MDVIP-AI
PREMIUM INDIVIDUALIZED HEALTHCARE

Patient Participation Agreement

Concierge Primary Care and Preventive Services

Practice	MDVIP-AI
Business owner	Michael P Vaughn MD, owner and business manager of "The Practice"
Primary Care Physician	Michael P. Vaughn PhD.MD.
Practice Address	115 Gallery Circle, Suite 200, San Antonio, Texas 78258
Telephone	(210) 722-0527
Email	info@EnlightenedPrimaryCare.com

Patient	_____
Date of Birth	____ / ____ / _____
Telephone	_____
Alternative Telephone	_____

Patient Address _____

_____

Effective Date ____ / ____ / _____

Important Disclosures

Government health program exclusion

MDVIP-AI does not accept as members individuals who are enrolled in, entitled to benefits under, or receiving benefits through a government health care program or any other health program that prohibits the proposed private-payment for the "enhanced and exceptional" medical and non-medical Physician services. Mere eligibility for a program that the Patient has not yet become entitled to or enrolled in will be evaluated by the Practice based on applicable program rules.

Not health insurance. This Agreement covers only the services expressly identified below. It does not replace health insurance or provide hospital, emergency, specialist, laboratory, imaging, pharmacy, rehabilitation, ambulance, or other services unless expressly stated.

Annual fee. The annual membership fee pays for personalized "enhanced and exceptional" benefits and health care access not covered by medical insurance, and not typically available from "Non-concierge" Primary Care Physicians. This fee is not reimbursable by insurance. **The annual fee is $2,400.** No separate monthly membership fees apply.

Insurance and annual fee. Your annual "concierge" fee pays only for expanded care features and enhanced physician access not covered by insurance as described in section 1.1. As per his established contracts with Insurance providers, Michael P. Vaughn MD accepts insurance payments when "routine" diagnostic medical services are provided and is contractually obligated under these contracts to collect copays, co-insurances, and deductibles.

Emergencies. The Practice is a medical clinic that does not meet the level of care that can be provided by an Emergency Department. Call 911 or go to the nearest emergency department for all potentially serious or life-threatening conditions.

AI resources are frequently used to review care plans. Artificial intelligence tools may be used to review preventive care planning, medication utilization choices and evaluate active disease treatment-plans however, AI recommendations do not replace or supersede the physician judgment, and the "treating" physician alone remains responsible for clinical decision making. Participation with MDVIP-AI does not guarantee a diagnosis, treatment, prescription, referral, appointment time, response time, medical outcome, hospital admission, or specialist appointment.

1 Purpose and Parties

This Agreement is between Michael P. Vaughn, MD, doing business as MDVIP-AI (the Practice), and the person identified above (the Patient). It describes the "Concierge" primary care services included with participation, the annual fee, the parties' responsibilities, and services that are excluded or separately charged.

The arrangement is intended to support the financial feasibility of maintaining a very limited medical practice size; that allows for exceptional access to services. The empanelment goal of MDVIP-AI is 3-400 patients *about 1/10th the size of a typical PCP's medical practice. The smaller practice size will facilitate continuity of care, allow for longer appointments (when clinically appropriate), provide enhanced communications and overall increase the participant's access to medical care (within reasonable professional and operational limits). ***Specifically, the "concierge fee" provides participants the following "non-medical" benefits and the enhanced "medical" services not typically available from "Traditional" PCP physicians or covered by Medical Insurance:***

1.1 Enhanced and Exceptional "Non-Medical" Services Provided:

1) After-hours Care by your Physician: No need to call an office to request a "call-back" from your physician. Patients will be given the physician's personal cell phone for consultative access 24/7 *To avoid interrupting the physician during active patient care, only text messaging to the physician is permitted during office hours. *Enhanced Physician access excludes pre-published personal time (vacations) and unexpected "sick-days.

