



How our practice works and how to make it work for you.

- 1) We strive to offer our patients same or next day visits. Please inform us if you need to be seen either by calling the office at 847-881-6858 or by sending an email to office@MedLogicMD.com
You can also directly call or text either Dr. Green, Michele NP or Laura Torres. We will get back to you when we have a break from our current patient appointments.
If you are requesting an appointment after hours that is not for an emergency visit, we will respond to you the next business day.
- 2) We offer after-hours access by phone call, email or text messages. You can use after hours care to follow up with us on a recent visit, ask general questions, inform us of a health concern or request lab work or medication refills. For non-emergent issues, questions or requests, we will respond back to you by the next business day, sometimes sooner!
- 3) If you have a true emergency after hours, please call **911** immediately, as we cannot provide emergent care over the phone and we don't want to delay you getting the immediate care you may need.
- 4) If you have an urgent matter after hours, we will make every effort to respond immediately to your request for help. After office hours, we all go home to our families as well, so please respect our time in the evenings, on weekends and on holidays. However, if something comes up that is urgent, we absolutely want you to contact us. If you are trying to reach us in the middle of the night-please call our office phone number at 847-881-6858 as this number is forwarded to the person on call.
- 5) If you need to request a refill for your medications and you plan for us to fill it directly, please contact us to make sure we have your medication in stock. You can either pick it up at our office or we can mail it to you for the cost of postage. If we do not have your medication in stock and you would like us to order it, we can do so and would receive shipment overnight. There is a \$10 service charge if we need to have it shipped this way as that is what we are charged by our supplier. If not needed overnight, there is no charge.
For all refill requests, you must be up to date with your visits and required lab work. This may include a face to face clinic visit or a telemedicine visit.
If you would like your script sent to the pharmacy of your choice instead of filling it directly with us, please let us know which pharmacy you prefer. Please don't wait until you are completely out of medicine or have only a day or two left to request a refill. We will make every effort to fill your prescription same business day or next business day.
Thank you. The MedLogic Team

Patient Agreement

MedLogic, LLC

This is an Agreement entered into on _____, 20____, between MedLogic, an Illinois Limited Liability Company (Clinic, Us or We), and _____ (Patient or You).

Background

The CLINIC is a Direct Pay primary care practice (DPC), which delivers primary care services through its providers at 2101 Waukegan Road, Suite 303, Bannockburn, IL 60015 and 6123 Greenbay Road, Suite 120, Kenosha, WI 53142. In exchange for certain fees, the CLINIC, agrees to provide you with the services described in this Agreement on the terms and conditions contained in this Agreement.

Definitions

1. **Patient.** In this Agreement, "Patient" means the persons for whom the Provider shall provide care, and who have signed this agreement or are listed on the document attached as Appendix B, which is a part of this agreement.
2. **Services.** In this Agreement, "Services", means the collection of services, offered to you by Us in this Agreement. These Services are listed in Appendix A (1), which is attached and a part of this Agreement.

Agreement

- **Term.** This Agreement will last for one year, starting on _____.
- **Renewal.** The Agreement will automatically renew each year on the anniversary date of the agreement, unless either party cancels the Agreement by giving 30 days written cancellation notice.
- **Termination.** Regardless of anything written above, You always have the right to cancel this agreement. Either party can end this agreement at any time by giving the other party 30 days written notice.
- **Payments and Refunds – Amount and Methods.** In exchange for the Services (see Appendix A (1)), You agree to pay Us, a monthly fee in the amount that appears in Appendix C, which is attached and is part of this Agreement.
 - a) This monthly fee is payable when you sign the Agreement and is due each month on the date that was picked for withdrawal.
 - b) The Parties agree that the required method of monthly payment shall be by automatic payment through a credit or debit card.
 - c) If this Agreement is cancelled by either party before the Agreement ends, we will review and settle your account as follows:
 - (i) We will refund to You the unused portion of your fees on a per diem basis; or

- (ii) If Value of the Services you received over the term of the Agreement exceeds the amount You paid in membership fees, You shall reimburse the CLINIC in an amount equal to the difference between the value of the services received and the amount You paid in membership fees over the term of the Agreement. The Parties agree that the value of the services is equal to the CLINIC's usual and customary fee-for-service charges. A copy of these fees is available upon request.

