Dr Lori A Cohen Patient Membership Agreement

Gold Plan

This agreement is entered into and effective the ____ Day of _____, 20___.
(the effective date") by and between the person signing below ("the member") and Dr Lori A Cohen. (the "Practice")

The Practice provides traditional medical services to patients. You desire, in exchange for a fee indicated below, certain non-medical services or Amenities(the "Amenities") from the Practice as part of and by virtue of this patient-membership agreement. The purpose of this agreement is to set forthe the terms and conditions of how the Amenities will be furnished to you by the Practice. You and the Practice therefore agree as follows.

1. Amenities: The Practice will provide you with the following Amenities that were not available in her prior practice.

(a) Same Day/Next Day Appointments. If you call, e-mail or text the Practice to schedule an appointment, every reasonable effort will be made to see you the same day or the next, without regard to medical necessity. If the contact with the Practice is made on a Saturday the same holds true although at times Dr Cohen may not be available for an appointment until Monday.

(b) 24/7 Access- You will have Dr Cohen's Cell Phone number and access to her on a twenty four hour, seven day per week basis. At times (vacations, unexpected circumstances) she may not be available but a physician personally chosen by her will be available. Dr Cohen will attempt to contact you at the first opportunity available.

(c) Written Follow up of office visit-After each office visit a note will be placed in the patient portal providing a summary or recommendations.

(d) Executive Comprehensive All Inclusive Exam that typically takes 2-3 hours

(e) Illness Away from Home. If a member becomes ill away from Home, Dr Cohen will be available on a 24/7 basis (exclusions, see paragraph b) by phone to discuss your

care with the Physician treating you. If requested every effort will be made to transfer you to a Hospital that Dr Cohen is affiliated with if it is deemed necessary.

2. Medical Services

The Practice will provide Medical Services to you that will be paid for by your private insurance company or Medicare and are not covered by this Agreement. This includes any"sick visits", follow up visits for ongoing medical problems, vaccinations, labs draws, or discussions of matters that are of concern to you.
You will be financially responsible for all co-insurance or deductibles as stipulated by your insurer.

3. Membership Fee.

Members will pay a Membership Fee to Soundview Medical Group, PLLC as follows:

Please circle your choice:

Monthly- $189.00

Annual- $2000.00 (this represents a discount of more than 10%)

Spouse Plan- $3000.00 (this represents a 50% savings for the spouse and must be paid in full. Please have your Spouse submit a separate signed agreement.)

Monthly fees are processed within the first 5 days of the month if using a Credit Card (MasterCard, Visa or American Express). Confirmation emails will be sent when the card is billed or a receipt will be mailed if so requested. If paying by check an invoice will be sent at the beginning of the month and payment is expected within 10 days.

Annual fees may be paid with a Credit Card (MasterCard, Visa or American Express) or check and confirmation will be sent via email or a receipt will be mailed if so requested. On the anniversary date of your enrollment the annual fee will be charged for the upcoming year unless you notify us in writing to not do so.

4. Termination-

This Agreement will commence on the effective date. The Member and the Practice shall have the absolute and unconditional right to terminate the Agreement, without cause, upon giving 30 days prior written notice via Certified Mail to the other party. This agreement shall also terminate upon the death of the Physician or the Patient. If the Agreement is terminated by written notice, the Physician shall refund to you within 10 business days, the fee for the unexpired portion prorated based on the number of days remaining in the term of the payment selected.

5.Amendments-

This Agreement may only be revoked altered or amended by the written agreement of both parties. No waiver of any provision shall be valid unless in writing and signed by both parties.

_____ _____

"Member" Date

Please Print:
Name & Address & E mail _____

Lori A. Cohen, MD

_____

"Practice"

_____

_____

E-Mail: _____