

CHESAPEAKE ENDOCRINOLOGY



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Phone: 410-216-4445 Fax: 410-314-4547

Membership Agreement

1. Doctor-Patient Relationship

- a. By your signature, you acknowledge that you are voluntarily becoming a patient of Chesapeake Endocrinology and its medical group or affiliated clinician.
- b. As a Chesapeake Endocrinology patient, those services described in Section 2 below will be made available to you pursuant to the terms of this Membership Agreement.
- c. Additional details can be found in the Doctor-Patient Relationship Agreement.

2. Chesapeake Endocrinology Services

- a. **Health Care Services:** As a patient, you are eligible to receive a set of endocrine care, primary care, and preventive care services as offered by your individual clinician, based on the membership plan you choose. During the term of this Agreement, the Health Care Services provided by Chesapeake Endocrinology may be subject to change by Chesapeake Endocrinology from time to time. Such changes, if any, shall be reflected on the Chesapeake Endocrinology website (<https://www.cendomd.com/>).
- b. If you have a pre-existing medical condition, please contact us first to learn how you may benefit from Chesapeake Endocrinology's services. Pre-existing medical conditions do not disqualify you from enrolling in Chesapeake Endocrinology's service.
- c. By entering into this Membership Agreement, you acknowledge that Chesapeake Endocrinology does not provide health insurance coverage and that this is not a contract for insurance. Chesapeake Endocrinology provides only the Health Care Services specifically described herein and additional costs may be incurred for laboratory, medical imaging, surgery, specialist care, emergency department visits, and hospitalization required outside of Chesapeake Endocrinology's services. Chesapeake Endocrinology encourages you to combine Chesapeake Endocrinology membership with appropriate health insurance coverage.

3. Fees and Payment

- a. Chesapeake Endocrinology charges the Annual Fee listed below per Member:
 - i. Comprehensive Care Member: \$2,508 per year
 - ii. Premium Care Member: \$2,028 per year

- b. A 10% surcharge will be applied to the total fee for monthly paid memberships.
- c. A 10% discount will be applied to the total fee for Family Discount memberships.
- d. Family Discount memberships are applicable to 2 or more Members who live within the same household.
- e. Chesapeake Endocrinology also charges a one-time \$150 registration fee payable with your first payment.
- f. Payment transactions declined due to insufficient funds or expired cards will result in an additional fee of \$50 and failure to comply with payment terms may result in termination of my membership. Services will not be rendered for patients with past due accounts.
- g. All Fees paid are non-refundable. This includes all Fees that may have been paid whether such were paid on a monthly or annual basis.

4. Your Medical Information

- a. Your privacy is very important to us and you control the use of your personal information. Chesapeake Endocrinology has put important safeguards in place to make sure your medical information is protected and safe to maintain its confidentiality.
- b. Chesapeake Endocrinology seeks to work together with you to give you the best health care possible. Having access to your medical information will help your Chesapeake Endocrinology doctor give you the best possible care because he/she will have the most up-to-date information about your health. Therefore, as allowed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to help us give you the right care, in the right place and at the right time, your health plan and its contractors and agents (Health Plan) may electronically share with us your health-related information (including your “protected health information” as defined by HIPAA). Such shared health-related information may include things like visits to the doctor or hospital, medical conditions, current and past prescriptions, biometric data (height, weight, body fat percentage, etc.) and other health status-related information.
- c. Additional details can be found in the HIPAA Data Use Agreement.

5. Term and Termination

- a. This Membership Agreement shall begin upon the Effective Date and shall continue for one year to the first anniversary date, unless it is terminated within 30 days of the effective date by submission of a Membership Cancellation Form. In this case, you will only be charged the registration fee and the first month’s Fee. This Agreement will automatically renew on the first anniversary date and all subsequent anniversary dates thereof unless you provide sixty (60) days written notice prior to the anniversary date.
- b. Notwithstanding the above, in order to terminate this Membership Agreement you must complete, sign and submit (via U.S. mail, overnight carrier, email or fax) to Chesapeake Endocrinology a Membership Cancellation Form. Membership Cancellation Forms can be obtained at a Chesapeake Endocrinology clinic or by contacting your Chesapeake Endocrinology. The date of termination shall be the last day of the month that follows the month in which the Membership Cancellation Form was received.
- c. Upon cancellation, after payment is received for all periods prior to the termination of this Membership Agreement, you will not be responsible for any further payments.

- d. Chesapeake Endocrinology may terminate this Membership Agreement at any time, subject to any professional obligations.

6. Chesapeake Endocrinology Terms

- a. If any term, provision, covenant or condition of this Membership Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will remain in full force and effect and will in no way be affected, impaired or invalidated.
- b. This Membership Agreement will be governed by and construed in accordance with the laws of the state in which the medical office of your Chesapeake Endocrinology physician is located. By signing the Membership Agreement, you agree to have any dispute arising out of the Membership Agreement decided by neutral binding arbitration rather than by a jury or court trial. Any dispute will be submitted to arbitration in the county in the state where you receive services covered by the Membership Agreement. The decision in arbitration shall be conclusive and binding on you and Chesapeake Endocrinology. All arbitration provisions shall be governed by, construed and enforced in accordance with the Federal Arbitration Act.
- c. This Membership Agreement is non-transferable.

I have read and agreed to the above information.

Patient's Name (print) _____ **D.O.B** _____
Patient's Signature _____ **Date** _____