



Exceeding your wellness expectations

This Agreement describes the terms under which you may participate in the Achieve Concierge Practice. Achieve concierge is a premier, private psychiatric and mental health practice directed by Dr. Shashita Inamdar. Achieve concierge promises to provide mental health services to patients who are seeking a more efficient, personalized, and professional approach to their care.

1. Service Amenities

The Achieve Concierge program provides premier service amenities including:

- Same day or next day appointments with your private provider
- Timely appointments and extended appointment time
- Personalized concierge coordinator
- Direct Access to the doctors
- Comfortable waiting room with Wi-Fi and Coffee Bar
- Expedited appointments when available with other in-house clinicians (Neurofeedback, TMS, Aspire Services)
- Coordination of specialty care referral
- House calls when needed
- Collaborations
- Fast lab results
- “Telemedicine” access when you are at home or abroad

2. Concierge Administrative Access Fee

Achieve Concierge may increase the Annual Access Fee. The Current Annual Access Fee for the program are as follow. Please check the appropriate box for your desired status and provide the requested information.

Individual Adult: \$250 Monthly or \$2,800 Annually

Patient Name

Date of Birth

Couple: \$450 Monthly or \$5,000 Annually.



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Patient Name

Date of Birth

Patient Name

Date of Birth

Additional family Member \$150.00 Monthly or \$1,500 Annually
(Check of Couple box and add other members here)

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Intensive outpatient package (In house referral only) \$____,____.00

Patient Name

Date of Birth

3. Payment of Annual Fee/ Services

The Annual Access Fee covers a 12-month/365 Day membership, which is renewable upon payment start date of the Annual Access Fee.



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Mental Health Services are excluded from Annual Access Fee. The Annual Access Fee Covers the cost of the service amenities and does not cover the cost of any mental health services. You will be financially responsible for all services received from Achieve Concierge physicians and staff. Achieve Concierge will NOT bill your insurance for those services furnished to you. You are financially responsible for any health care services you receive, and the amounts are as follows:

- 1st Eval (90 Min) : \$ 500.00 for Dr.Inamdar / \$300 for Ryan Tucker
- 2nd Eval (90 Min) : \$500.00 for Dr. Inamdar/ \$300 for Ryan Tucker
- Follow Up Session (30 Min) :\$250.00 for Dr.Inamdar / \$150 for Ryan Tucker
- Follow Up session with Therapy(60 Min): \$400.00/ \$250 for Ryan Tucker
- House Calls: (60min): \$600.00
- No Show/Late Cancellation: \$100.00
- CPT Testing (ADHD Testing)\$125.00 (Included with membership)
- Urine Test:\$35.00
- Genomind (If not covered by insurance):\$399.00
- Phone Call/Text/Email/ Collaboration: \$50.00-\$75.00 (Included with membership)
- Letters/ Paperwork: \$100.00 (Included with membership)
- Court Papers/ Appearance (Per Hour): \$500.00
- Medication Refill Outside Appointment /Follow up time frame: \$50.00 (Included wit membership)

Please check here and sign that you Acknowledge the Above Services

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

4. Insurance

We do not take any type of Insurance and our Concierge Group under Tax ID 82-5444443 is considered out of Network for all insurance panels. Patient acknowledges



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that he/she/they have a right, as an insurance beneficiary, to obtain insurance covered services from a psychiatrist whose practice is covered, and that the patient is not compelled to enter into this Private Contract. We will not bill your insurance directly for any services. However, we will provide you with a monthly statement as requested for services provided so that you may bill your own insurance directly, some patient do go through insurance for medications, which often require additional authorization from our office. Having your insurance on file will make it easier for our Prior Authorization/ Medication specialist to expedite your request, as well as will make the request for any Laboratory services run smoother.

Please check here if you are currently using Insurance for Medication Coverage

Primary Insurance

Other Insurance

Company

Company

Name of Insured

Name of Insured

Member ID Number

Member ID Number

Group Number

Group Number

You must notify Achieve Concierge as soon as possible of any changes in the information listed above. Nothing in the Agreement supersedes or modifies the terms or conditions of any agreement relating to your insurance.

