

Dale J. Trombley II, M.D.
Concierge Family Physician
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Agreement between Dr Dale J Trombley II, MD and his patient(s) becoming members of the Concierge Tier 2 practice.

As a member of Dr. Trombley's Tier 2 Concierge medical practice, we are honored to have you enrolled in this rapidly growing medical care concept. Dr. Trombley's goal is to remove the highly bureaucratic and impersonal aspect of today's healthcare system by providing personalized patient care in a manner that bonds the doctor and his patient into a relationship that some describe as "returning to the Traditional Family Doctor" concept.

Practice's General Statement

Patients will be interviewed by the physician prior to being accepted into the practice. This will be a practice with a limited enrollment of patients. It is imperative that patients partnering with the physician be properly motivated to improving and maintaining their good health. It will also be imperative that the patient be honest and accountable to themselves and the physician, be respectful of the physician's time and availability, be prompt in keeping appointments, and seeing to it that there are no financial challenges. Billing will be on a monthly schedule with automatic deductions processed by Hint Medical. Deductions will occur on the first of each month. It will be the patient's responsibility to keep the medical practice or Hint Medical up to date on any changes to the credit card account being used.

Scope of Practice:

This practice model provides a limited number of patients to have direct access to their doctor for medical care and consultation. It allows patients the free choice of their physician, ability to see the doctor when they need to without the concerns as to immediate cash availability to pay since they have already paid a set amount for that unique medical care. Procedures that are provided by the doctor and needed by the patient may be done based on need, not finances. Money for the office visit portion is not exchanged at the time of the visit for the members, thus allowing the doctor and patient to concentrate on medical needs without distractions. Patients will be responsible for paying at the time of the visit for labs and procedures performed by Dr. Trombley's office. Items performed by other providers will be billed according to their own procedures. Pre-payment allows the patient to budget their medical costs for the year. It provides for the doctor to be less hurried in dealing with the patient since the doctor has chosen to be available to a set number of individuals or families. The office visit is more relaxed for both the doctor and the patient. 24/7 access using modern technological tools allows the doctor more freedom to spend with his own family and personal needs while still being available to assist the patient with their medical needs. This allows mutually agreeable office appointment times, 24/7 access to the doctor via phone/e-mail/Skype/face-time consultations during times outside of the physician's regular office hours and it allows for longer appointment times. Laboratory studies, X-rays, CTs, MRIs, and similar procedures provided outside the office may still be billed to either the patient's insurance or to Medicare as per usual. Certain labs, etc. will be provided within the doctor's office. In the doctor's never ending quest to stay in the forefront of medicine, we will offer specialized testing to our patients including cardiovascular screening, genetic testing, nutritional testing and weight loss management. The use of electronic health records allows the doctor to have access to the patient's medical records 24/7, regardless of

Initial: _____ Date: ____/____/____

where the patient and doctor are and also allows the patient access to their own medical records using a unique Patient Portal that is protected by a patient-chosen security code that allows their secure access. As the patient's personal family physician, should the patient need to be hospitalized, Dr. Trombley will be available to oversee and act as liaison to the physicians providing in-hospital medical and surgical care for you, his patient, facilitating the exchange of medical records and working with the patient's family through any difficult times.

1. During the year in which this agreement is in effect, the physician will provide routine office visits, including general/administrative/preoperative physicals. We will electronically submit the bill for the value of the encounter to your insurance company as a courtesy to you.

2. The medical services that will be available during these office visits are as follows:

Annual physical examinations for patients of all ages.
Regular office visits and consultations, including dietary and nutrition counseling.

Dr. Trombley will still do all three classes of FAA examinations, DOT examinations, Coast Guard examinations, etc. that are generally not covered by insurance and are paid for by the patient. For the Concierge Tier 2 member, if your employer normally covers that cost, you will pay for that examination at the time it is done. Our office will provide you with a receipt that you have paid for that service at the time it was done so that you can present it to your employer for reimbursement.

3. The medical procedures that will be provided, if needed, during any of these office visits are:

Value added procedures, such as Spirometry testing, audio and vision testing as appropriate in a Family Physician's office, and EKGs
Removal of lesions as is appropriate in my Family Practice office
Low-severity/non-life-threatening trauma management and laceration repair
Patient education materials will be available thru a variety of electronic resources.

4. The diagnostic testing that will be performed, if needed, during any of the office visits are:

A number of CLIA-waived laboratory blood tests, urinalyses and procedures will be available in the office at appropriate cost to the patient. For services outside of the program there is the proximity of additional x-ray services on campus, and laboratory testing for non-CLIA waived tests is promptly available with personnel from LabCorp or Quest who will come to the office to draw your needed tests.

