

Member Enrollment Welcome Letter

We at SSCC are looking very forward to seeing you in the clinic. Thank you for enrolling.

You can call the clinic at 715-637-0001 to make a clinic appointment.

We look forward helping get or keep your health on track.

Please review the following documents below:

- Informed Consent and Authorization for Telehealth
- Notice of Privacy Practices
- Patient agreement
- Release of information forms for partnering in care as needed
- Billing authorization to know how to pay for services and memberships

By checking the check box on this enrollment at sscareclinic.com - enrollment, on the top of the billing form, or in person at the clinic, you agree to the following documents.

Full versions of these forms are always available in a paper copy upon request.

Thank you for letting us be part of your health journey.

Do it with a smile,

Jamie Edwards

SSCC CEO, Owner, Family Nurse Practitioner, Certified Health and Nutrition Coach.

Informed Consent and Agreement for Telehealth Services

Consent to Telehealth

I understand that checking the “I agree” box during online enrollment, or providing my signature, handwritten or in electronic format of any kind, on this document constitutes my legal signature. In checking the appropriate box or providing my signature on this document, in any form, I am confirming that I understand and agree to its terms.

Definition of Telehealth

1. For the purposes of this document, telehealth is defined as the electronic communications technologies used by the Provider and staff at Sensible Solutions Care Clinic, LLC (together, the Practice), to enable them to obtain information and communicate remotely while providing me with patient care. I understand that the same standard of care applies to medical treatment obtained through telehealth communications as applies to an in-person visit. The information obtained through telehealth communications may be used for diagnosis, treatment, follow-up and/or education and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video and data communications
- Output data from medical devices and sound and video files
- Questionnaires, email, and text messaging

The electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Understandings

I Understand that:

Telehealth involves the communication of my health information in an electronic or technology-assisted format;

All electronic medical communications carry some level of risk;

Despite reasonable security efforts, it is possible for electronic communication to be forwarded, intercepted, or changed without my knowledge;

Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided;

It is important for me to use a secure network;

Despite reasonable efforts on the part of my Provider, the transmission of medical information could be disrupted or distorted by technical failures;

I may opt-out of the telehealth visit at any time;

The Practice will maintain information exchanged during my telehealth visit as part of my Medical record;

Neither the Practice nor my Provider is responsible for breaches of confidentiality caused an independent third party or by myself;

I must verify my identity and current location to my Provider and failure to do so may terminate the telehealth visit;

Electronic communication cannot be used for emergencies or time-sensitive matters;

I understand that electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.);

A medical evaluation via telehealth may limit my Provider's ability to fully diagnose a condition or disease. As the patient, I agree to accept responsibility for following my Provider's recommendations—including further diagnostic testing, such as lab testing, a biopsy, or an in-office visit;

There is never a warranty or guarantee as to a particular result or outcome related to a condition or diagnosis when medical care is provided;

By electronically signing or checking the box below, I am certifying that I understand the inherent risks of errors or deficiencies in the electronic transmission of health information and images during a telehealth visit.

Possible Benefits of Telehealth

- Easier access to medical care;
- Convenience;
- More time-efficient medical evaluation and management.

Possible Risks of Telehealth

As with any technology used in medical care, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- Information transmitted may not be sufficient to allow for appropriate medical decision making by the Provider;

- Provider may not be able to provide medical treatment for your particular conditions remotely;
- Regulatory and other requirements may limit your Provider's ability to provide certain treatment options, including prescriptions;
- Delays in medical evaluation and treatment could occur due to deficiencies or failures in technology equipment;
- Security protocols could fail, resulting in privacy breaches of personal medical information.

By checking the box on enrollment, I certify that I have read this document and understand it. I have had the opportunity to have any questions answered. I understand this document in its entirety, and I consent to participation in telehealth. I understand that I may have a hard copy of this Informed Consent upon request.



NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can gain access to your individually identifiable health information.

