

Welcome to Alpha Omega DPC.

We are glad that you decided to become a member and hope that you have a refreshing and positive experience with our practice. If at any point you have any questions, please don't hesitate to call the office at

We prioritize you.

Our practice is built around the tenants of authentic, relational and quality medical care. You are more than a number to us and we look forward to caring for you and your family. Dr. Karnes-Amzibel strives to be accessible and the phones forward to her cell after hours and on weekends. This means no complicated phone trees or after hours on call services.

A new way of thinking.

You no longer have to worry if you are sick enough to come to the doctor. It's all included. Call us anytime. We can actually handle a lot over the phone once you are established as a patient. We will go over some other details of the practice when you come in for a visit. There is also a medicine dispensary on site. If you are on long term medications that you would like to have available at your first visit, please email back and we can let you know our wholesale pricing ahead of time and let you know whether we can order that particular medication to come in by the time you are seen.

What happens now?

You will not be charged your membership fee until your first visit. There is a one-time registration fee of \$60 individual and \$100 for family. Your membership will begin when you come for your first visit and monthly billing will be prorated for the first visit in that month. You may then choose your monthly membership fee to be taken out on either the 1st or 15th of each month. Please note that patients will be unable to receive phone, email or video visits until after their first in person appointment.

Your part:

1. Go to the following link to sign up and input your personal and financial information.
<https://alphaomegadpc.atlas.md/users/login>
2. Please print out the paperwork attached. Fill out the forms and read the contract. If you have any questions, please call the office or make sure your questions are answered at the time of your visit. Please initial and date all the pages of the contract and scan/email, fax or mail all of the attached forms back to us. Once you get the paperwork back to the office, you can set up your new patient appointment. The most important forms for us are the registration and patient history forms. If you are unsure about what to do with the rest, we can take care of it all the time of your appointment.

Call to schedule.

You may call the office anytime to schedule your appointment to establish care with Dr. Karnes-Amzibel. Please bring any health records that you have as well as list of your current medications and prior doctor's information so we can request your records and have continuity of care. Once you have your first visit, you are a full member of our practice and may start to reap the many benefits.

Again, thank you for joining. We look forward to hearing from you.

ALPHA OMEGA DPC (Direct Primary Care) CONTRACT

Decision to join: I acknowledge and understand that I am voluntarily becoming an Alpha Omega DPC member, as offered by Alpha Omega DPC, LLC and that this agreement is non-transferable. The effective date of my Alpha Omega 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 Alpha Omega DPC membership fee schedule.

\$60 one time – Registration fee (\$100 for families**)

\$30/month – Ages <18

\$50/month – Ages 19-44

\$75/month – Ages 45-64

\$100/month – Age 65+

Charge responsibility. I acknowledge and understand that I am responsible for any charges incurred for health care services performed outside the physical location of Alpha Omega 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 Alpha Omega DPC but not specifically described in the Alpha Omega DPC Services Guide.

Billing: After paying my registration fee, I acknowledge and agree to pay my monthly care fee(s) on or before the due date. Monthly fees will be assigned on the first or the 15th of the month (depending on patient preference) after the sign-up date and continue monthly. This payment will cover the following month's membership fee. Any additional labs and medications will be cleared at the time of service and payment in full is expected at that time. In the event that I am unable to pay my fee(s) on time, I understand that I will be charged, a \$30 late fee and that my service agreement may be terminated.

DPC is NOT insurance: I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage, nor is it a contract and insurance and that it provides only the health care services specifically described in the Alpha Omega DPC Services Guide. Alpha Omega DPC will not bill insurance carriers for any services specifically described in the Alpha Omega DPC on our behalf. If patient wish to seek reimbursement, they will be provided with office notes and superbill (if appropriate) which patients can submit for reimbursement. Alpha Omega DPC does not guarantee any reimbursement from insurance companies and will not be able to provide administrative support for these matters. It is highly recommended to maintain health insurance for unpredictable and catastrophic expenses is necessary as well. Your membership to Alpha Omega DPC along with a catastrophic policy will meet the Affordable Care Act (Obamacare) requirements to avoid the income tax penalty (HR 3590-sec 1301a).

Initial and date: _____

Quitting the practice: I acknowledge and understand that I may terminate my membership at any time and for any reason, by providing written notice to Alpha Omega DPC. Termination will take effect at the end of the month. Until written termination notice is received, monthly fees will continue to accrue.

Termination: I acknowledge and understand that Alpha Omega DPC may terminate my membership at any time and for any reason by providing me at least 30 days written notice. Alpha Omega DPC will not terminate the Patient Agreement solely on the basis of health status. Alpha Omega DPC will assist transferring records and care to the new primary physician.

Rejoining: I acknowledge and understand that in the event that I terminate my Alpha Omega DPC membership after receiving initial services that I will be allowed to reestablish my membership only after payment of the rejoining fee of \$200.

