



Exceeding your wellness expectations

Name _____
 Address _____ City, State, Zip _____
 Email Address: _____ Phone _____

This Agreement describes the terms under which you may participate in the Achieve Concierge practice.
 The Achieve Concierge program provides premier service amenities including:

- Same-day or next day appointments with Dr. Inamdar/one of our clinicians
- Direct access to my personal email and cell phone (for emergencies)
- Timely appointments and extended appointment times
- Personalized Concierge Coordinator
- Exclusive online patient portal for ease of access to medical information
- Family meeting: 1/year and school consultations and collaborations
- HIPAA compliant, confidential tele-medicine options available

1. Annual Fee. You can change your status as an individual, couple, or family at any time with a 60 day notice. You can not transfer your participation in the program to any other individual. Achieve Concierge’s reserves the right to adjust fee schedule on an annual basis. The annual fees for the program are as follows; please circle the appropriate “Member” for your desired status.

Member(s)	New	Existing
Individual	\$2,800	\$2,500
Couple	\$5,000	\$4,500
College Students	\$1,800	\$1,500
Family of three annual Membership	\$5,500, each additional family member \$1,200	\$5,000 each additional family member \$1,200
Family of four annual Membership	\$6,500, each additional family member \$1,200	\$6,000, each additional family member \$1,200

2. Insurance.

Primary Insurance: _____ ID _____
 Secondary Insurance: _____ ID _____

Insurance will be billed for all services including office visits, phone consultations and skype sessions.

3. Co-Payments/Co-Insurance/Deductibles.

You will be financially responsible for any co-payments, co-insurance, or deductible amounts due under your insurance.

Mastercard Visa Discover American Express

Card Number _____ Expiration Date _____ CVC _____

I certify that I have read the foregoing, received a copy of thereof, and accept its terms.

 Patient or patient’s agent, representative or responsible party Date



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(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) co-insurance 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:** Achieve Concierge works in partnership with Achieve Medical and Achieve TMS 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
- Educational Psychologist
- Transcranial Magnetic Stimulation
- 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 any 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.)