A. OUR COMMITMENT TO YOUR PRIVACY:

Sensible Solutions Care Clinic, LLC (the Practice), is dedicated to maintaining the privacy of your personally identifiable, protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We strive to maintain the confidentiality of health information that identifies you. This notice explains the privacy practices that we maintain concerning your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by the Practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Sensible Solutions Care Clinic, LLC
Attn: Privacy Officer
337 E LaSalle Ave.
Barron, WI 54812

C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI, unless you object:

1. **Treatment.** Our Practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Our staff may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as other healthcare providers, your spouse, your children, or your parents.
2. **Payment.** Our Practice may use and disclose your PHI to bill and collect payment for the services and products you may receive from us. We do not participate or bill insurance, so we do not disclose your information for the purpose of being reimbursed by insurance. However, we may use and disclose your PHI to obtain payment from those that may be responsible for such costs, such as family members.
3. **Health Care Operations.** The Practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our Practice may use your PHI to evaluate the quality of care you received from us, to develop protocols and clinical guidelines, to develop training programs, and to aid in credentialing, medical review, legal services, and insurance.

4. **Appointment Reminders.** The Practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Release of Information to Family/Friends.** The Practice may release your PHI when necessary to a friend or family member that is involved in your care. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
6. **Disclosures Required by Law.** The Practice will use and disclose your PHI when we are required to do so by federal, state, or local law or regulation.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your PHI:

When required by law to collect information for the purpose of:

1. **Health Oversight Activities.** The Practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
2. **Lawsuits and Similar Proceedings.** The Practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process, by another party involved in the dispute. But only after we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
3. **Law Enforcement.** We may release PHI if required to do so by a law enforcement official:
 - regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
 - concerning a death we believe has resulted from criminal conduct;
 - regarding criminal conduct at our offices;
 - in response to a warrant, summons, court order, subpoena, or similar legal process;
 - to identify/locate a suspect, material witness, fugitive or missing person;
 - in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).
4. **Deceased Patients.** The Practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information to funeral directors as necessary to perform their jobs.
5. **Organ and Tissue Donation.** If you are an organ donor, the Practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.
6. **Serious Threats to Health or Safety.** The Practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or that of another individual or the public. But we will only make such disclosures to a person or organization able to help prevent the threat.

7. **Military.** The Practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. **Workers' Compensation.** The Practice may release your PHI if required for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI:

The health and billing records we maintain are the physical property of Practice. The information in it, however, belongs to you. You have a right to:

1. **Confidential Communications.** You have the right to request that our Practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request a specific type of confidential communication, you must make a written request to the Privacy Officer, identifying the requested method of contact, or location where you wish to be contacted. Our Practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:
 - (a) the information you wish restricted.
 - (b) whether you are requesting to limit our Practice's use, disclosure, or both; and
 - (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you and your care, including your billing and medical records, but not your psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, You must submit your request in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. The review shall be conducted by different licensed health care professional of our choosing.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our Practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our Practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:
 - a. accurate and complete;
 - b. not part of the PHI kept by or for the Practice;
 - c. not part of the PHI which you would be permitted to inspect and copy; or
 - d. not created by our Practice, unless the individual or entity that created is not available to amend the information.

5. **Paper Copy of this Notice.** You may receive a paper copy of our notice of privacy practices anytime, upon request by contacting the Privacy Officer.
6. **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Practice. To file a complaint, contact our privacy officer at the address provided above. All complaints must be submitted in writing, and you will not be penalized for filing a complaint.
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Our Practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You have the right, at any time, to revoke your authorization to disclose your PHI. Simply send a written notice of revocation to the Privacy Officer at the address provided above. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have questions regarding this notice or our health information privacy policies, please contact the Privacy Officer listed above.

Acknowledgement

I hereby acknowledge that I have received and read this Notice of Privacy. I understand that I may request additional copies of this notice at any time.

Patient/Member Agreement

This is an Agreement entered into on enrollment date between Sensible Solutions Care Clinic, LLC, whose headquarters is 337 East LaSalle Barron, WI 54812 and this enrolled patient, the signatory to this Agreement (Patient, Member, or You).

Background

The Practice delivers primary care to patients in a direct pay, membership model (DPC), both virtually, through telehealth, and other electronic means and in person at its offices located at 337 East LaSalle Barron, WI 54812. In exchange for certain periodic fees, the Practice agrees to provide the Patient/Member with the primary care services described in this Agreement, under the terms and conditions contained within.

