imaging, and labs. Check out LibertyDirect.org—a non-insurance Health Sharing Ministry.

We participate in traditional Medicare and will submit your primary and secondary claims. You will receive statements from our office for any remaining balance.

We are out-of-network providers for commercial insurance, but we do provide receipts with the required codes which you can submit directly to your insurance company. Any benefits paid by your insurance company would be sent to you.



**PRACTICE MEMBER CONSENT FOR
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Barbara Roscus – Privacy Officer

NOTE: Utilization of this form is OPTIONAL AND NOT REQUIRED under the Privacy Rule.

I hereby give my consent for MorningStar to use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO).

I have the right to review the NOTICE OF PRIVACY PRACTICES prior to signing this consent. MorningStar reserves the right to revise its NOTICE OF PRIVACY PRACTICES at any time. A revised NOTICE OF PRIVACY PRACTICES may be obtained by forwarding a written request to the Privacy Officer, MorningStar Family Health Center, 54 Old Highway 22, Clinton, NJ 08809.

With this consent, MorningStar may mail to my home or other alternative location any items that assist the Practice in carrying out PTO, such as appointment reminders and patient statements.

With this consent, MorningStar may use a text or secure e-mail to my home or other alternative location any items that assist the Practice in carrying out TPO, such as responding to non-urgent messages in limited situations.

I have the right to request that MorningStar restrict how it uses or discloses my PHI to carry out TPO; however, the Practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to MorningStar's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that MorningStar has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, this might affect the doctor's ability to adequately provide treatment to me.

Print Name: _____

Signature of Practice Member

Date

I give my consent for MorningStar to fax lab results or other PHI to a consultant/physician's office as needed for my care.

Signature of Practice Member

Date