2) Extended Appointment Durations: During normal office hours, typical follow-up appointments (urgent care visits or routine follow-ups) are scheduled for 30 minutes and complex medical visits involving care for chronic medical conditions, medication changes or genetic counseling are typically scheduled for 60 minutes (appointment times as deemed appropriate by the physician).

3) **Facilitated Follow-up Appointment Access:** the "concierge" fee supports the practice's ability to function sustainably as a "small" practice and consequently, it is anticipated that participants will have increased access to medical care opportunities and significantly shorter wait-times.

4) Same-day and/or Next-day appointment:

*The concierge fee will allow MDVIP-AI to preserve 1/3rd of daily appointments as "open/ unscheduled" to accommodate unexpected urgent care needs. *Same-day evaluations are available on a "first-come-first-served" basis, next-day appoints can be scheduled when available. During normal office hours and under most circumstances, every effort will be made to accommodate evaluations for medical problems that are deemed to require urgent medical care. *At the discretion of the physician, medical problems that exceeds the capacity, urgency or level-of-care immediately available in the clinic, will be referred to a higher level of medical care.

5) Access to Reduced Laboratory Pricing: MDVIP-AI has contracted for laboratory services with Quest Diagnostic Laboratory. Patients can pre-pay MDVIP-AI for lab testing at prices that are typically 2/3rds lower that those billed by Quest Labs to Medical Insurances. This allows people with large insurance deductibles, high co-insurance and those who are un-insured atypical access to reduced test pricing.

6) HIPAA compliant Email Access: MDVIP-AI has email communications that are protected by end-to-end encryption. *Info@enhancedprimarycare.com

7) "Portal Access": A portion of your "concierge fee" pays for your immediate access to your medical records and testing results through a secure online portal.

8) Phone Call Follow-ups Performed by the Physician: With a significantly lower practice size, testing results can be discussed directly with your Physician; not an intermediary medical assistant, Nurse, NP or PA.

9) Coordination of Care with a "Traditional" PCP and other Medical Specialist Consultants. There is no rule that says you cannot have 2 PCPs. If you like your current PCP, you should keep them as a back-up for when MDVIP-AI services are unavailable (Vacations). We will communicate with your "Traditional" PCP and keep them apprised of our genetics-based recommendations and any medical care we provide you. *Dr. Michael P. Vaughn is not an "in-network" medical provider for any HMO. If you have HMO Insurance, your will need to maintain your "in-network" PCP to provide you with "in-network" Medical Specialist referrals and prior-authorizations for expensive medical services and medications.

1.2 Enhanced and exceptional "Medical" Services Provided:

1) A "no-charge" Annual "Executive-level" Physical Exam: Once a year, your doctor will perform a comprehensive examination that includes an EKG and PFT lung test at no charge. *Generally, medical Insurances do not cover an annual EKG or a Pulmonary Function Test (PFT) when performed strictly as a "routine" screening procedure.

Surprisingly, a comprehensive physical exam is not performed as part of the initial "Welcome to Medicare Visit" or thereafter, during the annual "Medicare Wellness Visits".

1.3 Non-covered "Medical" Services:

1) Genetic testing (Whole Genome Sequencing) for use in formulating "precision" Wellness plans and for applying Pharmacogenomic to medication optimization is required to accomplish these services. Under most situations, genetic testing done before a disease is suspected or diagnosed is not considered "medically necessary" and is therefore considered by Insurers as "non-covered" testing. Whole Genome Sequencing from www.sequencing.com. is a self-requested out-of-pocket test *approximate cost $400.

