

Three-Month Subscription Agreement

- This Agreement is a legal contract. Do not sign it without reading it carefully.
- This Agreement specifies the terms and conditions under which you may participate in the Three-Month Subscription plan offered by Leigh Saint-Louis, MD (Dr. Leigh).
- The Subscription plan is intended to provide a short period of intensive health improvement, for people who do not have resources that would otherwise make this affordable for them.
- This Agreement between you and Dr. Leigh will become effective on the date each party signs it.

1. Plan (What do you get?)

During the length of the Subscription, in exchange for the subscription fee (as defined below), Dr. Leigh offers, in addition to routine exams for specific issues, and routine evaluation and management of medical problems, these services not usually covered by insurance:

- A personalized quarterly physical exam.
- A personalized health-improvement program.
- Office appointments (30 or 60 minutes), self-scheduled, as needed for your program.
- Dr Leigh will accompany you to consultations with specialists, including hospitalists, as scheduling permits
- Online and telephone visits as needed.
- Housecalls as medically necessary.
- Easy access to Dr. Leigh and virtual visits via her personal cellphone, email, internet, and voicemail.

2. Services Excluded from Subscription Plan; Contingency Plans

- Surgical procedures and repairs or injections. (There is an extra fee for these services.)
- Imaging, laboratory, and pathology services. (These might be covered by insurance, if you have it.)

When Dr. Leigh is out of town, she is still available to you for consultation by email, internet audio and video (Skype), and cell phone, including text messages. She can send and receive faxes, orders, and prescriptions long-distance.

Urgent-care and emergency physicians and hospitalists will be available for immediate care when Dr. Leigh is physically unavailable and a patient must be physically examined.

3. Subscription Fee (What do you pay?)

The Subscription fee is \$50.00 per month, for three months, for each subscriber (total \$150.00).

The fee covers all services detailed above during the three months of the subscription. Subscribers are not charged per visit, regardless of length or frequency of visits. No copays are required.

- If you do not schedule any visits in a given month, you still pay for that month.
- If Dr. Leigh for any reason is unavailable to provide you the above services at your convenience, and you do not reschedule or make other visit arrangements, you still pay for that month.

The first three months' subscription fees (\$150 cash, or three \$50 monthly checks, postdated to the end of each month), will be payable at the signing of this Agreement as stated below.

4. Renewal and Termination

- You may renew for additional three month Subscriptions, signing a new agreement quarterly.
- You are permitted to terminate this Agreement for any reason with 30 days prior written notice.
- Dr. Leigh is permitted to terminate this Agreement for any reason with 30 days prior written notice.
- Failure to pay the Subscription Fee may result in termination of Subscription with 30 days prior written notice.
- During these 30 days post-terminatiuon, Dr. Leigh will continue to be available on an urgent/emergency basis to you, and to assist you in transferring care to a new provider of your choice (transfer of health records, referral, etc.).
- Any outstanding Subscription fee payments remaining, after 30 days post-termination, will be returned to you. Payments will be prorated to the nearest whole month.

(For example: You subscribe and pay \$150 for three months of care, and see Dr Leigh and receive a physical exam and set up a health improvement plan. But you change your mind three weeks later. You pay \$50 for the first month, when you saw Dr. Leigh. You pay \$50 for Dr. Leigh to be available to you and to help you transfer care to a different doctor for the second month after termination of the agreement. You receive \$50 back for the third month that you did not use.)

5. Miscellaneous

This Agreement may not be assigned to another Subscriber or Physician without the other party's prior written approval. The parties understand that this Agreement contains the entire Agreement of the parties. Nothing in this Agreement shall be deemed to influence or construed to influence or affect Dr. Leigh's independent medical judgment on behalf of the Subscriber.

6. Governing Law; Change of Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon. If there is a change of any state or federal law, regulation, or rule that affects this Agreement or the activities of either party under this Agreement, or any change in the judicial or administrative interpretation of any such law regulation or rule, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights or obligations under this Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of this Agreement. If the parties are unable to reach an agreement concerning the modification of this Agreement within the earlier of forty-five (45) days after the date of the notice seeking renegotiation or the effective date of the change, or if the change is effective immediately, then either party may immediately terminate this Agreement by written notice to the other party.

Subscriber:

Name..... Date of birth/...../.....

Signature..... Date signed./...../.....

Home address with Zip code.....

Phone number/s.....Email.....

Billing Information:

Three Month Subscription fees can be paid with cash or check/s. Please make checks payable to Leigh Saint-Louis, MD. Please initial:

..... I paid \$150.00 in cash.I received a receipt for this cash from Dr. Leigh.

OR

.....I paid \$150.00 by check.I received a receipt for this check from Dr. Leigh.

OR

.....I paid \$150.00 by three checks, each postdated to the end of each subscription month.

.....I received a receipt for these checks from Dr. Leigh.

Bank name and location.....

Account name/s on check.....

Check number:	Check number:	Check number:
Date on check:	Date on check:	Date on check:

This Agreement accepted on behalf of Leigh Saint-Louis, MD, LLC.

Signature.....Date signed./...../.....

Subscription start date: Subscription end date:.....