



CREEKSIDE MEDICAL
CONCIERGE CARE



S. Amy Nopachai, MD



Jill Speaker, MD

H&Ds | HIGHLIGHTS & DETAILS

Enhanced Concierge Care Benefits Included as Part of the Annual Fee

These offerings are not covered by Medicare or by other insurance plans. Our practice size is smaller which allows us and our office staff to provide you with the following membership benefits:

Direct communication during business hours. When you call our office during office hours there will be no extensive phone tree to navigate only real people to take your call, with a real concern for your health and well-being. In the event you must leave a message, your phone call will be returned promptly.

Same-day or next business day appointments. We will do our best to see you for an urgent medical issue (with the exception of your annual exam) on the same day or next business day. Our goal is to reduce urgent care and emergency room visits.

After-hours communications for urgent issues. This allows easy and direct communications for urgent medical problems that occur outside of our regular office hours. We will use our reasonable best efforts to be available to hear from you when you are ill or injured, to coordinate your care. **However, for emergencies, always call 911 first.**

Convenient electronic communication portal for non-urgent health issues or questions. You will receive a prompt response from us (usually within 24 business hours). Your patient portal is HIPAA compliant and the best way to communicate securely and confidentially.

Little or no office waiting room time, and longer appointments. Our goal is for office visits to start promptly. Appointments will generally be scheduled for approximately 30 or 60 minutes, depending on the complexity and number of concerns we are discussing. Our aim is to afford you the time to thoroughly address all your questions and concerns, regardless of the reason for your visit.

Extended office hours. Office visits are best scheduled when the full complement of staff is available. However, should you require an occasional visit outside of our usual office hours, we will certainly do our best to reasonably accommodate you.

Strong focus on preventive medicine and long-term health and wellness. As part of our commitment to your long-term health and wellness, our philosophy is to educate you about the importance of fitness, weight management and healthy living. We will assist you to identify and evaluate wellness providers and offerings and review recommended screening studies. This will support your effort to take an active role in managing and maintaining your good health.

Personalized hospital care. Should you need to be hospitalized, we will make ourselves available when we can to communicate with you and to serve as an advocate on your behalf, even when you are admitted to a facility at which we do not have privileges. If you wish, unless hospital policy or protocol does not allow, we will do what we reasonably can to remain involved in your care by communicating with the hospitalists who are caring for you during your hospital stay.

"Virtual" consultations and long-distance care. Whether you are on a brief vacation, living some of the year in a second residence, or otherwise unable to come to the office, we will offer a "virtual" consultation as determined on a case-by-case basis, at our discretion and subject to applicable state law requirements. However, if in our judgment

you need to be seen by a local physician, you will be encouraged by us to seek medical attention. We will communicate with you directly, as well as with your treating physician as needed, to support the coordination of your care on health issues that may arise.

Hearing screening. As part of our commitment to preventive care, we will provide you with an annual hearing screening exam, excluding diagnostic hearing and balance exams, regardless of any reported symptoms. We believe that regular hearing screenings are an important tool for early detection of hearing loss.

Care for visiting relatives and/or friends. Should your out-of-town family or friends become ill during a brief visit to the area, we will be happy to offer a one-time office visit and assist with their medical care. We will treat them as though they were members of our practice.

Quarterly newsletter on topics relevant to your health and well-being. We will provide seasonal newsletters on medical subjects of interest.

Travel medicine consultation. We will offer guidance on CDC recommended inoculations and/or precautions to be taken while traveling.

Insurance Information

Commercial Insurance Patients

Office visit charges are not included in your annual fee. We intend to remain an in-network provider for many insurance plans. We will bill your insurance for all covered services and patients will be responsible for deductibles, co-pays and exclusions in accordance with individual plan guidelines. It is our intention that no insurance-covered medical services are included in your annual fee.

As medically indicated, we will make it a priority to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations. Any services rendered by these physicians or facilities will be billed by the performing entity.

Medicare Patients

We will submit claims to Medicare and to your supplemental insurance on your behalf for Medicare covered services. Patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are not covered by Medicare and will not be paid for or reimbursed by Medicare.

Annual Fees & Instructions

Please see the Membership Agreement form for annual fees and instructions.



CREEKSIDE MEDICAL
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FAQs

FREQUENTLY ASKED QUESTIONS

What is the mission of your practice?

Our goal is to provide the highest-quality medical care with an emphasis on patient safety and comfort, and a proactive, comprehensive approach to both disease prevention and wellness. We strive to provide excellence in care that is both compassionate and truly patient-focused. From the moment you call our office, we want you to be completely satisfied with every aspect of your care.