5. Payment

Please provide a Credit Card for Services rendered and Annual Access Fee

***Make All checks payable to Achieve Concierge**

Visa



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MasterCard
American Express
Discover
HAS Benefit Card

Card Number

Expiration Date

CVC

Please check here and sign that you Acknowledge the Above Credit Card to be used to all Achieve Concierge Services.

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

You must notify Achieve Concierge as soon as possible of any changes in the information listed above. Nothing in the Agreement supersedes or modifies the terms or conditions of any agreement relating to your insurance.

6. E-Mail/ Text Communication

If you wish to receive e-mail communication and texts from Achieve Concierge physicians and staff, please consider the following information about e-mail and text communication and sign the consent to electronic communication below:

I understand that e-mail and texting are not a secure medium for sending or receiving potentially sensitive personal health care information. Although communications



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between patient and physician are subject to confidentiality requirements of Achieve Concierge and applicable law, Achieve Concierge cannot assure the confidentiality or protection of e-mail and text communications. E-Mail or text sent to Achieve Concierge may be accessed by individuals who are not directly involved in my care (for example, by my employer if my e-mail address is provided by my employer, or by my internet service provider). I understand that e-mail or text are not a good medium for urgent or time-sensitive communication. Time-sensitive communications should be handled by direct telephone contact (858)221- 0344 or in person.

I understand that Achieve Concierge Land Line **(858)221-0344** is used for the following:

- Time-sensitive communications
- Scheduling or cancelling appointments
- Medication Refills
- Pharmacy Calls
- Medical records request
- Message to provider
- Any request for Concierge providers as follows:
Dr. Inamdar, Dr. Sheth, Dr. Pabbati, Dr. Hogan, Hannah, Meagan, Aspire

I understand that Achieve Concierge Land line may be used afterhours from 5pm-9am for any urgent situation ONLY.

(Exclusion Medication refills, paperwork or appointment inquiries are non-urgent after hour emergencies as this should be handled during business hours)

I understand that Achieve Concierge Billing department **(858)286-6166** is used for the following:

- Billing questions/Disputes
- Statements

I understand that Achieve Medical satellite location **(619)383-6700** is used for the following:

- Any Achieve Medical provider (insurance based)
- Disability paperwork



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At the discretion of my physician, e-mail communications and texts may become part of my permanent medical records. I understand that e-mail and text information described above and authorize Achieve Medical Group to send electronic mail and text to me at the following address:

Email: _____ Text _____

I understand that I can revoke this consent at any time, but I must revoke it in writing

Please check here and sign that you Acknowledge the Above

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

7. Termination

You may terminate this agreement and your participation in Achieve Concierge at any time for any reason with a written notice to the attention of servicing provider or Achieve Concierge. Achieve Concierge may terminate this Agreement and your participation in the Program upon 60 days prior written notice to you-if any of the following occur (A) you fail to pay the Annual Fee or charges for services when due (B) you fail to come in monthly or bi-monthly for follow up sessions regulated by my Liability insurance company (C)If you fail to comply or unfollow treatment recommendations. With sixty (60) days prior written notice, upon termination, Achieve Concierge will refund you a pro-rated portion of the Annual Fee based on the number of days that you have participated in Concierge.



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8. Program Modification/ Discontinuation

Achieve Concierge may modify at any time, including changing Achieve Concierge physicians' participation or adding or elimination service amenities. In the event you no longer wish to. Participate in Achieve Concierge after any such modification, you may terminate your participation in accordance with Section 7. In addition, Achieve Concierge may discontinue at any time. In the event Achieve Concierge discontinues, Achieve Concierge Physicians will take reasonable steps to transfer your care to another Achieve Medical physician and will refund a pro-rated portion of the Annual Fee based on the number of months that you have participated in Achieve Concierge.

9. Provisions

This Agreement supersedes any and all prior written and oral agreements you and Achieve Concierge relating to your participation in Achieve Concierge. This Agreement shall be governed by and constructed in accordance with the laws of the state of California and if another provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions held invalid or unenforceable shall substantially impair the benefits of the remaining portions of this Agreement.