Out of office policy: On occasion, Dr. Karnes-Amzibel 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 taken care of. Whenever possible, she will be accessible via cell phone, though response time may be delayed. If she will be out of the office for more than 2 consecutive days, she will set up an alternate provider in case of emergencies. Most cases can be handled over the phone but on the rare occasion a patient needs to be seen, they will be accommodated by another medical provider located in Lewes, Delaware.

HAS, HRA, FSA accounts and Direct Primary Care: At this time, the IRS does not consider primary care monthly membership fees eligible for these accounts, since Direct Primary Care did not exist when these accounts were rolled out. Legislations is being actively considered. As these laws are prone to change, please always consult with your tax accountant to determine the best way to use your HAS funds.

Change in service: I acknowledge and understand that Alpha Omega 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, in writing, at least sixty (60) day notice of such fee schedule changes.

Privacy of Communications: I acknowledge that Alpha Omega DPC will comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy requirements. I also understand that communications with the physician using 3-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. I further acknowledge that all such communications may become a part of the electronic medical record. By providing an e-mail address upon registration, I authorize Alpha Omega DPC and its Physician(s) 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 PHHI and there is always a possibility that a third party may gain access. I also understand that email is not the preferred communication if an issue is time sensitive or urgent/emergent. I agree to contact Alpha Omega DPC via phone if I have not received a response to an email within 48 hours.

After Hours Matters: Dr. Karnes-Amzibel has her cell phone near her at nearly all times, but on occasion she may have family responsibilities or other events which prevent immediate answering of texts and messages. The office number goes directly through to Dr. Karnes-Amzibel's cell phone at all hours of the night. Please do not text outside of business hours about non-urgent questions. For any matters that may arise outside of normal business hours, please follow the above listed guidelines for the type of

matter it is (emergency, urgent, non-urgent, routine, refill). All after hours matters will be handled in a timely matter based on the specific need. *****Please note that these guidelines are not meant to discourage contact with your physician. The intention is to streamline communication so that we can provide the best care possible to all of our patients at all times.*****

Addressing concerns: I agree to bring any complaints about services I receive as an Alpha Omega DPC member to the attention of Dr. Karnes-Amzibel to be addressed as quickly and completely as possible. We strive for excellent customer service and would like to know if something is not right.

If you agree to the terms of this Agreement, please sign and date this agreement where indicated below. Agreement is for 1 year from the date of signature unless otherwise noted.

ALPHA OMEGA DPC

By: _____

Patricia J. Karnes-Amzibel, DO

Date: _____

Accepted and agreed upon by:

Patient printed name: _____

Patient signature: _____

Date: _____

**For the purposes of this contract, a family defined as 1 or more dependent children (age <18) living at the same address of 1 or 2 parents. Children over age 18 will be treated as an individual member at the individual rate.

Family members included in this membership:

Parent #1: _____

Parent #2: _____

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Initial and Date: _____

Services Guide

A. INCLUDED SERVICES

1. Wellness Visits

- a. Annual wellness/physical examinations
- b. Well baby and child care
- c. School and sports physicals (and form completion)
- d. Gynecological examinations
- e. Weight loss counseling
- f. Stress Management
- g. Fitness counseling
- h. Smoking cessation
- i. Vision screening
- j. Audiology screening
- k. Cancer screening

2. Visits due to illness or injury

- a. Sick and follow up visits
- b. Orthopedic services – strains, sprains and osteopathic assessment
- c. Treatment of burns
- d. Removal of simple lesions, cysts
- e. Cryotherapy for removal of warts and skin tags
- f. Treatment of rashes and other skin conditions