How is the practice different from a traditional medical practice?

In order to devote more time to each patient's care and individual needs, we have intentionally limited the size of our practice. We also offer certain non-covered amenities and benefits designed to personalize and enhance the health care experience. In-office appointments will start promptly, with little or no waiting time; virtual visits via telemedicine are offered as an option upon patient request. This practice model also enables us to schedule longer patient appointments. If an issue requires extra time for evaluation or discussion, we will accommodate you to the best of our ability. Also, after hours for urgent issues, you will be able to contact us easily and directly.

What services are provided as a part of my annual fee?

Please see the Highlights & Details document for a complete list of amenities and benefits provided to our personalized care patients. Your annual fee pays for those non-clinical, non-covered services. Professional services that are covered by Medicare or a commercial insurance plan will be billed separately, and you will continue to be responsible for any applicable co-pays or deductibles relating to those services.

Where is your personalized care practice located?

Our office is located at 900 NE 139th Street, Ste 202, Vancouver, WA 98685.

At which hospitals are you on staff?

All of the local hospitals now utilize hospitalists which means we do not admit to any hospital. However, we are affiliated with Legacy Salmon Creek Hospital. Should you need to be hospitalized, we will be able to communicate with the hospitalists who care for you at Legacy Salmon Creek Hospital. If you are at any other hospital, as hospital protocol allows, we will do our best to make ourselves available to communicate with you and to serve as an advocate on your behalf.

Who will cover for you when you are not available?

Our goal is to be available to our patients 24 hours a day, 7 days a week. However, there will be occasions when we are out of town or otherwise unavailable. In these situations, a trusted colleague will serve as our covering physician.

Do I still need health insurance if I enroll with you?

Yes. Your annual fee only pays for the non-clinical, non-covered amenities and benefits that are described in the Highlights & Details document. Neither the fee nor the amenities take the place of general health insurance coverage. You are advised to continue your Medicare or other health insurance program coverage.

Will you be a provider for Medicare or on my insurance plan?

We intend to remain in-network providers for Medicare and many major PPO insurance plans and will bill your insurance directly for professional services that are covered by those plans. (Professional services are not covered by your annual fee.) If the terms of your insurance plan require a co-pay, we are obligated to request payment at the time of service. Office visit fees that are not reimbursed by insurance will be the responsibility of the patient.

FAQs

FREQUENTLY ASKED QUESTIONS

Will my private insurance or Medicare reimburse my annual fee?

No. The annual fee is not covered by private insurance or by Medicare.

Is the annual fee tax deductible or reimbursable through my HSA or FSA?

In some instances, the annual fee, or part of the fee, may be payable through your HSA. You are advised to consult with your HSA or FSA plan administrator, employer, HR representative or tax adviser to clarify qualification in your particular circumstance.

What about lab, x-ray, specialists' fees and hospitalization?

All medical procedures and services, whether performed in our office or by other providers or health care facilities, will be billed by the performing physician and/or entity.

What are my annual fee payment options?

Your annual membership fee may be paid by ACH (electronic bank transfer) or credit/debit card, in quarterly, semiannual, or annual installments. The first payment will be processed upon receipt of enrollment. Subsequent payments will be processed automatically, according to your selected terms. Until we hear otherwise, payments will be processed on a continual basis.

Will I be required to pay my annual fee even if I do not use your services?

Yes. Paying your annual fee allows you to be a member of our practice and to be in touch with us whether you are sick or well. We strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your well-being.

What happens if I move out of the area and need to terminate after I enroll?

Your membership agreement may be terminated after one (1) Service Year upon 30 days' written notice to us/our practice. If you move or wish to secure a new physician, the annual fee may be refunded on a prorated and case-by-case basis.

What if I have an emergency?

Please know that you can contact us at any time. However, if you have a life-threatening emergency, call 911 immediately. You can then call your physician or ask the hospital personnel to contact your physician so they may assist in your care. If you have a non-urgent problem, feel free to contact us first.

What should I do if I become ill while traveling or away on an extended vacation?

If the problem is minor, call us first. However, if you have a life-threatening emergency, call 911 immediately – then you can call your physician. With the exception of controlled substances, we will seek to accommodate your prescription requests if state/local law allows. If you seek care at an emergency room or urgent care center out of our area, you should feel free to ask the doctor seeing you to call your physician for coordination of your care. If you should require hospitalization while away, at your request, we will attempt to establish regular phone communication with you and your attending physician(s) to ensure continuity of care.

