



1606 Hannah St. Greeneville, TN 37745

Welcome to your Greenville Integrative Medicine Membership. The following terms and conditions govern the membership agreement between Greenville Integrative Medicine, PLLC and each person listed in this membership agreement.

Important: This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described and it provides a limited number of these services as described in this agreement. While it offers many of the benefits of primary care it is not a primary care plan. Greenville Integrative Medicine membership is also not an insurance plan or an insurance company.

The Greenville Integrative Medicine membership fee covers services provided at our office as outlined in this agreement. Insurance will not be billed for services provided under this agreement. By enrolling in this Greenville Integrative Medicine membership and receiving services, you and all members identified in this registration form agree to these terms and conditions and acknowledge that you are voluntarily becoming a Greenville Integrative Medicine member. By signing this agreement, you acknowledge that you had an opportunity to ask questions and receive answers regarding this agreement. Please read these terms and conditions carefully.

Section 1-Introduction

As a patient with Greenville Integrative Medicine you will receive attention to personalized care and holistic treatment far exceeding a typical general family medical practice. Dr. Dilks is dual board certified in both family medicine with osteopathic manipulation and integrative medicine. As a member you will enjoy discounts as outlined below.

Section 2

Physician visits: include up to 1 hour for review of current medical concerns as well as detailed discussion of treatment plans for either preventive or problem-focused appointments. All appointments include a hands-on approach with osteopathic manipulative therapy. This technique is essential to Dr.

Dilks' complementary and holistic treatment plan that offers a greater diagnostic approach as well as improved natural healing of the body through the neuromuscular system.

- Membership includes 10 annual physician visits as described above
- These visits may be shared amongst anyone on this registration form
- Registrants must be household members within a family
- Limit up to 2 adults over age 21 and 3 children under age 21 per household
- Payments may be made quarterly and are due at the beginning of each quarter of 2020 (January 1, April 1, July 1 and October 1).
 - Quarterly payments are \$500 per quarter, for an annual savings of \$500
- You may also opt for a monthly payment schedule which are due at the first of each month beginning January 1, 2020.
 - Monthly payments are \$175 per month, for an annual savings of \$400
- If you should exceed 10 annual visits, each visit thereafter will be paid at a discounted rate of \$200 (savings of \$50 per visit).
- This membership agreement commences January 1, 2020 and proceeds through the calendar year ending December 31, 2020. Visits will not transfer to the next calendar year.

Section 3- Other Covered Services

Access to physician: Members shall have access to Dr. Dilks during office visits and through patient portal or phone. Reasonable efforts will be made to ensure that patient communications are responded to within 48 business hours. In the event of an emergency, you should call 911 immediately and/or proceed directly to the emergency room

Wait times: Reasonable efforts will be made to ensure that appointments are scheduled with very little wait time. With a much smaller patient load than the typical general medical office this is typically not a concern at Greeneville Integrative Medicine.

Scheduling appointments: Appointments can be scheduled by phone, patient portal messaging, or at the office. As a courtesy to other patients we ask that you notify us of cancellation at least 24 hours prior to you scheduled appointment time.

Paperwork and forms: Forms will be filled out and mailed/faxed or available for pickup within 48 business hours of request.

Section 4- Excluded services

As part of the Greeneville Integrative Medicine membership agreement members are only provided services as described in section 2 and section 3 above. We do not provide, pay for or in any way reimburse you for any other services including, but not limited to, the following: Hospital care, hospitalizations, emergency care, surgery, blood draws, diagnostic testing, radiology or imaging, obstetrics, orthotics, prosthetics, podiatry, dental care, the cost of medications and supplements, services provided outside of Greeneville Integrative Medicine office or any services performed by Dr. Dilks beyond what is listed in Section 2 and section 3 above.

Section 5 – Membership fees and billing

Invoices will be sent either monthly or quarterly, depending on the payment plan you choose in this registration. A \$25 service fee will be charged if payment is returned for any reason. Delinquent payments will be subject to a \$25 monthly late fee and membership will be suspended until total late fee balance along with past due membership fees have been paid.

Insurance: Insurance is not billed for services at Greeneville Integrative Medicine. Membership fees are not reimbursable by insurance. However, at each visit patients will be provided with a superbill that the patient may send to their insurance carrier for reimbursement of office visit, as determined by insurance carrier. Dr. Dilks does not contract with insurance companies and therefore each visit will likely be determined as an out of network visit. Dr. Dilks also has opted out of medicare and therefore medicare may not be billed for any services.

Registrants:

1. _____
2. _____
3. _____
4. _____
5. _____

Billing Name & Address

**Please submit registration form with first payment by January 1, 2020.
Checks made payable to Greeneville Integrative Medicine**

Credit card (VISA, Mastercard, Discover, American Express)

Please select one: Monthly (\$175)____ Quarterly (\$500)____

___ Please check if you would like autopay, otherwise you will receive an invoice.

Name as appears on card _____

Credit card #: _____ **Exp. Date:** _____

Signature: _____