



1409 Savannah Road Lewes, DE 19958
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www.CoastalDPC.com

Coastal Direct Primary Care (Coastal DPC) Patient Agreement

Decision to join: I acknowledge and understand that I am voluntarily becoming a Coastal DPC patient, as offered by Coastal Direct Primary Care, LLC, and that this agreement is non-transferable. The effective date of my Coastal DPC Patient Agreement is the date on which I sign this agreement. I have reviewed the Coastal DPC Services Guide and I have had the opportunity to ask questions and receive answers regarding its content.

Fee schedule: I acknowledge and understand the following Coastal DPC services fee schedule:
\$75 one-time nonrefundable enrollment fee (\$125 for couples, \$150 for families*)
\$25/month – Birth to 18 years**
\$70/month – 19 to 49 years
\$100/month – 50 to 99 years
\$1/month – 100+

* For purposes of this agreement, family is defined as one or more dependent children 18 years or younger, living at the same address of 1 or 2 parents. Children 19 and older will be considered individual members and billed at the individual rate.

** With enrolled parent. Children without a paying parent will be charged \$50/month.

Charge responsibility: I acknowledge and understand that I am responsible for any charges incurred for health care services performed outside the physical location of Coastal DPC, including, but not limited to, emergency room visits, hospital and specialist care, and imaging and laboratory tests performed by third parties. Additionally, I acknowledge and understand that I am responsible for any charges incurred for health care services provided by Coastal DPC but not specifically described in the Coastal DPC Services Guide.

Billing: After paying my nonrefundable enrollment fee, I acknowledge and agree to pay my monthly care fee(s) on or before the due date. Monthly fees will begin on the date of the first visit, and will continue monthly. This payment will cover the following month's services fee. Any additional labs and medications will be charged at the time of service and payment in full is expected at that time. In the event I am unable to pay my fee(s) on time, I understand I will be charged a \$30 late fee and that this agreement may be terminated.

COASTAL DPC IS NOT INSURANCE: 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 Coastal DPC Services Guide. Coastal DPC will not bill insurance carriers on my behalf for any services specifically described in the Coastal DPC Services Guide. If patients wish to seek reimbursement, they will be provided with office notes and a superbill (if appropriate) which patients can submit in an attempt to receive reimbursement from insurance companies or others. I understand that Coastal DPC will

not provide administrative support for these matters. It is highly recommended to maintain health insurance for unpredictable and catastrophic expenses.

Quitting the practice: I acknowledge and understand that both Coastal DPC and I have the absolute and unconditional right to terminate this agreement, without the showing of any cause for termination. I may terminate my agreement with Coastal DPC at any time and for any reason by providing written notice to Coastal DPC, and the agreement will terminate at the end of the current payment month. Coastal DPC will not terminate this agreement solely based on health status. Coastal DPC will assist transferring records and care to the new primary care physician designated by the patient. Any payments outstanding through the date of termination of the agreement are the responsibility of the patient

Rejoining: I acknowledge and understand that if I terminate my Coastal DPC agreement after receiving initial services, I may be allowed to reestablish my enrolled patient status only after payment of the rejoining fee of \$250. I acknowledge and understand that Coastal DPC is not obligated to allow me to reenroll if I have previously terminated my agreement.

Out of office policy: On occasion, Dr. Degnon will be out of the office. Patients will be notified at least 48 hours before these dates, if possible, to allow ample time for refills and routine matters to be addressed. Whenever possible, Dr. Degnon will be accessible via cell phone, though response times may be delayed. Most cases can be handled over the phone but on the rare occasion a patient needs to be seen, patient may be directed to another medical provider at his or her own expense.

HSA, HRA, FSA accounts and Direct Primary Care: At this time, the Internal Revenue Service does not consider primary care monthly services fees eligible for payment with HSA, HRA, or FSA accounts since Direct Primary Care was not common when these accounts began. As these laws may change, please always consult with your tax accountant to determine the best way to use funds from these accounts.

Change in service: I acknowledge and understand that Coastal DPC 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 written notice at least sixty (60) days in advance of such fee schedule changes.

Privacy of communications: I acknowledge that Coastal DPC will comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy requirements. I also understand that communications with the physician 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 communication. I further acknowledge that all such communications may become part of the electronic medical record. By providing an e-mail address upon registration, I authorize Coastal DPC and its physicians to communicate with me by e-mail regarding my "protected health information" (PHI) knowing that 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. I also understand that e-mail is not the preferred communication if an issue is time sensitive or urgent/emergent. I agree to contact Coastal Direct Primary Care via phone if I have not received a response to an email within 48 hours.

Addressing concerns: I agree to bring any complaints about services I receive as a Coastal DPC patient to the attention of Dr. Degnon to be addressed as quickly and completely as possible. I acknowledge that Coastal DPC strives for excellent customer service and would like to know if something is not right.

Severability: If for any reason any provision of this agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

Jurisdiction: This agreement shall be governed and construed under the laws of the State of Delaware and all disputes arising out of the agreement shall be settled in the court of proper venue and jurisdiction for 1409 Savannah Road in Lewes, Delaware.

By signing below, I agree to the terms of this agreement. The agreement will commence on the date it is signed by the patient and the physician below and will extend monthly thereafter.

Accepted and agreed upon by:

Patient name

Patient (or Guardian) signature

Date: _____

Coastal Direct Primary Care

Christine A. Degnon, MD, MPH
1409 Savannah Rd, Lewes DE 19958

Date: _____