What if I need to see a specialist or a surgeon?

Should you request, we are available to help you decide which specialist to see and to coordinate such consultations. This will ensure the most appropriate resource is used, the earliest arrangements are made, and your applicable medical information is sent in advance of your specialist visit.

What if I have questions about my concierge enrollment or membership?

You can access your membership payment information, track invoices, download receipts, or update credit card information quickly and easily, at any time by using our Concierge Membership Portal located at the top-right of our website.

Need more help? Please call (847) 432-4502 to be connected with Specialdocs Consultants, LLC, the outstanding company long respected for its expertise in concierge medicine which manages the membership aspect of our practice. They can help answer your questions related to enrollment, membership billing and renewals.

MEMBERSHIP

I have engaged Creekside Medical, PS (Company) and its physicians, S. Amy Nopachai, MD and Jill Speaker, MD, to provide non-covered, non-clinical amenities and benefits to me for an initial minimum period of one year beginning on _____. I understand that this Agreement will renew automatically following the end of each one-year period unless I provide the Company a written notice of non-renewal. I further understand that I will be required to pay the yearly membership fee for the non-covered services, amenities, and benefits for a minimum of one year. As used in this Agreement, the term "Service Year" refers to the one-year period beginning on the date above, as well as every one-year renewal period thereafter.

FOR MEMBERSHIP DURING THE SERVICE YEAR, I AGREE TO PAY CREEKSIDE MEDICAL, PS:

- | | |
|---|---|
| <input type="checkbox"/> \$2,200/year = Age 45+ | <input type="checkbox"/> \$600/year = Age 6-12 |
| <input type="checkbox"/> \$1,800/year = Age 26-44 | <input type="checkbox"/> No fee = Age 0-5* |
| <input type="checkbox"/> \$1,200/year = Age 13-25 | <input type="checkbox"/> 10% Discount if more than one paying member of the household enrolls |

*Drs. Nopachai and Speaker will continue to see children ages 0-5, no membership fee required and no need to complete the information below.

This Agreement is for non-covered, non-clinical amenities and benefits as described in the Highlights & Details document. I have read and understand this Agreement as well as the Highlights & Details and Frequently Asked Questions documents that are considered a part of this Agreement. Unless the Agreement is terminated as provided in the first paragraph above, it will automatically renew for subsequent Service Years under the same payment terms unless I notify the Company otherwise (or the Company notifies me) within 30 days prior to the next payment due date.

MEMBER INFORMATION

Member #1 Select Provider: ☐ Dr. Nopachai ☐ Dr. Speaker

_____	/	_____	/	_____
Print Name (Member #1)		D.O.B.		Gender

Email		Cell Phone Number		

Home Address		Zip Code		

Member #2 Select Provider: ☐ Dr. Nopachai ☐ Dr. Speaker

_____	/	_____	/	_____
Print Name (Member #2)		D.O.B.		Gender

Email		Cell Phone Number		

PAYMENT

TERMS OF PAYMENT: During the Service Year, I agree to pay Creekside Medical, PS:

- ☐ **ANNUALLY.** I understand that the full annual fee will be charged *upon receipt of this form* and the full annual fee will be charged *automatically* at 12-month intervals from my Service Year, continually, while this Agreement remains in effect.
- ☐ **SEMIANNUALLY.** I understand that one-half of the annual fee will be charged *upon receipt of this form* and one-half will be charged *automatically* at six-month intervals from my Service Year, continually, while this Agreement remains in effect.
- ☐ **QUARTERLY.** I understand one-quarter of the annual fee will be charged *upon receipt of this form* and one-quarter will be charged *automatically* at three-month intervals from my Service Year, continually, while this Agreement remains in effect.

METHOD OF PAYMENT: (Your bank account/card will be charged by Creekside Medical, PS)

I authorize Creekside Medical to automatically charge my bank account/card the amount indicated above:

☐ ACH (electronic bank transfer) or ☐ Credit/Debit Card

ACH Bank Transfer: _____	/	_____	/	_____
		Cardholder Signature		Routing Number Bank Account Number

Credit/Debit Card: _____	/	_____	/	_____	/	_____
		Cardholder Signature		Card Number		Exp. Date Sec. Code

_____	/	_____	/	_____
Cardholder Billing Address (if different from home address)		Zip Code		Cardholders Daytime Phone

How did you hear about the practice? ☐ I am a Current Patient ☐ Patient Referral ☐ Internet Search ☐ Insurance Provider
☐ Physician Referral ☐ Print Ads ☐ Other _____