Definitions

1. **Services.** "Services" means the collection of medical and non-medical services which are provided to the Patient by the Practice under this Agreement and which are described in Appendix A (attached and incorporated by reference).
2. **Patient.** In this Agreement, "Patient," "Member," or "You" means the persons for whom the Providers shall provide care, who are party to and have signed this Agreement.

3. **Employer.** "Employer," means the organization the patient works for who may, or may not be, paying a portion (none, all or partial) of the services, who by Agreement with the Patient and separate Agreement between the Practice and itself, is obligated to pay for Patient's agreed upon and other fees as described in this Agreement.

Agreement

4. **Term.** This Agreement shall last for one year, starting on the date which this Agreement is fully executed by the parties. The parties understand that no provider/patient relationship shall be formed or exist until the parties fully execute this Agreement.
5. **Renewal.** The Agreement will automatically renew each year on the Agreement's anniversary date unless either party cancels the Agreement by giving 30 days written cancellation notice.
6. **Termination.** Either party may cancel this Agreement at any time by giving the other party 30 days written notice of intent to terminate.
7. **Payment.** The Parties agree to the following policies and terms:
 - A) In exchange for payment of a periodic monthly fee (or Membership Fee) the Practice agrees to provide you with the Services described in Appendix A. Services may change without notice.
 - B) In addition to the above Membership Fee, there shall be additional charges for the costs associated with any medications dispensed at the clinic, procedures, laboratory testing, or specimen analysis and any other service not personally provided by the Practice staff and/or not identified in Appendix A, as an included Service.
 - C) If your Employer has agreed to pay your Membership Fee and miscellaneous costs, in whole or in part, you will not be responsible for those costs. You agree to pay any amount not paid by the Employer.
 - D) The Parties agree that if the Employer terminates Patient's employment or ceases to pay its portion of Patient's Membership fee for any reason, Patient may continue his/her membership in the Practice, provided Patient:
 1. Agrees to pay the entire amount of the periodic monthly fee and other costs such as medication, labs, procedures and imaging (including any portion formerly subsidized by Employer).
8. **Non-Participation in Insurance.** Neither the Practice nor its Staff participates with any HMOs, private or government-sponsored health plans, or any other third-party payors. Accordingly, we are prohibited from billing or seeking reimbursement from third-party payors on a fee for service basis or for any Services included in this Agreement.
9. **Medicare.** The Practice and its providers have opted out of Medicare. The Patient has been advised and understands that this means that the law prohibits any party from billing or seeking reimbursement from Medicare for any services included under this Agreement and/or which are personally provided by the Practice staff. The Patient agrees to advise the Practice if Patient is, or becomes, a Medicare beneficiary or Medicare eligible and to sign a Medicare private contract agreement as required by law.

