



:: Member Services Agreement ::

Member Services Agreement

Welcome to Nextera Healthcare's direct primary care program. A monthly membership program centered on creating a meaningful patient experience by caring and coaching patients to optimal health, Nextera Healthcare delivers convenient access to high quality primary health care services.

Nextera Healthcare Membership

Nextera Healthcare providers offer a wide range of adult and family primary care services, including but not limited to:

- Acute care and chronic disease management
- Allergy testing and treatment (offered at North Vista Medical Centers only)
- Dermatology
- Mental health (treatment provided by your Nextera Healthcare provider)
- School, sports and workplace physicals
- Sleep assessments and support
- Stress management
- Treatment of most sprains, lacerations and broken bones
- Weight management and health risk assessment
- Women's health
- Well checks for infants and children
- Preventive health care
- Same-day or next-day appointments based on medical need.

Please call 911 in the event of a medical emergency.

Maximize Your Nextera Healthcare Membership

Nextera Healthcare is not a health insurance plan. While the majority of primary care services that can be provided by your Nextera Healthcare provider are included in the Nextera Healthcare membership, additional costs may be incurred for laboratory, medical imaging, surgery, specialist care, emergency department visits and hospitalization. For this reason, patients are generally best served by combining Nextera Healthcare membership with an ACA compliant insurance policy to cover specialist physician and hospital services.



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Monthly Membership Fees

Adult (18 and older) - \$99/month

Additional Adult (18 and older) - \$79/month

***Child, (17 and younger) - \$49/month**

**Children must be enrolled in a plan with at least one adult member*

There is a one-time registration fee of \$79 per person, not to exceed \$237 due at the time of enrollment.

Eligibility Restrictions

Nextera Healthcare is an innovative health care solution serving most men, women and children by providing comprehensive primary health care services.

Government Health Programs

Due to regulatory restrictions, Nextera Healthcare may not be available to those who are eligible for or enrolled in Medicare, Medicaid or other government health programs.

Pre-existing Conditions

Some medical conditions require specialty care and/or costly prescription medications. In some cases, the cost of required treatment(s) far outweighs the savings traditionally offered through Nextera Healthcare membership.

Patients who may not benefit from Nextera Healthcare include those living with and undergoing treatment for medical conditions for which generic and/or less costly medications and drug therapies are not available, including but not limited to:

- Cancers requiring chemotherapy and/or radiation
- Hepatitis C requiring antiviral and/or interferon therapy
- Multiple sclerosis requiring interferon medications
- Rheumatic diseases such as rheumatoid arthritis or lupus requiring tumor-necrosis-factor alpha (TNF-a) inhibitors

Contact us to determine if you may benefit from Nextera Healthcare and to find a physician near you.

MEMBERSHIP TERMS & CONDITIONS

- I acknowledge and agree to the one-time registration fee of \$79 per person, due at the time of enrollment.
- I understand and agree to the scope of coverage, including limitations, of my Nextera Healthcare membership.
- I understand that Nextera Healthcare is not an insurance plan and DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE, nor is this a contract of insurance.
- I understand that Nextera Healthcare must abide by all patient privacy rules and regulation mandated by the Health Insurance Portability and Accountability Act (HIPAA).
- I understand and agree to pay my monthly membership fee by the due date via an ACH, debit or credit card transaction using the payment information on file. I understand that transactions declined due to insufficient funds and expired credit cards will result in an additional fee of \$50 and that failure to comply with payment terms may result in termination of my membership.
- I understand that a 10% discount will be applied if I prepay my Nextera Healthcare membership for an entire year (12 months).
- I understand that services will not be rendered for patients with past due accounts.
- I understand that Nextera Healthcare administrators may, at their discretion, terminate my membership by providing written notice 30 days in advance of termination.
- I understand that I may terminate my Nextera Healthcare membership at any time by providing written notice (mail or email) 30 days prior to the scheduled payment date for the next month.
- I understand that if I choose to re-enroll in Nextera Healthcare after terminating my membership due to non-payment, I will be expected to pay current balance and a re-enrollment fee in addition to the standard registration fee of \$79 per member.
- I understand that Nextera Healthcare may add, discontinue or otherwise alter membership service offerings and the terms of this contract and fee schedule at any time. However, membership rates will remain fixed per contract for a period of at least 90 days. I will receive written notice at least 60 days in advance of any fee or service changes.
- I understand that, due to regulatory restrictions, individuals enrolled in or eligible for Medicare, Medicaid and other government health programs may be disqualified from enrolling in Nextera Healthcare.

