



Patient Agreement

Pennington Primary Care, LLC

This is an Agreement entered into on _____, 20____, by and between Pennington Primary Care, LLC, a South Carolina professional corporation, located at 1721 Ebenezer Rd., Suite 205, Rock Hill, SC 29732 (Pennington Primary Care) and _____, (Patient).

Background

Amanda M. Pennington, M.D., in her capacity as an agent of Pennington Primary Care (Physician) who specializes in Family Medicine, delivers care on behalf of Pennington Primary Care, at the address set forth above. In exchange for certain fees paid by You, Pennington Primary Care, through its Physician, agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement.

Definitions

- 1. Patient.** A patient is defined as those persons for whom the Physician shall provide Services and who are signatories to, or listed on documents attached as Appendix 1, and incorporated by reference, to this Agreement.
- 2. Services.** As used in this Agreement, the term Services, shall mean a package of service, both medical and non-medical, and certain amenities (collectively "Services"), which are offered by Pennington Primary Care, and set forth in Appendix 1.
- 3. Terms.** This Agreement shall commence on the date signed by the parties below and shall continue for a period of one month, automatically renewed.
- 4. Fees.** In exchange for services described herein, Patient agrees to pay Pennington Primary Care, the amount as set forth in Appendix 1, attached. This fee is payable upon execution of this agreement and is in payment for the services provided to Patient during the term of this Agreement. If this Agreement is cancelled by either party before the agreement termination date, then Pennington Primary Care shall refund the patient's prorated share of the original payment, remaining after deducting individual charges for services rendered to Patient up to cancellation.
- 5. Non-Participation in Insurance.** Patient acknowledges that neither Pennington Primary Care, nor the Physician participate in any health insurance or HMO plans or panels and has opted out of Medicare. Neither of the above make any representation whatsoever that any fees paid under this Agreement are covered by your health insurance or other third-party payment plans applicable to the Patient. The patient shall retain full and complete responsibility for any such determination. If the Patient is eligible for Medicare, or during the term of this Agreement becomes eligible for Medicare, then Patient will sign the agreement attached as Appendix 2 and incorporated by reference. This Agreement acknowledges your understanding that the Physician has opted out of Medicare, and as a result, Medicare cannot be billed for any services performed for you by the Physician. You agree not to bill Medicare or attempt Medicare reimbursement for any such services. Patient shall renew and sign the Agreement in Appendix 2 every year.
- 6. Insurance or Other Medical Coverage.** Patient acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It will not cover hospitalization services, or any services not personally provided Pennington Primary Care or its Physicians. Patient acknowledges that Pennington Primary Care has advised that patient obtain or keep in full force such health insurance policy(ies) or plans that cover patient for general healthcare costs. Patient acknowledges that this Agreement is not a contract that provides health insurance, and this Agreement is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry.



7. Term; Termination. This Agreement will commence on the date first written above and will extend monthly thereafter. Notwithstanding the above, both Patient and Pennington Primary Care shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination, upon giving 30 days prior written notice to the other party. Unless previously terminated as set forth above, at the expiration of the initial one-month term (and each succeeding monthly term), the Agreement will automatically renew for successive monthly terms upon the payment of the monthly fee at the end of the contract month.

8. Communications. You acknowledge that communications with the Physician using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communication. As such, You expressly waive the Physician's obligation to guarantee confidentiality with respect to correspondence using such means of communication. You acknowledge that all such communications may become a part of your medical records. By providing Patient's e-mail address on the attached Appendix 1, Patient authorizes Pennington Primary Care, and its Physicians to communicate with the patient by e-mail regarding Patient's "protected health information" (PHI) (as that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations). By inserting Patient's e-mail address in Exhibit 1, Patient acknowledges that:

(a) E-mail is not necessarily a secure medium for sending or receiving PHI and there is always a possibility that a third party may gain access;

(b) Although the Physician will make all reasonable efforts to keep e-mail communications confidential and secure, neither Pennington Primary Care, nor the Physician can assure or guarantee the absolute confidentiality of e-mail communications;

(c) In the discretion of the Physician, e-mail communications may be made a part of Patient's permanent medical record: and,

(d) Patient understands and agrees that e-mail is not an appropriate means of communication regarding emergency or other time-sensitive issues or for inquiries regarding sensitive information. **In the event of an emergency, or a situation in which the Patient could reasonably expect to develop into an emergency, Patient shall call 911 or the nearest Emergency Room, and follow the directions of emergency personnel.**

If Patient does not receive a response to an e-mail message within one day, Patient agrees to use other means of communication to contact the Physician. Neither Pennington Primary Care nor the Physician will be liable to Patient for any loss, cost, injury, or expense caused by, or resulting from, a delay in responding to Patient as result of technical failures, including but not limited to, (i) technical failures attributable to any internet service provider, (ii) power outages, failure of any electronic messaging software, or failure to properly address e-mail messages, (iii) failure of the Practice's computers or computer network, or faulty telephone or cable data transmission, (iv) any interception of e-mail communications by a third party; or (v) Patient's failure to comply with the guidelines regarding use of e-mail communications set forth in this paragraph.