5. The following services, procedures and diagnostic testing that are not included in, and are specifically excluded from, the scope of this concierge practice are:

Any services, procedures or diagnostic tests not expressly set out in the paragraphs two, three and four above are specifically excluded from the scope of this concierge practice. Appropriate orders and referrals will be made for these excluded services as is routinely done in a Family Practice office.

Initial: _____ Date: ___/___/___

6. To the extent that the patient needs any services, procedures or testing not included in this concierge practice, including hospitalization, the physician will:
 - a. Refer the patient to the appropriate health care provider of patient's choice, including Alaska Regional Hospital or Providence Hospital if necessary;
 - b. Coordinate with the receiving health care provider as needed.

7. Access to Physician

- a. The physician will be available for prescheduled office visits, Monday through Thursday between the hours of 9 AM and 5 PM, except for times when the physician will be doing other activities or responsibilities.
- b. In addition to scheduled office visit appointments, the physician will be available for consultation 24 hours a day, 7 days per week via telephone, voice messaging, faxing, e-mail, face time and skyping, as is practical. The physician will return phone calls, voice messages, faxes, and e-mails in as prompt a time as is practical and respectful of both the patient's and physician's time and schedules.

8. Other services:

In addition to the foregoing, the physician will provide the following services:

- a. Patient will be educated on how to access his or her own medical records utilizing the Patient Portal that is part of the electronic medical records' system.
- b. The physician will coordinate the transfer of patient medical records to health care providers to whom the patient has been referred.
- c. The physician will coordinate and facilitate the quick access to the Alaska Regional Hospital or Providence Hospital (of patient's choice) emergency room.

9. Payment for this Concierge Tier 2 membership service shall be made as a monthly pre-payment, made at the time of the signing of this agreement, and on the first of each month with that service being provided by Hint Medical.

Late payments will be assessed a 5% of the amount due late fee if not paid by the 5th of the month.

The patient is committing to one year memberships. Intentions to not renew must be made in writing at the beginning of the 11th month of membership so that patient's waiting on the Waiting List can be given adequate notice that their membership will be starting.

Renewal and acceptance of updates to the contract is automatic upon payment of the next invoice due at the beginning of the next year's term. Your signature on the attached "Exhibit A" signifies your acceptance of this agreement; and Exhibit A is hereby incorporated into this document.

10. How will the insurance company reimburse the Concierge Tier 2 fee and how will the patient be reimbursed?

Insurance companies do not normally reimburse a Concierge membership fee. Insurance companies are designed to pay on a per visit basis. The doctor's visit will be billed to the insurance company by this office.

The payment on that charge is applied by the insurance company either toward the patient's deductible or, if the deductible has been met, then the payment for the visit

Initial: _____ Date: ___/___/___

is applied toward the charge made by the Concierge medical practice, minus the portion that the insurance company has decided that the patient is responsible for.

The patient will be reimbursed by this office the amount that was paid by the patient on the first of the month that the office visit was performed, up to the amount that the patient paid that month. That means that your net cost for that month for the office visit portion could be \$ 0.00.

If you have also paid for labs or procedures at that visit, you will be forwarded the amount that the insurance company has paid toward that lab or procedure fee, thus reducing your out of pocket medical costs incurred that month. If you have more than one visit that month, this office will accept what insurance pays for that additional visit(s) and reimburse you what insurance has paid toward any labs or procedures that were done during those additional visits that you have already paid for at the time of that visit. These payments to you will not be applied as credits toward future monthly fees but will be made as payments to you.

The office will keep the amount paid by the insurance company that is over and above what you have paid toward the first office visit for that month, as well as payments for subsequent office visits for that same month. Labs and procedures are handled separately, as described above.

Initial: _____ Date: ___/___/___

Exhibit A

Dale J. Trombley II, M.D.

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Concierge Tier 2 Registration Form

Name: _____ ; DOB: ____/____/____
Name: _____ ; DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone (cell hm office) : _____ Email: _____

Annual fee per adult or child without parent member: \$2,520

Annual fees otherwise:

Adult (18 and up)

Annually \$2520 / yr

Monthly \$210

Children (0 – 17 years per child up to 2 children)

Annually \$1800 / child

Monthly \$150 / child

Each additional child

Annually \$1440 / child

Monthly \$ 120 / child

Annual Total due: \$ _____

Starting Date: ____/____/____

Payment Method:

Credit Card: type: _____, number: ____/____/____/____ SIP # _____

Name on card: _____

Address for card: _____

City: _____ State: _____ Zip: _____

Expiration date: ____/____

Cash/Check: \$ _____

I/We accept the terms of this agreement for the provision of my/our medical services.

Dale J. Trombley II, M.D. Date: ____/____/____

Printed patient's (parent/guardian) name Signed Date: ____/____/____

Printed patient's (parent/guardian) name Signed Date: ____/____/____

Initial: _____ Date: ____/____/____