2) "Routine" blood and urine testing will be evaluated annually looking for hidden problems even though you may not have a specific complaint or risk. Blood and urine tests are not included as a MDVIP-AI "covered" cost however, labs tests are an important part of your health care. Some labs done during or as part of your well-exam may be covered by your health plan. For example, bloodwork used to check a cholesterol level is covered for adults ages 40 and 75 and for children ages 2 to 21. Screening for diabetes is covered for people between the ages of 35 and 70, who have a BMI at or above 25. However, a complete blood count (CBC) and other blood chemistry tests — such as those for kidney or liver function, vitamin D or iron levels — are generally considered "diagnostic" and not "preventive" care and therefore may have an out-of-pocket cost to you. ***Additional non-covered medical services are listed in Exhibit A.***

2 Insurance Participation and Coverage Status

2.1 Insurance Relationships

Dr. Michael Vaughn accepts most regionally popular non-HMO medical insurance. He will submit insurance claims for "routine" and "medically necessary" covered diagnostic services including sick visits, chronic-care visits, and other billable professional services (genetic counseling). The Patient remains responsible for all insurance plan-required copays, coinsurance, deductibles, prior-authorization requirements, and non-covered amounts.

Insurance participation and "in-network" status of Dr. Michael P Vaughn may vary by plan and may change over time. The Patient is responsible for confirming network participation and coverage directly with the Insurer. The Practice does not guarantee that an insurer will pay a claim or treat a physician or facility as an "in network" entity. When Dr. Michael Vaughn is "out of network" with the patient's Insurance plan, a patient may request "private-pay" status and choose to pay a discounted out-of-pocket fee for the applicable service charge.

2.2 Separation of the Annual "concierge" Fee from "covered" Insurance-billed Services

The annual "concierge" fee pays for an annual "executive-level" comprehensive physical examination that includes an annual EKG and pulmonary (lung) function testing and also supports the "non-medical" services (described above). The Practice will not bill an Insurer or the patient for the services covered by the annual "concierge" fee *no double billing.

"Routine" problem focused (diagnostic) medical care is not covered by the "concierge" fee and will be billed to your insurance.

Other advanced diagnostic testing and screenings are included only to the extent specifically permitted by your Insurer and when determined by the physician to be "Medically Necessary". Your have the option of paying out-of-pocket for any test or service that is recommended by your physician but is not "covered" by your insurance. All third-party laboratory, imaging, pathology, medication, and facility charges remain excluded from this contract unless otherwise expressly stated.

2.3 Patient coverage certification and authorization

By signing, the Patient certifies and agrees that:

1. The Patient has disclosed all current health coverage and will provide accurate, current insurance information.
2. The Patient authorizes Dr. Michael P Vaughn to submit service claims and receive information reasonably necessary to administer insurance-covered services.
3. The Patient will promptly notify the Practice of coverage, insurance or network, changes.
4. The Patient agrees to pay applicable copays, coinsurance, deductibles, noncovered charges, and other lawful patient responsibility amounts. *these charges are not covered by the "concierge" fee.
5. The Patient will not ask the Practice or Dr. Michael Vaughn to conceal or mischaracterize information that should be included in a patient medical record such as any test paid for by an Insurer however, genetic testing, if paid for by the patient, can be excluded when the results are not specifically disclosed by the patient.

2.4 Medicare and other government programs

When a physician participates in Medicare or another government program applicable to the Patient, "covered services" will be billed to and handled as required by that program. When a patient receives **Statutorily Excluded Services** that Medicare never requires (as expressly outlined in section 1.1), the Medical Provider is permitted to collect an out-of-pocket payment directly from the beneficiary. Because the annual "concierge" fee is for non-covered "Non-medical" and "Medical" services this fee cannot be billed to Medicare. This Agreement therefore does not require a Medicare opt-out private contract and signing this contract does not waive any applicable Medicare beneficiary protection. ***The annual fee is not applicable to any services that are specifically "covered" by Medicare.**

2.5 Nondiscrimination

Eligibility and services will be administered in accordance with applicable nondiscrimination and disability-access laws.