- 10. This Agreement Is Not Health Insurance.** This Agreement is not insurance. It is not a replacement for health insurance and does not fulfill and federal requirement to obtain or provide health insurance. The Agreement includes only the services specifically described in Appendix A. Any services not described in Appendix A are specifically excluded. The Patient has been advised and understands that this Agreement does not include hospital services, specialty care, surgical care, or any services not personally provided by the Practice, or its staff. The Patient has been advised to obtain or keep in full force, health insurance that will cover the Patient for services not included in this Agreement, including, but not limited to, hospitalizations, outside testing, and catastrophic events.
- 11. Communications.** The Practice endeavors to provide Patients with the convenience of a wide variety of electronic communication options. And although We are careful to comply with patient confidentiality requirements and make every attempt to protect Your privacy, communications by email, facsimile, video chat, cell phone, texting, and other electronic means, can never be absolutely guaranteed to be secure. Your initials at the bottom of this clause where indicated certify that You have been advised of the above and that You understand that by participating in the above means of communication, you expressly waive any guarantee of absolute confidentiality with respect to their use. You have been advised that participation in the above means of communication is not a condition of membership in this Practice, that you are not required to initial this clause, and that you have the option to decline any specific means of communication.
- 12. Email and Text Usage.** By providing an email address upon enrollment, the Patient authorizes the Practice and its staff to communicate with him/her by email regarding the Patient's "protected health information" (PHI). By providing a cell phone number during enrollment, Patient consents to text message communication containing PHI through the number provided. Patient further acknowledges that:
- A. Email and text message are not necessarily secure methods of sending or receiving PHI, and there is always a possibility that a third party may gain access.
 - B. Although the Practice and its staff shall make all reasonable efforts to keep email and text communications confidential and secure, absolute confidentiality of these communications can never be guaranteed.
 - C. Email and text messaging are not appropriate means of communication in an emergency or for dealing with time-sensitive issues. You agree that in an emergency or in a situation which could reasonably be expected to develop into an emergency, you will call 911 or go to the nearest emergency treatment facility and follow the directions of emergency personnel.
- 13. Technical Failure.** Neither the Practice, nor the Provider, will be liable for any loss, injury, or expense arising from a delay in responding to Patient, when that delay is caused by technical failure. Examples of technical failures (i) failures caused by an internet service provider; (ii) power outages; (iii) failure of electronic messaging software, or e-mail provider; (iv) failure of the Practice computers or computer network, or faulty telephone or cable data transmission; (iv) any interception of e-mail communications by a third party which is unauthorized by the Practice; or (v) Patient failure to comply with the guidelines for use of e-mail described in this Agreement.
- 14. Provider Absence.** From time to time, due to conferences, vacations, illness, or personal emergency, your provider may be temporarily unavailable to provide the services referred to in Appendix A. In order to assist Patients in scheduling non-urgent visits, the Practice will notify Patients of any planned provider

absence as soon as the dates are confirmed. In the event of the provider's unplanned absences, Patients with scheduled appointments shall be rescheduled at the Patient's convenience. In the case of an acute illness requiring immediate attention, Patient should proceed to an urgent care or other suitable facility for care. Charges from Urgent Care and any other outside provider are not included under this Agreement and are the Patient's responsibility.

16. Dispute Resolution. Each party agrees not to make any inaccurate or untrue and disparaging statements, oral, written, or electronic, about the other.

We strive to deliver only the best of personalized patient care to every Member, but occasionally misunderstandings arise. We welcome sincere and open dialogue with our Members, especially if we fail to meet expectations. We are committed to resolving all Patient concerns.

Therefore, in the event that You are dissatisfied with or have concerns about any staff member, service, treatment, or experience arising from Your membership in this Practice, You and the Practice agree to refrain from creating, posting or causing to be posted on the internet or social media, any untrue, unconfirmed, inaccurate, disparaging comments about the other. Rather, the Parties agree to engage in the following process:

- A. The Patient shall first discuss any complaints concerns or issues with their provider;
- B. The provider shall respond to each of the Patient's issues and complaints;
- C. If, after such response, the Patient remains dissatisfied, the Parties shall enter into discussion and attempt to reach a mutually acceptable solution.

15. Change of Law. If there is a change of any relevant law, regulation, or rule, federal, state or local, which affects the terms of this Agreement, the parties agree to amend this Agreement to comply with the law.

16. Severability. If any part of this Agreement is considered legally invalid or unenforceable by a court of competent jurisdiction, that part will be amended to the extent necessary to be enforceable and the remainder of the contract will stay in force as originally written.

17. Amendment. Except as otherwise provided within, no amendment of this Agreement shall be binding on a party unless it is in writing and signed by all the parties.

18. Assignment. This Agreement, and any rights You may have under it, may not be assigned or transferred by You.

19. Legal Significance. You acknowledge that this Agreement is a legal document and gives the parties certain rights and responsibilities. You also acknowledge that You have had a reasonable time to seek legal advice regarding the Agreement and have either chosen not to do so or have done so and are satisfied with the terms and conditions of the Agreement.

20. Miscellaneous. This Agreement shall be construed without regard to any rules requiring that it be construed against the party who drafted the Agreement. The captions in this Agreement are only for the sake of convenience and have no legal meaning.

21. Entire Agreement. This Agreement contains the entire Agreement between the parties and replaces any earlier understandings and agreements whether they are written or oral.

