



EMPLOYEE ENROLLMENT FORM

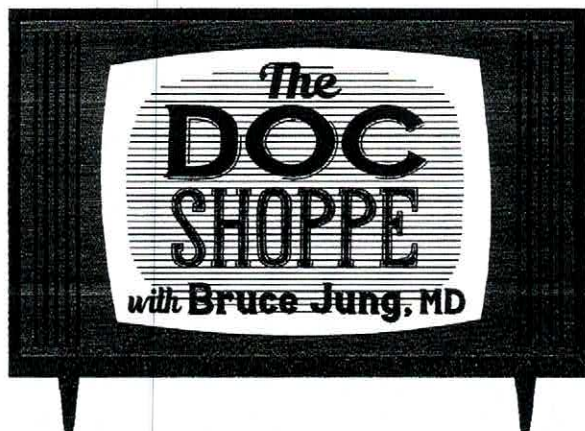
Company Name _____

EMPLOYEE'S LAST NAME	FIRST NAME & MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
STREET ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	EMAIL	
CHOOSE MEMBERSHIP PLAN: <input type="checkbox"/> INDIVIDUAL (\$50 /mo) <input type="checkbox"/> COUPLE* (\$100 /mo) <input type="checkbox"/> FAMILY* (\$150 /mo)			
I UNDERSTAND THAT NO FORM OF COMMUNICATION IS 100% SECURE. I CONSENT TO THE TRANSFER OF MY CONFIDENTIAL HEALTH INFORMATION (AND THAT OF ANY OF MY ENROLLED FAMILY MEMBERS) BY WAY OF EMAIL, PHONE, TEXT OR ELECTRONIC PATIENT PORTAL. I UNDERSTAND THAT MEMBERSHIP IN THE DOC SHOPPE IS VOLUNTARY AND CAN BE DISCONTINUED BY EITHER PARTY FOR ANY REASON AT ANY TIME. FURTHERMORE, I HAVE READ AND CONSENT TO THE PATIENT AGREEMENT (AVAILABLE AT WWW.DOCSHOPPE.NET ON THE BUSINESS MEMBERSHIP TAB) WHICH IS THE OFFICIAL WRITTEN CONTRACT BETWEEN MYSELF (INCLUDING MY DEPENDENTS) AND THE DOC SHOPPE. I UNDERSTAND THAT ADDITIONAL COSTS MAY BE INCURRED OUTSIDE OF MY BUSINESS MEMBERSHIP AND I AM PERSONALLY RESPONSIBLE FOR THESE PAYMENTS.			
X _____ DATE _____			

*** ENROLL SPOUSE AND/OR CHILDREN BELOW** (DEPENDENT CHILD = UNDER 26 YEARS OLD, LIVING AT HOME)

SPOUSE'S (OR DEPENDENT CHILD'S) LAST NAME	FIRST NAME & MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
DEPENDENT CHILD'S LAST NAME	FIRST NAME & MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
DEPENDENT CHILD'S LAST NAME	FIRST NAME & MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
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DEPENDENT CHILD'S LAST NAME	FIRST NAME & MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH

Please return this completed form to your Employer or HR department.



PRICE LIST

Fee-for-Service

Membership

Routine Visits

	Fee-for-Service	Membership
1-15 min office visit (99212) . . .	\$50	FREE
16-30 min visit (99213)	\$100	FREE
31-45 min visit (99214)	\$150	FREE
46-60 min visit (99215)	\$200	FREE
Sports physicals	\$50	FREE
CDL physical	\$200	\$100
Annual preventative exam	\$150	FREE
PAP smear	\$100	FREE

Special Visits

	Fee-for-Service	Membership
After hour visit (15 min)	N/A	\$30
Home visit	N/A	\$100

Labs

	Fee-for-Service	Membership
Urinalysis	\$20	FREE
Urine pregnancy test	\$20	FREE
Urine, microalbumin	\$30	FREE
Hemoglobin	\$20	FREE
Hemoglobin (A1C)	\$30	FREE
Finger prick sugar	\$20	FREE
Strep rapid test	\$20	FREE
Flu rapid test	\$30	FREE
RSV rapid test	\$30	FREE
Mono test	\$30	FREE
PT/INR	\$30	FREE
Cholesterol panel (up to 4/yr)	\$25	FREE
Liver testing (up to 4/yr)	\$25	FREE
Kidney testing (up to 4/yr)	\$25	FREE
Blood count (CBC) (up to 4/yr)	\$25	FREE
TSH (up to 2/yr)	\$25	FREE
Gout testing (uric acid)	\$25	FREE
PSA (annually)	\$25	FREE
ANA	\$20	FREE
ASO	\$30	FREE
CPK	\$30	FREE
Culture	\$40	FREE
Cytology pap	\$50	FREE
ESR	\$20	FREE
ERP	\$20	FREE

PRICE LIST

Fee-for-Service

Membership

Ferritin	\$25	FREE
FSH	\$30	FREE
Folic Acid	\$30	FREE
GGT	\$20	FREE
Glucose	\$10	FREE
HIV	\$30	FREE
Iron	\$20	FREE
KOH	\$10	FREE
LDH	\$20	FREE
Lead level	\$40	FREE
LH	\$30	FREE
O&P	\$40	FREE
Prolactin	\$30	FREE
RF	\$30	FREE
STD testing (each)	\$30	FREE
Stool C&S	\$40	FREE
Strep culture	\$20	FREE
TB skin test	\$15	FREE
Thyroxine total	\$25	FREE
Urine culture	\$20	FREE
Vitamin B12 level	\$25	FREE
Vitamin D level	\$50	FREE
Iron levels (TIBC/ferritin)	\$50	FREE
Pancreas (amylase/lipase)	\$50	FREE
BNP	\$50	\$25
Urine drug screen	\$100	\$25
EBV panel	\$100	\$45
H pylori stool antigen	\$100	\$50
Hepatitis panel	\$50	\$25
MMA	\$50	\$25

Office Tasks

	Fee-for-Service	Membership
Referrals	\$25	FREE
Pre-op forms	\$50	FREE
Refills/med (3 mo, 3 R)	\$5	FREE

Procedures

Flu shot	\$30	FREE
Tetanus (Td)	\$30	FREE
Tetanus (Tdap)	\$50	FREE
Antibiotic injection	\$40	FREE
Bursa injection	\$50	FREE
Ear wax removal	\$50	FREE
Toe nail removal	\$100	FREE
Endometrial (biopsy)	\$100	\$10
Stitches/inch	\$50	\$5
Punch biopsy	\$50	\$5
Cryotherapy (ea 15)	\$20	\$2

In-office tests

EKG	\$30	\$10
Spirometry	\$75	\$10
Colon cancer stool screen	\$100	\$25

Many of our labs are provided by a contracted laboratory service and are subject to their rate changes.

Occasionally these latest rates may not yet be reflected on this chart. Please call our office to verify current prices. (Updated May 2014)