DIRECT FAMILY CARE ALLIANCE

MEMBERSHIP AGREEMENT

Welcome to Good Life Family Medicine's Direct Family Care Alliance (DFCA). This Agreement outlines the terms of your membership with Good Life Family Medicine, operating as a Direct Primary Care (DPC) practice under Texas law. Our goal is to provide personalized, accessible primary care through a monthly membership fee, offering you unlimited visits, direct communication with your healthcare team, and many in-office services at no extra cost.

THIS AGREEMENT IS NOT A CONTRACT OF INSURANCE as defined by the Texas Insurance Code. It represents a direct relationship between you and your healthcare provider.

1. PARTIES & AUTHORITY

- **Clinic:** Good Life Family Medicine ("Clinic"), including its practitioners, nurses, and administrative staff.
- **Account Owner / Primary Member:** The individual whose name and signature appear on this agreement and who is financially responsible for the membership(s).
- **Covered Individuals / Members:** The Account Owner and any family members/dependents (spouse, children, or other household members) listed on the enrollment roster.

The Account Owner represents and warrants that they have the legal authority to enroll all Covered Individuals and to bind them to the terms of this Agreement. Each Covered Individual is a third-party beneficiary of this Agreement. This Agreement cannot be assigned to any other parties.

2. MEMBERSHIP TIERS & FEE STRUCTURE

All membership fees are recurring and cover direct primary care services as outlined in Section 3.

Membership Type	Definition	Monthly Rate
Individual	One adult aged 18 or older	$100.00
Child	One child aged 1–17 (Must be linked to an adult membership)	$65.00
Family Base	Two adults and two children living in the same household	$250.00
Family Plus	Family Base + additional children (up to 2 more)	+$25.00 per child
Family Max Cap	Two adults and 4 or more children (5th child and beyond are free)	$300.00 (Maximum Cap)

Note: Membership rates and structures are subject to periodic review by the Clinic. The Clinic reserves the right to adjust an individual Account Owner's monthly membership rate or service tier upon thirty (30) days' advance written notice.

3. CLINICAL & NON-MEDICAL SERVICES INCLUDED

Your membership fee covers the following primary care services with no additional co-pays or deductibles:

- **Unlimited In-Clinic Visits:** Scheduled in-person evaluations, typically set for 30 minutes or longer as needed. Same-day or next-business day appointments are made available whenever possible.
- **Unlimited Telehealth Consultations:** Virtual appointments via secure video platform or telephone, ideal for follow-ups, minor concerns, or when travelling out of town (subject to Texas telemedicine laws).
- **Direct Provider Communication:** Direct access via phone, text, and patient portal messaging.

- **In-Office Procedures & Supplies:** Access to in-office medical care, basic procedures, ECGs, and point-of-care supplies maintained in stock by the Clinic at no extra charge.
- **Coordination of External Care:** Assisting members with finding cost-effective radiology studies (X-rays, CTs, MRIs) and specialized diagnostic testing through local partner facilities.

4. CLINIC RESPONSIBILITIES, BOUNDARIES & UNAVAILABILITY

A. Standards of Care

The medical providers at the Clinic maintain valid Texas medical licenses and specialty certifications in good standing. The Clinic will maintain all equipment, supplies, and protocols necessary to safely provide primary care within the scope of Texas law.

B. Standard Operating Hours & After-Hours Policy

- **Standard Operating Hours:** Monday through Friday, 8:00 AM to 5:00 PM.
- **No Emergency/After-Hours Monitoring:** The Clinic is not an emergency room or an urgent care center. Clinic communication channels, texts, and portal messages are not monitored outside standard business hours.
- **Emergencies:** For life-threatening emergencies (e.g., chest pain, severe dyspnea, heavy bleeding), call 911 or go to the nearest emergency room immediately.

C. Provider Vacation and Unavailability

Clinic healthcare providers take no more than four (4) weeks of vacation per calendar year. During scheduled vacations or extended out-of-office periods, providers will generally be unavailable for in-person appointments or procedures.

- Reasonable efforts will be made to answer urgent telephone inquiries that cannot safely wait.
- Routine, non-urgent, or elective issues will be handled upon the provider's return.
- Members requiring immediate hands-on care, in-person evaluation, or procedures while the provider is unavailable must seek care at an urgent care center or emergency department at their own expense. The Clinic does not guarantee coverage by a substitute physician during these absences.

D. Referral and Hospitalization Disclaimer

The Clinic will provide services customarily provided by a primary care physician and will make every effort to manage all medical care possible within their office and within the yearly retainer fee discussed below. However, The Clinic retains the ultimate decision on what can safely and appropriately be provided within their office. In other words, there will be times when referral to the emergency room or to a specialist will be necessary for the optimal health of a Member.

5. PRIVACY, HIPAA & SECURE COMMUNICATION

- **HIPAA Compliance:** The Clinic complies with HIPAA to protect your personal health information, utilizing secure Electronic Medical Records (EMR) and encrypted file storage.
- **Unencrypted Communications:** Members acknowledge that standard text messaging (SMS) and unencrypted email are not fully secure HIPAA-compliant methods. Members who choose to communicate via standard text or email accept those privacy risks.
- **Data Breach Protocols:** In the event of a data breach, the Clinic will notify affected members promptly in accordance with federal and Texas state laws.

