

THOSE ENROLLING IN COVERAGE

- I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage nor is it a contract of insurance and that it provides only the health care services specifically described in the *Qliance Patient Services Guide*.
- I acknowledge and understand that I am voluntarily becoming a Qliance Medical Group of Washington PC (“Qliance”) patient and this agreement is non-transferable.
- I have reviewed the *Qliance Patient Services Guide* and I have had the opportunity to ask questions and receive answers regarding content.
- I acknowledge and understand that my membership is effective the first day of the month following registration. I may terminate this *Patient Agreement* at any time and for any reason by submitting a *Cancellation Form*, which can be found on the Qliance website at www.Qliance.com. Any unused pre-paid monthly care fees will be prorated and refunded to me within thirty (30) days.
- I acknowledge and understand that I am responsible for the monthly access fee and any charges incurred for health care services performed outside of Qliance including but not limited to emergency room, hospital and specialty services, advanced imaging, or laboratory tests sent to third party labs, and that Qliance will not bill insurance carriers for any services provided by Qliance. The payment for adult vaccinations administered at Qliance and for third party laboratory fees not covered by my insurance will be my responsibility and are due and payable at time of service.
- I acknowledge and understand that Qliance must maintain a record of my health information and must protect the privacy of my health information as per the terms of the *Notice of Privacy Practices*. I understand and acknowledge that this policy is available for my review at any time at www.Qliance.com or upon request.
- I acknowledge and understand that Qliance may terminate this *Patient Agreement* for cause due to non-payment of fees, or for unruly, threatening or inappropriate behavior by providing me with written notice. Qliance will not terminate this *Patient Agreement* solely on the basis of health status.
- I acknowledge and understand that Qliance may add or discontinue services or may increase my fee schedule at any time (but no more than once per year), and that I will be given, in writing, at least sixty (60) days’ notice of such fee schedule changes.
- I acknowledge and understand that if I am enrolled in Medicare I will receive a copy of the *Medicare Opt-out Agreement* for review and signature before my first appointment. (The *Opt-out Agreement* does not prevent me from receiving current or future Medicare benefits from non-Qliance providers; neither I nor my Qliance healthcare provider(s) will seek reimbursement from Medicare for the medical services I receive from Qliance.)