PATIENT RIGHTS AND RESPONSIBILITIES

- I understand that while I can designate a primary care provider, there may be instances when said provider is unavailable. In such cases, I will be offered care by another Nextera Healthcare provider.
- I understand that I have the right to accurate, up-to-date and easy-to-understand information about Nextera Healthcare programs and services.
- I understand that pre-existing medical conditions do not disqualify me from enrolling in Nextera Healthcare.
- I understand that I have the right to know my treatment options and actively participate in my health care decisions.
- I understand that I have the right to a fair, expedient and objective review of any complaint I may have against Nextera Healthcare and its providers by Nextera Healthcare administrators. All suggestions and patient feedback should be directed to memberservices@nexterahealthcare.com.
- I understand that in the event of a life-threatening medical condition, I should always call 911 or proceed to the nearest emergency department. Note: Emergency department services are not included in Nextera Healthcare membership.
- I understand that on-call physicians and other health care providers are available for telephone consultations in the event of a urgent medical matter. Please call 911 or proceed to the nearest emergency department if immediate medical attention and/or treatment is required.

PATIENT NAME (Please Print): _____

SIGNATURE: _____ DATE: _____



PATIENT REGISTRATION

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____
DOB _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL _____ EMAIL _____
PLACE OF EMPLOYMENT _____ WORK PHONE _____
EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

MEMBERSHIP

MEMBERSHIP START DATE: _____
PREFERRED CLINICIAN: _____
MONTHLY MEMBERSHIP FEE \$ _____
BILLING CYCLE (MONTHLY/ANNUALLY PAYMENT DUE DATE): PAYMENT DUE ON THE 1st OF THE MONTH
NAME OF ADDITIONAL ADULT UNDER THIS MEMBERSHIP _____
DOB _____ EMAIL _____
Name of child #1: _____ DOB _____
Name of child #2: _____ DOB _____
Name of child #3: _____ DOB _____
Name of child #4: _____ DOB _____

PAYMENT

OPTION A: ELECTRONIC FUNDS TRANSFER (Preferred)

NAME OF ACCOUNT HOLDER: _____ BANK NAME: _____
ACCOUNT NUMBER: _____
ROUTING NUMBER: _____ ACCT TYPE: (CHECKING / SAVINGS)

OPTION B: CREDIT OR DEBIT CARD

NAME ON CARD: _____ CARD TYPE: VISA, MASTERCARD, AMEX
CC NUMBER: _____ EXP: _____ CSC: _____

Nextera Healthcare membership includes services described in the Member Services Agreement. By signing below, you acknowledge that you have read and agree to the membership terms, conditions, limitations and fee schedule and that you authorize Nextera Healthcare to receive recurrent payments as outlined above. Services NOT included in Nextera Healthcare membership, including any tests, treatments, consultations or procedures provided and/or administered by specialist physicians or hospitals will be billed separately by those providers/institutions. Nextera Healthcare is not responsible for any and all specialist physician and/or hospital fees.

Participation in Nextera Healthcare is continuous. Nextera Healthcare is authorized to withdraw membership fees as outlined above (Electronic Funds Transfer or Credit/Debit Card) until written notification of membership termination is received by Nextera Healthcare administrators.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

CORRESPONDENCE AND CONTACT INFORMATION

MAILING ADDRESS:

Nextera Healthcare
4943 State Highway 52, Suite 240
Dacono, CO 80514

PHONE:

(303) 501-2600

FAX:

(877) 764-4622

WEBSITE:

www.NexteraHealthcare.com

EMAIL:

Member Services: MemberServices@NexteraHealthcare.com