6. EXCLUSIONS & THIRD-PARTY BILLING

- **In-Clinic Exclusions:** Outside lab processing, special medical equipment, and dispensed prescription medications are not covered by the monthly retainer fee. These will be offered at transparent, wholesale cash prices charged to the payment method on file.
- **Out-of-Clinic Exclusions:** Hospitalizations, surgery, emergency room care, urgent care, external pathology/labs, diagnostic imaging (X-ray, MRI, CT), and specialist consultations are strictly excluded.
- **Insurance Billing:** ***The Clinic does not bill health insurance for membership services.*** Upon request, the Clinic will provide a detailed itemized statement (superbill) for the member to submit for out-of-network reimbursement, though reimbursement is not guaranteed.
- **Third-Party Pricing Disclaimer:** The Clinic maintains no control over the pricing or billing practices of outside facilities, labs, imaging centers, or specialists.

- **Financial Exclusions:** The Clinic has no financial responsibility to the Member in any way, nor are they responsible for any medical expenses incurred by the Member outside of the retainer fee.

- ****Direct Primary Care is not a form of medical insurance and Members are strongly encouraged to maintain at least major medical type healthcare insurance to protect against the cost of hospitalization, any catastrophic injury or illness, emergency department visits or specialist care***.

7. TERM, CANCELLATION & TERMINATION

A. Initial Term & Cancellation Notice

- **Initial Commitment:** New memberships require a minimum enrollment period of three (3) consecutive months.
- **Written Notice:** Following the initial 3-month period, either party may terminate this Agreement at any time by providing a thirty (30) day written notice.
- **Final Dues & Prorations:** Members are responsible for membership fees accruing through the 30-day notice period. Any pre-paid fees beyond the 30-day notice period will be refunded on a prorated basis.
- **Non-Alliance Care:** With approval, patients may continue as a non-Alliance patient using cash pay rates or commercial insurance if available.
- **Past Due/Unpaid Membership Fees:** Members who fall behind on their payments may have their membership terminated, at the discretion of The Clinic and upon 30 days' notice. In the case of termination, adult Members and parents/guardians of child Members will receive a letter informing them of termination of their Alliance Membership.

B. Medical Records Transfer

Upon termination of this Agreement, if the patient chooses to find another provider, the Clinic will transfer medical records to the member's designated new primary care provider within ten (10) business days of receiving a formal written request containing the receiving providers' contact details.

C. Involuntary Termination by Clinic

The Clinic reserves the right to terminate this agreement and sever the patient-provider relationship with 30 days' written notice for cause, including:

1. Persistent non-compliance with mutually agreed-upon treatment plans.
2. Providing false medical information or intentionally withholding health history.
3. Disruptive, threatening, or abusive behavior toward staff or other patients.
4. Non-payment of fees or failure to maintain a valid payment method on file for over 30 days.

D. Re-Enrollment Fee

Members who cancel or are terminated for non-payment and subsequently wish to rejoin must pay a **$100.00 Re-Enrollment Fee** per membership, settle all past-due balances, and obtain Clinic capacity approval.

8. MISSED APPOINTMENTS & DISPUTE RESOLUTION

- **No-Show Policy:** Cancellations require at least 24 hours' notice. The Clinic reserves the right to charge a **$25.00 No-Call/No-Show Fee** for missed appointments without proper notice.
- **Dispute Resolution:** Any disputes arising from this Agreement will first be addressed through good-faith mediation in Bryan/College Station, Texas. If mediation fails, disputes will be resolved through binding arbitration per Texas law. This Agreement is governed entirely by the laws of the State of Texas.

9. HOUSEHOLD ROSTER & MEMBER ENROLLMENT

By listing individuals below, the Primary Member certifies that both adults and all covered children reside full-time in the same household. Proof of residency may be requested.

1. **Adult 1 (Primary Member):** _____DOB: _____
2. **Adult 2:** _____DOB: _____
3. **Child 1:** _____DOB: _____
4. **Child 2:** _____ DOB: _____
5. **Child 3 (+$25):** _____DOB: _____
6. **Child 4 (+$25 / Max Cap):** _____DOB: _____

7. **Child 5 (Included):** _____DOB: _____
8. **Child 6 (Included):** _____DOB: _____

10. ACKNOWLEDGMENT & SIGNATURES

By signing below, you acknowledge that you have read, understood, and agree to the terms, pricing, and boundaries outlined in this Agreement. You explicitly acknowledge that this program is **NOT HEALTH INSURANCE**. Electronic signatures are binding per Texas law.

Primary Member / Account Owner:

Signature: _____ Date: _____

Printed Name: _____

Good Life Family Medicine Representative:

Signature: _____ Date: _____

Printed Name: _____

Please print this document, complete the Household Roster and Member Enrollment section and bring with you to your next appointment. A copy may also be emailed to info@goodlifefamilymedicine.com