9. Change of Law. If there is a change of any law, regulation or rule, federal, state or local which affects the Agreement including these Terms & Conditions, which are incorporated by reference in the Agreement, or the activities of either party under the Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights, obligations or operations associated with the Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of the Agreement including these Terms & Conditions. If the parties are unable to reach an agreement concerning the modification of the Agreement within forty-five days after the date of the effective date of change, then either party may immediately terminate the Agreement by written notice to the other party.



10. Severability. If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall be enforceable.

11. Reimbursement for Services Rendered. If this Agreement is held to be invalid for any reason, and if Pennington Primary Care is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay Pennington Primary Care an amount equal to the reasonable value of the Services actually rendered to Patient during the period of time for which the refunded fees were paid.

12. Amendment. No amendment of this Agreement shall be binding on a party unless it is made in writing and signed by all parties. Notwithstanding the foregoing, the Physician may unilaterally amend this Agreement to the extent required by federal, state, or local law or regulation ("Applicable Law") by sending Patient 30 days advance written notice of any such change. Any such changes are incorporated by reference into this Agreement without need for signature by the parties and are effective as of the date established by Pennington Primary Care, except that Patient shall initial any such change at Pennington Primary Care request. Moreover, if Applicable Law requires this Agreement to contain provisions that are not expressly set forth in this Agreement, then, to the extent necessary, such provisions shall be incorporated by reference into this Agreement and shall be deemed a part of this Agreement as though they had been expressly set forth in this Agreement.

13. Assignment. This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient.

14. Relationship of Parties. Patient and the Physician intend and agree that the Physician, in performing his/her duties under this Agreement is an independent contractor, as defined by the guideline promulgated by the United States Internal Revenue Service and/or the United States Department of Labor, and the Physician shall have exclusive control of his work and the manner in which it is performed.

15. Legal Significance. Patient acknowledges that this agreement is a legal document and creates certain rights and responsibilities. Patient also acknowledges having had a reasonable time to seek legal advice regarding the Agreement and has either chosen not to do so or has done so and is satisfied with the terms and conditions of the Agreement.

16. Miscellaneous. This Agreement shall be construed without regard to any presumptions or rules requiring construction against the party causing the instrument to be drafted. Captions in this Agreement are used for convenience only and shall not limit, broaden, or qualify the text.

17. Entire Agreement. This Agreement contains the entire agreement between the parties and supersedes all prior oral and written understandings and agreements regarding the subject matter of this agreement.



PENNINGTON PRIMARY CARE

A Direct Care Practice

18. Jurisdiction. This Agreement shall be governed and construed under the laws of the State of South Carolina, without reference to any conflicts of law principles, and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Pennington Primary Care address in Rock Hill, South Carolina.

19. SERVICE. All written notices are effectively delivered on the date which is three days from the date sent to the address of the party written above or appearing in Exhibit A by first class U.S. mail.

The parties have signed duplicate counterparts of this Agreement on the date first written above.

Pennington Primary Care, LLC

By _____
Amanda Pennington, M.D., Manager of Pennington Primary Care, LLC

Printed Name _____

Signature _____



Appendix 1 Services and Payment Terms

- 1. Medical Services.** As used in this Agreement, the term Medical Services shall mean those medical services that the Physician, herself is permitted to perform under the law of the State of South Carolina and that are consistent with her training and experience as a family medicine physician, as the case may be. Patient shall also be entitled to an annual in-depth “wellness examination and evaluation” which shall be performed by the Physician, and may include the following:

Health Risk Assessment

Vision and Hearing Screening

EKG

Body Mass Index Calculation

Psychosocial Screening

Laboratory screenings are not covered in your subscription fee

The Physician may from time to time, due to vacations, sick days, and other similar situations, not be available to provide the services referred to above in this paragraph 1. During such times, Patient’s calls to the Physician, or to the Physician’s office, will be directed to a physician who is “covering” for the Physician during her absence. Pennington Primary Care will make every effort to arrange for coverage but cannot guarantee such coverage.

