



Membership Program in Wellness & Optimal Health

Robert S. Tan MD at the OPAL Medical Clinic will be launching a Membership Program in Wellness & Optimal Health. He will work with a small, limited number of patients to deliver health care that is personal, thorough and professional. When you join this Membership Program, you will get complete preventive & wellness care as well as coordination and management of chronic diseases. And you can rest easy knowing that your appointments are going to be on-time and unhurried. Best of all, your health care decisions are made collaboratively by you and your provider in a comfortable, patient-centered setting.

Membership Features:

- One on one care by a leading doctor, who was elected to Best Doctors in America.
- Comprehensive annual physical examinations
- Stress EKG testing yearly
- Priority appointments for the year, with up to 6 scheduled visits in a year
- Age management (including nutritional & hormonal assessments)
- Scheduled telephone consults for convenience
- 30 to 60 minute office visits
- X-ray & laboratory work at discounted rates
- No pre-screening or long-term contract
- No per-visit office charge
- No insurance required. But we advise combining this with high deductible calamity insurance
- Co-ordination with other specialists care if needed
- Prescription refills

Annual Membership Fee: \$1,250 (<40 years) \$1,500 (41-60 years) \$1,750 (61 and above). A payment plan can be arranged. We are able to provide this as we eliminate the middle man (viz. insurance company) and simplify our practice with electronic medical records and other technology. (According to the Kaiser Foundation, the average annual insurance premium for single coverage in 2008 is \$4,704 and average annual premium for family is \$12,680). Membership is on a first come basis, and will be limited to first 100 patients. The membership fee can qualify as expense from your Health Savings Account.

Registration Fee: \$200 (one time)

Incidental Fees:

Your membership fee covers all of the professional fees for 12 months. However, at times your care may require prescriptions, durable medical supplies or third-party services that are not covered. You may be asked to pay additional fees for items such as prescription medications, laboratory tests and outside services such as x-ray interpretation if needed. In all cases, incidental items are charged at or near our cost, and their prices and relevance to your care are fully discussed with you in advance of being incurred. Registration fee is one time only. Please call us at (713) 401 9396 or e-mail opalmedical@gmail.com for further information.



Membership/ Retainer Contract

I _____ (patient name) voluntarily agree to participate in the retainer practice model of Robert S. Tan M.D. at the OPAL Medical Clinic I understand that I will pay \$ _____ in one lump sum or _____ installments as a retainer fee. This contract covers medical services as outlined below for the term of one year. Payment due on this contract proceeds even in event of death. This contract remains in effect for the term of one year regardless of the length of active membership or in the event of the patient's death. The fee includes one on one care by Dr. Tan or a designate, a comprehensive annual physical examination, Stress EKG testing yearly, priority appointments for the year, with up to 6 scheduled visits in a year, Age management (including nutritional & hormonal assessments, Scheduled telephone follow ups, 30 to 60 minute office visits, X-ray & laboratory work at discounted rates, no pre-screening or long-term contract, no per-visit office charge. Fee would include co-ordination with other specialists care if needed and prescription refills.

As used in this agreement, the term "Medical Services" shall mean those medical services that the physician himself or designate is permitted to perform under the laws of the State of Texas, and that are consistent with his training and experience as a specialist in Wellness and Men's Health. Lab work and Imaging that is done will be excluded in the cost of the retainer fee, but discounted rates or your insurance may apply. I understand that my doctor will be considered "out-of-network" by all insurance companies, and therefore the payment for these tests is subject to their reimbursement schedule. Our Doctors do not accept any insurance nor do we file claims on the patient's behalf. (It is the responsibility of the patient to file claims to their prospective insurance companies for any reimbursement that may or may not be due to them).

In case of referral to other specialists, my doctor will be in close contact with any other specialists I may need to be referred to. Almost all physicians referred to practice the traditional medicine utilizing insurance. I fully understand that I need to maintain my health insurance and I acknowledge that the physician has advised me to obtain or keep in full force my health insurance policies in order to cover for healthcare costs not within the definition of Medical Services under this Agreement, and to prevent gaps in health coverage. I acknowledge that this Agreement is not a contract that provides health insurance, and this Agreement is not intended to replace any existing or future health insurance or health plan coverage that I may carry for myself and family.

I may terminate this agreement at the end of the contract year. The parties agree that any dispute or disagreement under this Agreement shall be resolved as we may amicably agree, and if we cannot agree then in accordance with the rules and procedures of the American Arbitration Association then in effect in the State of Texas. The decision of the arbitrator shall be binding on the parties and may be reduced to judgment in the State of Texas.

Patient name (Please Print) _____

Patient's signature _____

Date _____