2.6 Insurance, receipts, and reimbursement

The Practice will submit claims for "routine" covered "diagnostic" medical services when the physician participates with the Patient's plan. The Practice will not knowingly submit a claim for a service already paid through the annual fee. *The annual membership fee is not reimbursable by insurance and MDVIP will not provide you with a bill of services invoice for re-submission to Insurers.*

2.7 Late payment

If payment of the annual fee is not received when due, the Practice will notify the Patient and provide at least 10 days to cure the delinquency. After reasonable notice (30 days), the Practice may suspend nonurgent scheduling if the delinquency remains uncured. The Practice will not withhold medically necessary transition assistance to another medical practice, withhold record transfers or abandon the Patient because of nonpayment. Dr. Vaughn is not required to provide "enhanced or exceptional" services to any patient who has opted to discontinue participation in the "concierge" program.

4 Appointments and Communications

4.1 Office access

Regular Office Days	Regular Hours
Monday, Tuesday, Thursday, and Friday	7:30 a.m. to 4:00 p.m., excluding national holidays and up to 25 personal vacation days per calendar year

The same-day or next-business-day access goal is a scheduling objective, not a guarantee. Appointment length depends on clinical circumstances and availability.

4.2 Communication and after-hours access

The Patient may communicate through the on-call medical provider's designated personal telephone number, or by email for non-urgent matters *info@EnlightenedPrimaryCare.com with a text alert. The Practice does not guarantee continuous or instantaneous availability. Email, portal messages, text messages, and voicemail may not be reviewed immediately and must not be used for obtaining emergency advice or care for any problem. *For a potentially serious or life-threatening condition, the Patient must call 911 or go to the nearest emergency department. Examples include chest pain, severe breathing difficulty, signs of stroke, severe bleeding, loss of consciousness, suicidal intent, serious trauma, or another condition that may require immediate treatment. The Patient should not delay emergency care while awaiting a Practice response.

The Practice may establish reasonable response targets, message-length limits, and other communication boundaries. Complex medical concerns are generally addressed during a scheduled appointment. Routine refill requests and routine test-result review are not ordinarily handled after 6pm.

4.3 Appropriate use

Repeated missed appointments, excessive nonclinical communications, abusive conduct, or use of messaging that interferes with the medical care of other patients may result in the imposition of reasonable communication limits or termination under Section 11.

6 Excluded and Separately Charged Services

The annual fee does not cover the services, items, or third-party charges listed in **Exhibit A**. Third-party providers and unaffiliated facilities may bill the Patient or the Patient's insurer separately.

The Practice will disclose charges in advance when reasonably possible. The Practice may update separately charged prices on advance notice. The Patient may terminate before a material price change becomes effective.

7 Prescriptions and Controlled Substances

Patient participation with MDVIP-AI does not obligate the Physician to provide any particular prescription, controlled substance, dosage, refill frequency, laboratory test, referral, or treatment. A physician may require an in-person examination, diagnostic testing, Specialist evaluation, and a scheduled follow-up before or after treatment. Prescriptions for narcotic or benzodiazepine with high addition potential will be limited to 15 days of use and will not be refilled within a contract period. If needed, referrals will be provided for chronic pain medication use (narcotics) to a Physical Medicine and Rehabilitation Physician, and long-term benzodiazepine use should be similarly monitored by a Sleep Specialist or a Psychiatrist, depending upon the intended use of the drug.

The Physician is not legally licensed to dispense controlled substances in federal schedules I through III. This limitation does not prevent a physician from making an independent, lawful prescribing decision within the physician's scope and policies.

8 Office Sharing and Staffing

Alamo Asthma & Allergy Associates (owned by Dr. Adrianne Vaughn) provides facility and staffing services for MDVIP. Administrative and clinical personnel are supplied through written employment, lease, or management-services arrangements. Regardless of these arrangements:

1. Each treating physician conducts business on the premises independently and has sole control of the medical care that they provide.
2. The facility owner (landlord) does not control clinical decisions and is not entitled to a percentage of the Patient's annual fee.
3. The Patient is not required to pay the facility owner or landlord separately for access to a physician.
4. A physician does not become the Patient's treating physician merely by sharing the premises.
5. Any covering physician or sub-contracting practitioner will be appropriately identified.

The MDVIP-AI is responsible for appropriate privacy, supervision, and service arrangements for shared personnel. All physicians providing MDVIP-AI services will maintain their own professional liability insurance.