- 2. Non-Medical, Personalized Services.** Pennington Primary Care shall also provide Patient with the following non-medical services (“Non-Medical Services”):

(a) Around the clock Access. Patient shall have access to the Physician via instant messaging and video chat. Patient shall also have direct telephone access to the Physician. Patient shall be given a phone number where patient may reach the Physician directly. During the Physician’s absence for vacations, continuing medical education, illness, emergencies, or days off, Pennington Primary Care will provide the services of an appropriate licensed healthcare provider for assistance in obtaining medical services. Patient shall be given instructions as how to contact such healthcare provider. Such provider shall be available to Patient to the same extent as would the Physician.

(b) E-mail Access. Patient shall be given the Physician’s e-mail address to which non-urgent communications can be addressed. Such communications shall be dealt with by the Physician or staff member of the Practice in a timely manner. Patient understands and agrees that email and the internet should never be used to access medical care in the event of an emergency, or any situation that Patient could reasonably expect may develop into an emergency. Patient agrees that in such situations, when a Patient cannot speak to Physician immediately in person or by telephone, that Patient shall call 911 or the nearest emergency medical personnel.

(c) No Wait or Minimal Wait Appointments. Every reasonable effort shall be made to assure that Patient is seen by the Physician immediately upon arriving for a scheduled office visit or after only a minimal wait. If Physician foresees a minimal wait time, Patient shall be contacted and advised of the projected wait time.

(d) Same Day/Next Day Appointments. When Patient calls or emails the Physician prior to noon on a normal office day (Monday through Friday) to schedule an appointment, every reasonable effort shall be made to schedule an appointment with the Physician on the same day. If the patient calls or emails the Physician after noon on a

normal office day to schedule an appointment, every reasonable effort will be made to schedule Patient's appointment on the following normal office day. In any event, Pennington Primary Care shall make every reasonable effort to schedule an appointment for the Patient on the same day that the request is made.

(e) Home or Office Visits. Patients may request that the Physician see Patient in Patient's home or office, and in situations where the Physician considers such a visit reasonably necessary and appropriate, she will make every reasonable effort to comply with Patient's request.

(f) Visitors. Family members* temporarily visiting a Patient from out of town may, for a two-week period, take advantage of the services described in subparagraphs (a), (c), and (d) of this paragraph. Medical services rendered to Patients visitors shall be charged on a fee for service basis.

***Family members who are Medicare beneficiaries must be covered by a Medicare opt out and waiver agreement in order to be treated by a Pennington Primary Care Physician.**

(g) Specialist. Pennington Primary Care shall coordinate with medical specialists to whom Patient is referred to assist Patient in obtaining specialty care. Patient understands that fees paid under this Agreement do not include and do not cover specialists' fees or fees due to any medical professional other than the Pennington Primary Care Physician.



Patient Agreement Pennington Primary Care, LLC

Addendum added 01.01.2022

1. Enrollment Fee: As of 01.04.2022 all individuals will have a \$100.00 enrollment fee, families are \$150. These fees are due at enrollment/time of first appointment, in addition to the monthly/quarterly/yearly medical service fees. This does not apply to individuals/families who enrolled prior to 1/1/2018.

2. Failure to pay: Payment is due each month unless other arrangements have been made. If balance is more than 60 days past due with no effort to make payment arrangements, the patient agreement will be terminated, and your chart will be archived with no further access to medical care at Pennington Primary Care. Re-enrollment will be considered on a case-by-case basis if all past due balance is paid as well as the Enrollment fee.

3. Termination and Re-enrollment: To terminate your subscription a 30- day written notice is required and you will be responsible for next month's subscription fee as well as any outstanding balances. Should you terminate with 30-day written notice and later want to re-enroll, you will be responsible for any previous outstanding balance as well as the Enrollment fee before being considered for re-enrollment. Re-enrollment will be considered on a case-by-case basis.

4. Fee Schedule:

Family Subscription:

Enrollment Fee: \$150.00

1st member: \$75.00

2nd member: \$65.00

Additional members: \$25.00

Individual Subscription:

Enrollment Fee \$100.00

Ages 2-64: \$75.00

Ages 65+: \$85.00

Price listed is per month. Family subscription members must live in the same household. Up to 4 additional members allowed for family subscriptions. Additional members are priced per person. Family enrollment fee is for all members enrolling at the same time.

Printed Name _____ Date _____

Signature _____