
DPC Blue Membership Agreement

Direct Primary Care Blue Membership Agreement

This Direct Primary Care Membership Agreement is made between Secoya Health, located at 7650 Currell Blvd, Suite 330, Woodbury, MN 55125 (the "Practice") and the "Participant"

Date of Agreement: *

Patient Name *

1. Membership. Participant agrees to enroll as a member in the Practice's direct primary care membership program ("Membership Program") beginning on the Effective Date established between participant and the practice. By being a member of the program, Patient shall be eligible to receive certain basic medical services described on Exhibit A ("Covered Services"), attached hereto and made a part hereof, and shall be subject to the conditions and limitations described therein. Membership in the Practice's Membership Program includes only the Covered Services specifically described in Exhibit A. The Practice may add or discontinue Covered Services at any time, as it may choose in its sole discretion.

2. Membership Fees. If the participant decides to complete an intake exam, there is a one-time Intake Examination fee in the amount of Two Hundred Ninety-Seven (\$297.00) per Participant, Patient agrees to pay a monthly fee ("Membership Fee") in accordance with the schedule. The one-time Intake Examination fee is due on the Date of Examination, with a 1/3 deposit due on the date of scheduling the intake exam.

Without an intake exam, Membership Fees shall be due on the date this agreement is signed and the following months on the same date. For example, if the agreement is signed on May 17th, the first membership fee is due May 17th and the next fee will automatically be withdrawn the following month, June 17th.

If the participant completes an intake exam, the first membership fee is due 1 month after the initial exam. For example, if the intake exam is May 17th, the first membership fee will be automatically withdrawn June 17th.

Any fees or charges that are not included in the Membership Fee (i.e. fees for noncovered services) shall be due at the time of service.

Membership fees are paid via autodebit on a credit or debit card. Membership fees are not accepted with cash or check payment.

Choosing a monthly billing membership includes 20 hours of PEMF per year. Yearly billing membership paid in full includes 40 hours of PEMF. PEMF packages must be used within one year of payment and unused hours expire and do not roll over to the next year.

I agree to my blue membership monthly fee:

☐ \$87 per month
Adult (Age 12-64)
☐ \$1,397 per year
Senior (Age 65+)

☐ \$1,497 per year
Adult (Age 12-64)
☐ \$37 per month
Child (Age 2-12)

☐ \$77 per month
Senior (Age 65+)
☐ \$697 per year
Child (Age 2-12)

I certify that I am the authorized user of the credit/debit card associated with membership fees. I will not dispute the scheduled transactions with my bank or credit card company, as long as the transactions correspond the terms of the agreement. *

☐ Yes ☐ No

Patient Signature *

3. Nonpayment. In the event that the participant is unable to pay the monthly membership fee in full and on time, Secoya Health, in its sole discretion, can terminate this membership agreement. It is the participant's responsibility to maintain a correct and up to date credit/debit card number on file.

4. Non-covered Services. Participant understands and acknowledges that the participant is responsible for any charges incurred for health care services performed outside of the physical office space including, but not limited to, emergency room visits, hospital and specialist care, imaging and lab tests performed by third parties. Participant is also responsible for any charges incurred for healthcare services provided by the Practice but not specifically outlined in Exhibit A, services covered by membership.

5. Insurance. Participant acknowledges and understands that this membership agreement does not provide comprehensive health insurance coverage, nor is it a contract of insurance. Participant is responsible for contacting their health insurance company to discuss any limitations or restrictions that may be imposed upon participant by signing the agreement for self pay status.

6. Insurance Claims. Participant acknowledges and understands that Secoya Health is not a participating provider in any Medicaid, Medicare or private health care plan. Participant acknowledges that Secoya Health will not bill insurance carriers on the participant's behalf. Membership fees may not be submitted to insurance companies for reimbursement.

7. Tax-Advantaged Medical Savings Accounts. As of the date hereof, it is unlikely that the membership fees constitute eligible medical expenses that are payable or reimbursable using tax-advantaged savings account such as health savings account (HSA), Medical savings account (MSA), flexible spending arrangement (FSA), health reimbursement arrangement (HRA) or other plans similar. Every health plan is uniquely different. Participant should consult with their health benefits advisor regarding whether Membership Fees may be paid using funds contained in participant's tax-advantaged savings account, as may be applicable.

I understand that this Membership has a one year minimum and will auto-renew unless written notice is given to terminate the Membership. *

☐ Yes ☐ No

Termination of Membership

8. Termination of Agreement. Termination of this membership agreement can be by either the practice or the participant.

Termination By Practice. Secoya Health may terminate this Membership Agreement upon providing the Participant with written notice via email or mail. All attempts will be made to contact the participant if their payment did not go through prior to terminating the agreement. Secoya Health withholds the right to terminate the Membership with participants who are deemed not a good fit for the practice per the provider. Secoya Health will make every attempt to discuss the termination with the participant prior to termination.

Termination by Participant. Participant may terminate the Membership at any time, upon providing written notice to the practice. Membership fees will not be prorated upon termination. Monthly Membership fees will continue to accrue until participant's written notice of termination is received by practice.

9. Termination of Agreement Fees. If the participant received discounted products/services due to terms of membership and chooses to terminate the agreement before the 12-month minimum, all discounted products/services will be charged at full price. The remainder will either be credited to the participant or owed to Secoya Health per the terms of the Membership.

10. Reinstatement. In the event the participant terminates the membership agreement, and chooses to reinstate the membership, there is a three hundred dollar (\$300) fee to reinstate the membership.

I understand the terms of Termination and Reinstatement. *

☐ Yes ☐ No

I agree to the entirety of the membership agreement. *

☐ Yes ☐ No

PARTICIPANT SIGNATURE *

Exhibit A: Covered Services with Blue Membership

Annual Exam
Wellness Check
Virtual Visits
DOT Physicals
Well Child Visits
School/Sports Physicals
Smoking Cessation
Chronic Disease Management
Preventative Care
Nutritional Guidance
Prescription Management
Acute Injuries/Illnesses
Weight Management
Suture Removal
Diet and Exercise Counseling
Pulsed Electro Magnetic Field Treatments (20 hours if paid monthly, 40 hours if paid yearly.)