- 22. No Waiver.** To allow for the flexibility of certain terms of the Agreement, each party agrees that they may choose to delay or not to enforce the other party's requirement or duty under this Agreement (for example notice periods, payment terms, etc.). Doing so will not constitute a waiver of that duty or responsibility. The party will have the right to enforce such terms again at any time.
- 23. Jurisdiction:** This Agreement shall be governed and construed under the laws of the State of Wisconsin. All disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Practice in Barron, Wisconsin.
- 27. Service.** Notice may be achieved by the Parties electronically (by sending notice to the most recent email address provided by the party to be noticed), or through first-class US Mail, to the Practice at the address first written above and to the Patient as enrolled via online enrollment.
- 28. Electronic Signature.** This Agreement may be executed by signing electronically (by checking the appropriate box where indicated).

The parties may have signed duplicate counterparts of this Agreement.

APPENDIX A

SERVICES

1. **Medical Services.** The Patient/member has access to the Medical Services identified below, as deemed appropriate under the circumstances, at the sole discretion of the Provider. Except where explicitly stated otherwise, the Employer or patient is responsible for the costs associated with prescription drugs, laboratory testing, specimen analysis, procedures, or imaging related to these Services.

Physical Exams and Office Visits:

- Annual adult physical
- Well child exams
- Sports physicals
- DOT physicals
- Pre-operative physicals

Management of Chronic and acute Illness and procedures:

- Asthma
- Allergies
- Eczema
- COPD/chronic bronchitis
- Heart burn/acid reflux
- Thyroid dysfunction
- High blood pressure
- Type 2 diabetes
- Blood pressure management
- High cholesterol
- Medication Management
- Obesity
- Arthritis
- Anxiety/depression
- Migraines
- Ear pain
- Pink eye
- Sore throat
- Cough
- Abdominal pain
- Urinary tract infection
- Vomiting/diarrhea
- STD screening

Procedures for additional fees:

- Minor wound repair and sutures (additional procedure fees)
- Ear wax removal (additional procedure fees)

- Stitches (additional procedure fees)

- Skin biopsy (additional procedure fees)
- EKG (additional procedure fees)
- Incision and drainage (additional procedure fees)
- Audiometer hearing screen (additional procedure fees)
- Rapid Strep testing
- Rapid COVID testing (PCR)
- Rapid Influenza testing (PCR)
- Rapid Mono testing
- Pregnancy testing
- STD screening
- Smoking Cessation plans

Drawing basic labs:

Labs and testing that cannot be performed in-house will be offered at a through select vendors.*

***Medications, laboratory testing, specimen analysis and procedures associated with the above services are not included in the monthly membership fee and the Employer or Patient is responsible the costs of these items.**

2. **Non-Medical, Personalized Services.** The Practice also provides its Members with the following non-medical services and amenities:

- a. **After Hours Access.** Subject to the limitations of paragraph 14 of the Agreement, Member shall have direct *texting* access to their Provider for guidance regarding *urgent concerns* that arise *unexpectedly* after office hours (subject to the limitations of paragraph 14). Text messaging may be used when the provider and Member agree that it is appropriate.
- b. **Email Access.** Member shall be given an email address to which non-urgent communications can be addressed. Email and the internet should never be used to obtain care in the event of an urgent need, emergency, or any situation that could be reasonably expected to develop into an emergency. In such situations, the Member agrees to call 911 or the nearest emergency medical assistance provider and follow the directions of emergency medical personnel.
- c. **Minimal or No-Wait Appointments.** Member shall be seen promptly as scheduled for office visits. If the Provider foresees more than a minimal wait time, the Member shall be contacted and advised of the projected wait time. The Member shall then have the option of arriving at the later, projected time or rescheduling at a time convenient to the Member.
- d. **Same Day/Next Day Appointments.** When a Member contacts the Practice prior to noon on a normal office day to schedule an urgent appointment, every reasonable effort shall be made to schedule the Member to be seen on that same day. If this is not possible, Member shall be scheduled to be seen on the following office day.
- e. **Clinic Hours.** The clinic will be open for appointments with a provider to Members on the following days and hours:

Monday	8:30 AM to 5:30 PM
Tuesday	7:00 AM to 12:00 PM



Wednesday **7:00 AM to 7:00 PM**
Thursday **8:30 AM to 5:30 PM**
Friday **8:00 AM to 12:00 PM**
(Clinic opens at 7 am Friday mornings support staff)

- f. **Specialists Coordination.** The Provider shall coordinate care with, and assist in referrals to specialists and other practitioners as needed. Member is responsible for all treatment rendered by other than the Practice staff and understands that this Agreement does not include treatment by any medical professional other than the Practice staff. Member is responsible for the fees of any outside provider but may submit such charges to Member's health insurance (if any) for reimbursement consideration.

