

At Home Concierge Care
Dr. Mia Abraham, DNP, FNP-BC
Ph: 561-288-8218
Fax: 561-288-8249

Membership Agreement

This membership agreement specifies the terms and conditions under which you, the undersigned member, agree to participate in the program offered by Mia Abraham, DNP, FNP-BC. This agreement will become effective on the date the agreement is signed by the Member and payment is received.

1. Monthly Membership Fee

- a. There will be a non-refundable monthly membership fee with a duration of one (1) year (depends which plan member has selected _____) with renewal option of each year the member participates in the program. This fee is due when the agreement is signed and dated unless prior agreement arrangements have been made in writing.
- b. The monthly membership fee covers a period of one (1) year. Failure to pay the monthly or the renewal fees may result in membership termination. The member is permitted to terminate this agreement for any reason with thirty (30) days written notice. There is no reimbursement of membership fees.
- c. This agreement may not be assigned 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 affect independent medical judgement on behalf of the member.

2. Program

- a. In exchange for the membership fee Dr. Mia Abraham, DNP, FNP-BC agrees to provide the following:
 - Same day or next day appointments
 - Form Completion
 - Placement Assistance
 - Appointments with minimal waiting time.
 - Extended time with Dr. Mia Abraham when needed.
 - 24/7 contact with Dr Mia Abraham, including email. When Dr. Mia Abraham is out of town, she is still available by cell phone or via Telehealth Visit.

- Assistance with handling medical needs while traveling.
- Assistance with insurance claims, authorizations, prescriptions, and other questions related to any health issues.
- Coordination of care with specialists, tests and lab results review
- Annual Wellness Visits

3 Services Excluded from Annual Membership Fee

The monthly membership fee covers the amenities stated herein. Dr Mia Abraham, DNP, FNP-BC will also provide "routine medical services" to the member. Such services will be paid by the member and or the member's insurance carrier and will not be subject to this agreement.

4. Email Communication

a. If the member wishes to send and receive email communications from Dr. Mia Abraham, DNP, FNP-BC, the member should be aware that an email is not a secure form of communication/ for sending or receiving sensitive personal health information. Dr. Mia Abraham, DNP, FNP-BC, will take steps to keep your communications confidential and secure. The member acknowledges and understands that an email is not a good form for urgent or time sensitive communications. In an event of an "urgent" situation, the member must communicate with Dr. Abraham by telephone or in person. The member acknowledges and understands that, at the direction of Dr. Abraham email, it may become part of the Members' permanent medical record.

5. Change of Law

a. If there is a change of any state or federal law, regulation or rule that affects this agreement or activities of either party under this agreement, or any change in the judicial or administrative interpretations 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 the party's right or obligations under this agreement, then party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of the agreement. If parties are unable to reach agreement concerning modification of the agreement within forty-five (45) days, after the date of the notice seeking re-negotiation or the effective of the change, or if the change is effective immediately terminate the agreement by written notice to the other party. This agreement shall be governed by and constituted in laws accordance with the of the State of Florida.

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Member Information:

Patient's First and Last Name

Address

Phone

Billing Information

Monthly Membership Fees can be paid by Credit Card or Check.

Please make checks payable to Dr. Mia Abraham, DNP, FNP-BC

Basic Plan -\$199

Premium Plan- \$299 Card

Number: _____

Name on Card: _____

Expiration Date: _____ CID _____

This agreement is accepted by: _____ Date _____

Witnessed By: _____ Date _____