Non-Participation in Insurance

Your initials on this clause of the Agreement acknowledges the Patient's understanding that neither the CLINIC, nor its Providers, participate in any health insurance or HMO plans or panels and cannot accept Medicare eligible patients. We make no representations that any fees that You pay under this Agreement are covered by your health insurance or third party payment plans. *It is the Patient's responsibility to determine whether reimbursement is available from a private, non-governmental insurance plan and to submit any required billing.* _____(INITIAL)

We CANNOT Accept Medicare Patients

Your initials on this clause of the Agreement acknowledges the Patient's understanding that at this time, Medicare Patients are not eligible to be treated by the CLINIC or its Providers, and Medicare cannot be billed for any services performed by the same. Therefore, Patient acknowledges that s/he is neither a Medicare beneficiary nor Medicare eligible. *The Patient agrees that if s/he will become eligible during the term of this Agreement, s/he will notify the CLINIC within 60 days of becoming eligible and this agreement will be terminated upon Medicare eligibility. Any excess fees will be refunded to Patient, and the CLINIC will make every effort to provide the Patient with names and contacts for primary care alternatives.* _____(INITIAL)

This is NOT Health Insurance

Your initials on this clause of the Agreement acknowledges Your understanding that this Agreement is not an insurance plan or a substitute for health insurance. You understand that this Agreement does not replace any existing or future health insurance or health plan coverage that You may carry. The Agreement does not include hospital services, or any services not personally provided by the CLINIC, or its employees. You acknowledge that the CLINIC has advised You to obtain or keep in full force, health insurance that will cover You for healthcare not personally delivered by the CLINIC, and for hospitalizations and catastrophic events.

_____(INITIAL)

Communications

The Patient acknowledges that although Clinic shall comply with HIPAA privacy requirements, communications with a Provider using e-mail, facsimile, video chat, cell phone, texting and other forms of electronic communication can never be absolutely guaranteed to be secure or confidential methods of communications. As such, **Patient expressly waives the Providers' obligation to guarantee confidentiality with respect to the above means of communication.** Patient further acknowledges that all such communications may become a part of the medical record.

By providing an e-mail address on the attached Appendix B, the Patient authorizes the CLINIC, and its Providers to communicate with him/her by e-mail regarding the Patient's "protected health information" (PHI). * The Patient further acknowledges that:

- a) E-mail is not necessarily a secure medium for sending or receiving PHI and, there is always a possibility that a third party may gain access;
- b) Although the Providers will make all reasonable efforts to keep e-mail communications confidential and secure, neither the CLINIC, nor the Providers can assure or guarantee the absolute confidentiality of e-mail communications;
- c) At the discretion of the Providers, e-mail communications may be made a part of Patient's permanent medical record; and,
- d) You understand and agree that e-mail is not an appropriate means of communication in an emergency, for time-sensitive problems, or for disclosing sensitive information. **In an emergency, or a situation that You could reasonably expect to develop into an emergency, You understand and agree to call 911 or the nearest Emergency room, and follow the directions of emergency personnel.**
- e) E-mail Usage. **If You do not receive a response to an e-mail message within 24 hours, You agree that you will contact a Provider by telephone or other means.**
- f) Technical Failure. Neither the CLINIC, nor the Providers 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 CLINIC's computers or computer network, or faulty telephone or cable data transmission, (v) any interception of e-mail communications by a third party which is unauthorized by the CLINIC; or (vi) Patient failure to comply with the guidelines for use of e-mail described in this Agreement.

*as that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations

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.

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.

Reimbursement for Services Rendered

If this Agreement is held to be invalid for any reason, and the CLINIC is required to refund fees paid by You, You agree to pay the CLINIC an amount equal to the fair market value of the medical services You received during the time period for which the refunded fees were paid.

Amendment

No amendment of this Agreement shall be binding on a party unless it is in writing and signed by all the parties. Except for amendments made in compliance with "Change of Law", above.

Assignment

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

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.

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.

Entire Agreement

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

No Waiver

In order to allow for the flexibility of certain terms of the Agreement, each party agrees that they may choose to delay or not to enforce or 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.

Jurisdiction

This Agreement shall be governed and construed under the laws of the State of Illinois. All disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the CLINIC in Bannockburn, Illinois.

Service

All written notices to the CLINIC are deemed served if sent by first class mail to 2101 Waukegan Road, Suite 303, Bannockburn, IL 60015 or 6123 Greenbay Road, Suite 120, Kenosha, WI 53142. All written notices to You are deemed served if sent by first class mail to the address listed in Appendix B of this Agreement.

