

| Name | | | |
|--|--|--|---|
| | City | | |
| Email Address: | | Phon | ne |
| The Achieve Concierge p | pes the terms under which y program provides premier se | rvice amenities including: | Achieve Concierge pra |
| | day appointments with Dr. 0 | | |
| | y personal email and cell pho | | |
| • | ents and extended appointment patient portal for ease of according to the contract of the cont | | |
| - | 1/year and school consultation | | |
| | t, confidential tele-medicine | | |
| day notice. You can Achieve Concierge's | n change your status as an not transfer your partici s reserves the right to adj n are as follows; please c | pation in the program to ust fee schedule on an ar | any other individual nnual basis. The annu |
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| Member(s) | New | Existing | |
| Member(s) Individual | \$2,700 | Existing \$2,500 | |
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| Individual | \$2,700 | \$2,500 | |
| Individual Couple | \$2,700 \$4800 | \$2,500 \$4,500 | |
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| Individual Couple College Students Insurance. | \$2,700 \$4800 \$1,500 | \$2,500 \$4,500 \$1,500 | |
| Individual Couple College Students Insurance. | \$2,700 \$4800 \$1,500 | \$2,500 \$4,500 \$1,500 | |
| Individual Couple College Students Insurance. Primary Insurance: Secondary Insurance: | \$2,700 \$4800 \$1,500 | \$2,500 \$4,500 \$1,500 — ID — ID | and skype sessions |
| Individual Couple College Students Insurance. Primary Insurance: Secondary Insurance: | \$2,700 \$4800 \$1,500 For all services including office | \$2,500 \$4,500 \$1,500 — ID — ID | s and skype sessions. |
| Individual Couple College Students Insurance. Primary Insurance: Secondary Insurance: Insurance will be billed for Co-Payments/Co-Insurance | \$2,700 \$4800 \$1,500 for all services including officurance/Deductibles. esponsible for any co-payme | \$2,500 \$4,500 \$1,500 ID ID ce visits, phone consultation nts, co-insurance, or deducti | is and skype sessions. |
| Individual Couple College Students Insurance. Primary Insurance: Secondary Insurance: Insurance will be billed for Co-Payments/Co-Insurance | \$2,700 \$4800 \$1,500 for all services including officurance/Deductibles. | \$2,500 \$4,500 \$1,500 ID ID ce visits, phone consultation nts, co-insurance, or deducti | is and skype sessions. |
| Individual Couple College Students Insurance. Primary Insurance: Secondary Insurance: Insurance will be billed for Co-Payments/Co-Insurance will be financially rensurance. | \$2,700 \$4800 \$1,500 for all services including officurance/Deductibles. esponsible for any co-payme | \$2,500 \$4,500 \$1,500 ID | is and skype sessions. ible amounts due under spress |

(Copayments continued) This will remain in effect until revoked by either party. You will continue to be billed on a monthly basis for the following:

Any charges for co-payments (if they were not collected at the time of the health care service) coinsurance or deductible for health care services already received; and any charges for non-covered health care services already received.

4. **Exclusive benefits and premier services:** HARMONY Concierge works in partnership with TMS Services of Vancouver to provide a variety of premier services that are available to members at standard costs. Members enjoy patient/clinician collaborations with expedited appointment options where available.

Examples include but not limited to:

- Cognitive Behavioral Therapy
- Genetic Testing
- Naturopathic Medicine
- Neurofeedback
- Comprehensive Neuropsychological Evaluation
- Transcranial Magnetic Stimulation
- Esketamine Treatment
- EMDR Eye Movement Desensitization Reprocessing
- 5. **Process following enrollment.** Enrollment in the program will commence after insurance verification is complete.

You will notify the program as soon as possible of any changes in the information listed above. Nothing in this agreement supersedes or modifies the terms or conditions of ay agreements relating to your insurance.

- 6. **Governing Law.** This agreement shall be governed by and construed in accordance with the laws of the State of California, and if any provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions held valid or unenforceable shall substantially impair the benefits of the remaining portions of this agreement.
- 7. **Termination.** You may terminate this agreement and your participation in the program at any time upon 30 days prior written notice to the program. The program may terminate this agreement and your participation in the program by providing 30 days written notice to you, if any of the following occur: you fail to pay the Annual Fee or charges for health care services when due; you fail to abide by the terms and conditions of your insurance coverage; or you fail to abide by the policies of Achieve Concierge and the program. In addition, Achieve Concierge may terminate this agreement at any time on 60 days prior written notice if the program is discontinued. At termination, the annual fee will be prorated based on the number of days you have participated in the program.
- 8. **Email Communications.** All email communication will occur in accordance with the Achieve Concierge patient care and HIPAA compliance policies and procedures.
- 9. **Renewal Fees.** Renewal fees will be due yearly, on the first day of the month after you initially joined.

| (Please initial for agreement to these terms | •) |
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