9 Patient Responsibilities

The Patient agrees to:

- Pay all fee owed under this Agreement;
- Provide complete and accurate health coverage and medical information;
- Inform the Practice of material changes in health, medication, or coverage status;
- Seek emergency care for symptoms previously identified as requiring emergency evaluation;
- Treat staff, clinicians, and other patients respectfully;
- Give at least 24 hours' notice when cancelling an appointment or pay a $65 no-show fee beginning after the second missed appointment without 24 hours' notice during a contacting year.
- Follow mutually agreed treatment plans or inform the physician when the Patient does not intend or is unable to follow a medical recommendation;
- Maintain insurance or adequate financial resources for excluded services;
- Not share prescriptions or participation benefits with another person and
- Comply with reasonable infection-control, safety, and office policies.

Registered Service animals will be accommodated as required by applicable law. Animals that do not qualify as service animals, including ***emotional support animals, are restricted from the office*** when permitted by law and as is necessary for patient safety. *Exposure of patients with animal allergies to animals can place them at significant risk for potentially dangerous reactions such as asthma.

Dr. Michael Vaughn recommends that Patients maintain major-medical, hospitalization, prescription-drug, and catastrophic coverage, including an in-network primary care physician when required to access health-plan benefits. ***Maintaining a Traditional "in-network" PCP is mandatory for those with HMO plans***

10 Medical Records and Privacy

The Practice uses the NextGen Electronic Medical Record (EMR) cloud-based system and manages authorized staff access in accordance with applicable federal and Texas law. The Practice's Notice of Privacy Practices is separate from this Agreement and applies according to its own terms.

The Patient may access available records through the patient portal and may request billing records or transfer of medical records subject to identity verification, written authorization, lawful copying charges, and other applicable requirements. Ending participation with MDVIP-AI does not eliminate the Patient's lawful record-access rights. The Practice will not condition release of records on payment of disputed fees when prohibited by law.

11 Termination and Refunds

11.1 Termination by the Patient

The Patient may terminate at any time by written notice. Termination ordinarily becomes effective 30 days after notice unless the Practice agrees to an earlier date.

11.2 Termination by the Practice without cause

The Practice may terminate without cause on at least 30 days' written notice. During the notice period, the Practice will provide reasonable continuity of medical care and transition assistance consistent with clinical needs and professional obligations.

11.3 Suspension or termination for cause

The Practice may suspend nonemergency services or terminate for reasons including:

- threatening, violent, abusive, discriminatory, or sexually inappropriate conduct;
- fraud, identity misuse, or material misrepresentation;
- diversion or misuse of prescribed substances;
- nonpayment after notice and an opportunity to cure;
- repeated failure to follow essential safety requirements;
- repeated misuse of after-hours communications;
- a serious breakdown in the physician-patient relationship;
- conduct that endangers staff or other patients;
- an insurance, payer, or program change that prevents lawful billing or service performance; or
- a legal, licensing, health, capacity, or operational condition that prevents continued care.

When immediate termination is not required for safety or legal compliance, the Practice will provide reasonable notice and transition assistance (60 days). Nothing requires the Practice to place staff or other patients at risk.

11.4 Physician incapacity or Practice closure

This Agreement may end because of a physician's death, disability, incapacity, loss of license, relocation, retirement, Practice closure, or another event making continued performance impracticable. Dr. Michael P. Vaughn is the medical-records custodian and will provide status and records-access notices as required by law. *Dr. Adrianne D. Vaughn is his legal successor as record custodian.

11.5 Refunds

Up to 50% of the annual fee is refundable after the Effective Date and performance of an "executive" Physical examination. When the Patient voluntarily terminates, or the Practice terminates for cause. the Practice will refund the unearned monthly prorated portion of the annual fee up to a maximum of $1100 ($100/month of unused services). Amounts for services already furnished, products already supplied or separately charged and work already completed are not refundable ($1300). No separate termination penalty applies.