The parties may have signed duplicate counterparts of this Agreement on the date first written above.

Jill C. Green, M.D. for MEDLOGIC, LLC

Signature of Patient

Name of Patient (Printed)

Date

Policy on controlled substances

Narcotics:

Chronic pain is a common condition that afflicts many patients. We take a cautious approach on prescribing these medications and usually will prescribe these on a short term, temporary basis only. At times, it is reasonable to use narcotics for long-term pain relief. This is especially true when the cause is due to an untreatable cancer or when there is unremitting nerve pain. Fortunately, these are the rare causes of chronic pain. The chronic use of narcotics without other efforts to relieve pain and improve function frequently result in the development of tolerance (decreasing effectiveness), addiction (dependence to avoid a withdrawal symptoms), habituation (inappropriate use) and increasing sensitivity to pain (opioid induced pain). These are important complications of long term narcotic use.

New MedLogic patients should expect to request their medical records from all prior clinicians and pharmacies before decisions are made regarding the prescription of narcotics. There is no guarantee that MedLogic will continue to prescribe narcotics and it is the responsibility of new patients to have sufficient supplies of any controlled substance to last we have had the opportunity to review all old records and perform a physical examination.

Benzodiazepines

Chronic anxiety is a complex problem stemming from a variety of causes and for which there are several effective approaches. Treatment with long term with benzodiazepines is not first line therapy, nor should it be monotherapy. These drugs carry significant risks when used chronically. They are addictive and dangerous in withdrawal and can cause seizures. They interact with many other drugs and medications and in combination with narcotics, are a frequent cause of death. For these reasons, benzodiazepines are not considered the first choice in the treatment of anxiety disorders.

New MedLogic patients who are already taking benzodiazepines have similar responsibilities as those on chronic narcotics regarding records from prior physicians. There are no guarantees that we will agree with previous physicians that benzodiazepines are appropriate and new patients should not expect refills of prior prescriptions at first visits.

Sleep medications (Hypnotics)

Hypnotics are medications used to treat insomnia. Benzodiazepines and non-benzodiazepine hypnotics can be helpful in the short term to treat sleep disorders particularly when behavioral approaches fail. However, long term use of hypnotics may lead to dependence. Consequently, MedLogic does not prescribe these medications for long term use.

Stimulants/ADHD medications

Finally, stimulants have become popular in the treatment of ADHD. As with the above classes of controlled substances, stimulants carry risks in both long term and short term use. Since we take responsibility for the safe prescription of these drugs, we feel it is our responsibility to ensure that the diagnosis of ADHD has been professionally verified and that the less risky options have been tried prior to refilling medications started by outside clinicians.

APPENDIX A SERVICES

1. **Medical Services.*** Medical Services under this agreement are those medical services that a Provider is permitted to perform under the laws of the State of Illinois, are consistent with the Providers' training and experience, are usual and customary for a family medicine provider to provide, and include the following:²

- Acute and Non-acute Office Visits
- Well-Woman Care/ Pap Smear
- Well-Baby Care
- Electrocardiogram (EKG)
- Blood Pressure Monitoring
- Diabetic Monitoring
- Spirometry
- Breathing Treatments (nebulizer or inhaler with spacer)
- IUD Insertion and Removals
- Non-diagnostic Obstetric Ultrasound
- Urinalysis
- Rapid Test for Strep Throat
- Removal of benign skin lesions/warts
- Simple aspiration/injection of joint
- Carpal Tunnel Injections
- Removal of Cerumen (ear wax)
- Wound Repair and Sutures
- Abscess Incision and Drainage
- Basic Vision/Hearing Screening
- Smoking Cessation Counseling
- Weight Management and Counseling
- Drawing basic labs. Labs and testing that cannot be performed in-house will be offered at a discounted rate through select vendors.*
- The convenience of access to many commonly prescribed prescription medications at greatly reduced prices, dispensed on premises.**

*Patient is responsible for all fees and costs associated with any procedure, laboratory testing, and/or specimen analysis.

**Prescription medications and DME dispensed by the MedLogic pharmacy are subject to an additional charge, for which the Patient is responsible.