3. Chronic Disease Management

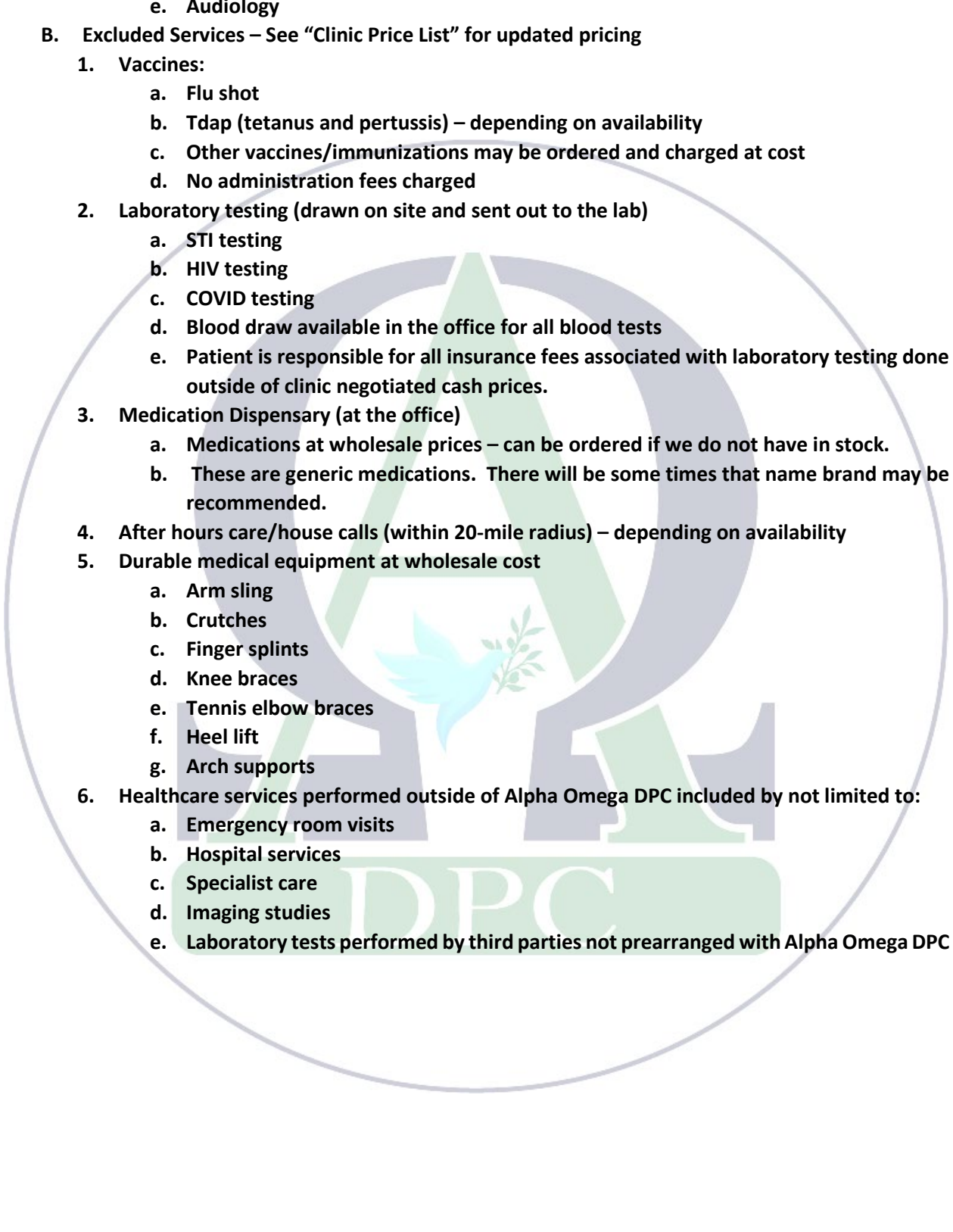
- a. Prediabetes
- b. Diabetes
- c. High Blood pressure
- d. Thyroid conditions
- e. Asthma
- f. COPD
- g. Allergies
- h. Eczema
- i. Migraines
- j. Mental Health counseling including depression and anxiety

4. In-office testing:

- a. Urinalysis
- b. Rapid strep test
- c. Rapid flu test
- d. Fingerstick glucose (sugar) testing
- e. Urinary pregnancy test
- f. Hemocult (testing for blood in the stool)

5. Diagnostic testing:

- a. EKG with interpretation
- b. Peak flow meter
- c. Pulse oximetry

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- The background of the page features a large, faint watermark of the Alpha Omega DPC logo. The logo consists of a large, stylized Greek letter alpha (Α) in a light blue color, with a white dove in flight positioned in front of it. Below the alpha symbol, the letters 'DPC' are written in a large, bold, light blue font. The entire logo is enclosed within a thin, light blue circular border.
- d. Spirometry
 - e. Audiology
 - B. Excluded Services – See “Clinic Price List” for updated pricing
 - 1. Vaccines:
 - a. Flu shot
 - b. Tdap (tetanus and pertussis) – depending on availability
 - c. Other vaccines/immunizations may be ordered and charged at cost
 - d. No administration fees charged
 - 2. Laboratory testing (drawn on site and sent out to the lab)
 - a. STI testing
 - b. HIV testing
 - c. COVID testing
 - d. Blood draw available in the office for all blood tests
 - e. Patient is responsible for all insurance fees associated with laboratory testing done outside of clinic negotiated cash prices.
 - 3. Medication Dispensary (at the office)
 - a. Medications at wholesale prices – can be ordered if we do not have in stock.
 - b. These are generic medications. There will be some times that name brand may be recommended.
 - 4. After hours care/house calls (within 20-mile radius) – depending on availability
 - 5. Durable medical equipment at wholesale cost
 - a. Arm sling
 - b. Crutches
 - c. Finger splints
 - d. Knee braces
 - e. Tennis elbow braces
 - f. Heel lift
 - g. Arch supports
 - 6. Healthcare services performed outside of Alpha Omega DPC included by not limited to:
 - a. Emergency room visits
 - b. Hospital services
 - c. Specialist care
 - d. Imaging studies
 - e. Laboratory tests performed by third parties not prearranged with Alpha Omega DPC