12 Professional Obligations and Patient Rights

Nothing in this Agreement:

- waives the applicable professional standard of care;
- releases a physician or the Practice from liability that cannot be lawfully waived;
- limits the Patient's right to report a concern to a licensing or regulatory authority;
- requires the Patient to accept unwanted treatment;
- guarantees a medical outcome; or
- replaces informed consent for a procedure or treatment.

This Agreement requires arbitration of health care liability claims in San Antonio Texas (see Office Policies).

13 Notices and Agreement Changes

Notices may be delivered personally by mail, through the patient portal, or by email to the contact information maintained by the parties. The Patient must keep contact information current. Notices of termination, material fee changes, or eligibility changes will be provided in a form the recipient can retain.

The Practice may propose changes on at least 30 days' advance written notice. The change will not retroactively alter charges or services already furnished. If the Patient does not accept a material change, the Patient may terminate before the change takes effect, subject to the refund terms in Section 11.5.

14 General Provisions

Texas law. Texas law governs this Agreement except where federal law controls.

Entire agreement. This Agreement and its exhibits contain the complete agreement concerning participation services and replace prior oral or written representations about those services.

Severability. If a provision is found unenforceable, the remaining provisions continue to the extent permitted by law.

No assignment. The Patient may not transfer participation rights to another person.

No third-party beneficiary. No landlord, office owner, management company, insurer, employer, or other person becomes a beneficiary merely by providing space, personnel, payment, or administrative support.

Headings. Headings are for convenience and do not change the meaning of the Agreement.

Electronic signatures and counterparts. Signatures may be electronic and may be executed in counterparts, each of which is treated as an original to the extent permitted by law.

Exhibit A: Excluded or Separately Charged Services

Services and Costs Not Included or covered by the "Concierge" fee

The annual fee does not cover "diagnostic" medical care or the following services and charges:

- Whole Genome Sequencing obtained from Sequencing.com (estimated cost: $400, subject to change); Genetic testing is covered by many insurances for the investigations of suspected genetic-related conditions however, Whole Genome Sequencing for use in Preventive Health planning is not justifiable as a "Medical Necessity" and therefore is not a "covered" test. Genetic counseling provided for a test that was not "medically necessary" is however, an insurance "covered service".
- routine medical evaluation and treatment, including sick visits, chronic-care visits, and other covered diagnostic professional services;
- hospital, emergency-department, facility, ambulance, home-health, hospice, skilled nursing, or rehabilitation charges;
- services of another physician who is not an independent contractor for MCVIP-AI;
- surgery, anesthesia, pathology, or diagnostic imaging, including: radiology testing, MRI, mammography, bone-density testing, coronary-artery-calcium CT, or endoscopy;
- laboratory testing processed by an outside laboratory,
- prescription or nonprescription medications, vaccines, injectable medications, or biologic products;
- medical supplies beyond ordinary office supplies or durable medical equipment;
- physical, occupational, or speech therapy;
- behavioral-health services furnished by another professional;
- dental, vision, or hearing services;
- home visits unless the Practice agrees in writing;
- travel expenses;
- workers' compensation services or independent medical examinations;
- disability, litigation, insurance, employment, or forensic evaluations;
- expert reports, depositions, testimony, or legal consultations;
- forms or reports listed below as separately chargeable;
- services outside a physician's scope of practice; and
- services that a physician determines require another level or type of care.