The Patient is also entitled to a personalized, annual in-depth "wellness examination and evaluation," which shall be performed by a CLINIC Provider, and may include the following, as appropriate:

² As deemed appropriate and medically necessary by the Provider.

- Detailed review of medical, family, and social history and update of medical record;
- Personalized Health Risk Assessment utilizing current screening guidelines;
- Preventative health counseling, which may include: weight management, smoking cessation, behavior modification, stress management, etc.;
- Custom Wellness Plan to include recommendations for immunizations, additional screening tests/evaluations, fitness and dietary plans;
- Complete physical exam & form completion as needed.

2. **Non-Medical, Personalized Services.** CLINIC shall also provide Patient with the following non-medical services ("Non-Medical Services"), which are complementary to our members in the course of care:

- a. **After Hours Access.** Patient shall have direct telephone access to a Provider seven days per week. Patient shall be given a phone number where patient may reach a Provider directly for guidance regarding concerns that arise unexpectedly after office hours. Video chat and text messaging may be utilized when the Provider and Patient agree that it is appropriate.
- b. **Provider Absence.** From time to time, due to vacations, illness, or personal emergency, a Provider may be temporarily unavailable to provide the services referred to above in this paragraph one. In order to assist Patients in scheduling non-urgent visits, CLINIC will notify Patients of any planned Provider absences as soon as the dates are confirmed. In the event of the Provider's unplanned absences, Patients will be given the name and telephone number of an appropriate provider for the Patient to contact. Any treatment rendered by a substitute provider outside the CLINIC is not covered under this contract, but may be submitted to Patient's health plan.
- c. **E-Mail Access.** Patient shall be given a Provider's e-mail address to which non-urgent communications can be addressed. Such communications shall be dealt with by the Provider or staff member of CLINIC in a timely manner. **Patient understands and agrees that email and the internet should never be used to access medical care in the event of an emergency, or any situation that Patient could reasonably expect may develop into an emergency.** Patient agrees that in such situations, when a Patient cannot speak to a Provider immediately in person or by telephone, that Patient shall call 911 or the nearest emergency medical assistance provider, and follow the directions of emergency medical personnel.
- d. **No Wait or Minimal Wait Appointments.** Reasonable effort shall be made to assure that Patient is seen by a Provider immediately upon arriving for a scheduled office visit or after only a minimal wait. If Provider foresees a minimal wait time, Patient shall be contacted and advised of the projected wait time.

- e. **Same Day/Next Day Appointments.** When Patient calls or e-mails a Provider prior to noon on a normal office day (Monday through Friday) to schedule an appointment to address an urgent medical concern, every reasonable effort shall be made to schedule an appointment with a Provider on the same day. If the patient calls or e-mails a Provider after noon on a normal office day (Monday through Friday) to schedule an appointment to address an urgent medical concern, every reasonable effort shall be made to schedule Patient's appointment with a Provider on the following normal office day. In any event, however, CLINIC shall make every reasonable effort to schedule an appointment to address an urgent medical concern on the same day that the request is made.

- f. **Visitors. Non-Medicare** family members temporarily visiting a Patient from out of town may, for a two-week period, take advantage of the services described in subparagraphs (a), (c), and (d) of this paragraph. Medical services rendered to Patient's visitors shall be charged on a fee-for-service basis.

- g. **Specialists Coordination.** CLINIC and Provider shall coordinate with medical specialists to whom Patient is referred to assist Patient in obtaining specialty care. **Patient understands that fees paid under this Agreement do not include and do not cover specialist's fees or fees due to any medical professional other than the CLINIC Providers.**

Appendix C
Fee Itemization

Under 18	\$20 per month*
18-45 years of age	\$72 per month
46-59 years of age	\$82 per month
60+ years of age	\$95 per month

One-time Enrollment Fee	\$50
Re-enrollment Fee	\$200**

DISCOUNTS

Get a month FREE when you pay for your yearly membership on an annual basis.

*With the enrollment of at least one adult member.

**Non-refundable fee. Should your membership lapse or be terminated, the re-enrollment fee must be paid for membership to become active.

Patient 1 \$ _____

Patient 2 \$ _____

Additional patients \$ _____

TOTAL RATE \$ _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that on _____ I received the Notice of Privacy Practices from MedLogic, LLC, which sets forth the ways in which my personal health information may be used or disclosed by MedLogic Physicians and staff, and outlines my rights with respect to such information.

Patient's signature/Date

Printed Name