By checking the box during online enrollment, the box on the billing form, or by signing the acknowledgement in person at the clinic, you agree the patient documents above.



Billing and Payment Policy

Sensible Solutions Care Clinic

Memberships are based on a monthly membership fee. These are updated periodically due to inflation, clinic services, hours expansion, or other reasons sought necessary by SSCC owner.

Fee arrangements may vary per employer. If you have concerns about discrepancies, please talk with Jamie Edwards SSCC owner or Bob Edwards Operations Manager.

Sensible Solutions appreciates accounts being set up on auto billing. Memberships are paid for current month.

Incidentals such as prescriptions, labs, and procedures will be seen on next month's billing, but you may also elect to pay for those at the time of service.

There is an initial \$50.00 non-refundable startup fee per person.

The start-up fee and first month's membership fees will be billed to the information provided on the Billing form on the date that was chosen (1st, 10th, 20th).

If you have billing concerns, please reach out to:

Bob Edwards, Operations Manager
Bob@sscareclinic.com
Office 715-637-0001



Provider Communication Policy
Sensible Solutions Care Clinic

To communicate with your provider or SSCC staff **during business hours** please call **715-637-0001**.

Business hours are:

Mondays and Thursdays 8:30 am – 5:30 pm

Tuesdays and Fridays 7 am – 12 pm

Wednesdays 7 am – 7 pm

If you are experiencing medical concerns **after business hours**, please **TEXT** your provider per below. Please do not call the below numbers.

If you are having a medical emergency, please call 911.

Jamie Edwards

Owner, CEO, Family Nurse Practitioner, Certified Health and Nutrition Coach
715-468-6831

Kaitlyn Sloan

Family Nurse Practitioner
715-200-4822

Membership Highlights/FAQ Answers

Forms you have acknowledged during your online enrollment:

- Enrollment Welcome Letter
- Informed Consent and Agreement to Telehealth
- Notice of Privacy
- Patient Agreement
- Patient Payment Procedure
- Patient/Provider Communication Procedure

1. This is Direct Primary Care. We are a family practice primary care clinic. We are **NOT** naturopathic providers, herbal providers, functional medicine providers, or alternative medicine providers.
2. This is a 1-year contract. If you decide you want to disenroll, you must complete the disenrollment form provided to you upon request. SSCC feels that our relationship is not a good fit, we can also give you a 30-day notice of disenrollment. The contract automatically renews annually unless there is a written notice of disenrollment.
3. If you disenroll prior to a year you will not be allowed to re-enroll for 365 days from disenrollment. In this event, you can still use the clinic, if you disenroll in good standing, but will be subject to 1x visit fees for appointments.
4. If care is needed during office hours, **CALL 715-637-0001**. If **URGENT** healthcare needs arise after hours, you can **TEXT** Jamie or Kaitlyn. See Communication Procedure.
5. You will be asked to complete an auto bill form. This allows for ease of billing memberships and incidentals (labs, meds, procedures) along the way.
6. You (or your employer) are responsible for a monthly membership fee and a 1x startup fee of \$50. Unpaid balances are subject to dis-enrollment.
7. If you are a member through an employer, if you cease employment through the employer that provides the membership, you will lose access to the clinic on the last day of the month of your employment. You can then re-enroll as a private member if you desire to do so. You must do this within 30 days, or you will be subject to the \$50 enrollment fee.
8. We do NOT bill any insurance companies including Medicare or Medicaid.
9. If you have Medicare or Medicaid, you cannot submit for reimbursement of fees associated with Sensible Solutions Care Clinic. We are NOT insurance and we do recommend that you have some sort of catastrophic coverage for emergencies.