Exhibit B. Current Separately Charged Services

Service	Patient Charge if Not Covered or Not Billed to Insurance
Extensive disability or insurance form *We do not initiate disability applications	$50
Employment or school physical outside the included scope, including pulmonary function testing	$100
Medical-record summary beyond routine care	$150 per hour
Electrocardiogram (not performed with the annual examination)	$120
Pulmonary function test, flow-volume loop, (not performed with the annual examination)	$100
Pulmonary function test with bronchodilator study for suspected asthma	$150
Returned or denied payment processing	$50
No-show fee begins with the third missed appointment in a participation year without 24 hours' notice	$65
24-hour Holter monitoring	$350
Minor laceration care using wound adhesive or adhesive strips, up to 4 cm, low-tension sites only	$100
Minor laceration care requiring single-layer sutures, up to 4 cm	$170, plus $20 per additional cm; no deep-layer repair
Surgical wound dressing changes	Cost based on supplies and complexity
Galleri multi-cancer blood testing	$599
LEAP/MRT food sensitivity testing	$450 estimated

These listed charges apply only when a service is a non-covered service. The Practice will not charge the patient an annual fee and bill insurance for the same service. The Practice will provide additional advance pricing information or a good-faith estimate when required. Third-party prices and estimates may change without notice because they are not controlled by the Practice.

Patient Acknowledgments

By signing below, the Patient confirms each statement by placing initials in the corresponding space:

Initials	Acknowledgment
_____	This Agreement is for non-covered health care services and is not health insurance.
_____	The $2,400 annual fee pays for the "enhanced and exceptional" services not covered by Medical Insurance and is not applicable to services identified in Exhibit A. *The patient has reviewed the termination and refund terms in Section 11.
_____	The annual membership fee is not reimbursable by insurance.
_____	The annual fee ($2400) is payable by check to: Michael P. Vaughn MD *there is a 3% service fee for CC payment ($2472)
_____	You cannot use FSA or HSA funds to pay the upfront monthly or annual subscription fee that keeping the concierge doctor on retainer requires. The IRS views standard concierge retainer fees as payment for **access and convenience** (such as 24/7 doctor availability or expedited scheduling) rather than a direct treatment for a specific medical condition. However, the individual medical services you receive *during* your concierge care are often fully eligible.
_____	The Practice may bill the Patient's insurance for routine "covered" diagnostic or health-related counseling medical services
_____	The Patient remains responsible for applicable copays, coinsurance, deductibles, and noncovered charges.
_____	The Practice will not knowingly bill the annual fee and insurance for the same service.
_____	The Patient has accurately disclosed current insurance coverage and will promptly report coverage changes.
_____	The Practice is not an emergency service; the Patient will call 911 or go to an emergency department for a potentially serious or life-threatening condition.
_____	The Patient is not required to pay a separate facility, staffing, access, administrative, or concierge fee to the office owner or landlord.
_____	AI tools may assist care planning and review, but the physician retains independent clinical judgment and no result is guaranteed.

3 Term and Annual Fee

3.1 Participation year and renewal

***The annual fee is not applicable to services that are "covered" by your Medical Insurance.** The initial participation year begins on the Effective Date and continues for 12 months unless ended earlier under Section 11. The Agreement can be renewed for successive 12-month periods unless either party gives timely written notice of termination (30 days prior). A partial pro-rated fee-refund is available upon request. The limited fee refund is based on each fully unused month during an annual contract period *at $100/ month for a maximum refund of $1100.00.

3.2 Annual participation fee

Fee Item	Amount or Term
Annual participation fee	$2,400 per participation year (if paid by check to MDVIP-AI).
Payment schedules	Not available
First payment	Due on the Effective Date
Payment methods	Credit card use required a $72 processing fee
Automatic debit	Electronic debit from a checking or savings account is available

Payment method: [ ] Check / [ ] Automatic electronic debit / [ ] Credit card *adds a 3% fee to annual charge.

All participation fees must be paid directly to: Michael P. Vaughn MD.

The parties have read and agreed to this Patient Participation Agreement, including Exhibits A and B.

Patient Name	_____
Patient Signature	_____
Date	_____
Legal Representative Name, if applicable	_____
Legal Representative Signature and Relationship	_____
Date	_____
Patient Name	_____
Patient Signature	_____
Date	_____
Legal Representative Name, if applicable	_____
Legal Representative Signature and Relationship	_____
Date	_____

Physician	Michael P. Vaughn, MD
DBA	MDVIP-AI
Physician Signature	_____
Date	_____