

Pacific Heart Institute Enhanced Access Options Agreement

*Pacific Heart Institute Options:	Non Participating: No Fee	Select Option: \$500.00	Premier Option: \$1,800.00	**Concierge Option: \$7,500.00
New cardiology consultations and routine office visits	X	X	X	X
Priority appointments for office consultations during regular office hours		X	X	X
Priority appointments for office visits during regular office hours		X	X	X
Waiver of all office policy fees		X	X	X
Priority appointments for in-office protimes and pacemaker/defibrillator evaluations		X	X	X
Formulary medication appeals, such as for brand substitutions when necessary		X	X	X
Notification of non-urgent test results by your nurse or doctor		X	X	X
Customized Pacific Heart Institute EKG wallet card		X	X	X
Direct cardiologist/patient e-mail and phone communication			X	X
Dedicated phone line to contact Pacific Heart Institute nursing staff			X	X
Same-day visit with a cardiologist during regular office hours			X	X
Priority in-office laboratory phlebotomy			X	X
Priority scheduling of ultrasound examinations and stress tests			X	X
Direct cardiologist supervision of stress tests			X	X
Assistance with scheduling tests and procedures outside of Pacific Heart Institute			X	X
Periodic speaker seminars on cardiovascular topics			X	X
Direct 24-hour access to your cardiologist via pager, e-mail, personal cell phone				X
Emergency night and weekend availability of your personal cardiologist				X
Direct supervision of stress tests by your personal cardiologist				X
Same-day office visit with your personal cardiologist				X
Personal calls from your own cardiologist to discuss test and laboratory results				X
Evening and weekend office appointment availability				X

I choose to participate in the following **Pacific Heart Institute Option** through March 31, 2012:

- Pacific Heart Institute SELECT OPTION:** \$500.00
- Pacific Heart Institute PREMIER OPTION:** \$1,800.00
- Pacific Heart Institute CONCIERGE OPTION:** \$7,500.00 Please contact your cardiologist to inquire about availability.
- I do not wish to participate in a Pacific Heart Institute Option: No Fee

Please read, sign and date the PHI Office Policy Acknowledgement Form on the reverse side of this page as well.

Print Name: _____

Signature: _____

Date: _____

Payment:

Check Enclosed Amount: \$ _____

Make check payable to: **Pacific Heart Institute**

Credit card: Please provide account information and sign below:

Visa MasterCard American Express

Account No.: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please return this form and payment to:

Pacific Heart Institute
2001 Santa Monica Blvd., Suite 280W
Santa Monica, CA 90404

* Each participant agrees that Pacific Heart Institute's liability to any participant for noncompliance with any aspect of these Options shall be limited to the amount of the most recent annual fee paid by the participant. Pacific Heart Institute reserves the right to modify these Options at any time as may be required by law. Pacific Heart Institute may also terminate these Options as necessary in its sole discretion at any time, in which event it will return a prorated portion of the annual fee to participants.

** Pacific Heart Institute physicians will use best efforts to ensure they are generally available in accordance with the Concierge Option, but access to a specific Pacific Heart Institute physician may be limited from time to time because of occasional inaccessibility and personal emergencies or other unforeseen events.

Pacific Heart Institute (PHI) Office Policy Acknowledgement Form

Welcome to PHI. We take great pride in attending to your health care. To ensure smooth office operation for the benefit of all our patients, please observe the following Pacific Heart Institute policies. Our Enhanced Access Option patients are exempt from all office policy fees listed below.

Test Results: We recommend a scheduled office visit to review results within two weeks of completion of studies. Please do not call the office for non-urgent test results before then. You will be contacted in a timely fashion for urgent or concerning results. If you have NOT received all of your test results within 2 weeks, PLEASE CALL our office to notify us. Option participants will be contacted promptly with all results. There will be a reasonable fee for paper copies of your records and a \$50 fee for CD/DVD copies of imaging studies. These fees will be waived for Option participants.

Prescription Refills: All refill requests must be sent to our office by your pharmacy. Please contact your pharmacy to request refills at least one week prior to running out of medication. If you have not had a recent visit with your physician, you may be required to come into the office for a visit in order to update or renew medication prescriptions. Option participants may contact us directly regarding prescription refills.

Pharmacy Appeals: There will be a \$50 fee for select medication appeals, such as for brand substitutions. This fee will be waived for Option participants.

Appointment Cancellations: If you cannot keep your scheduled appointment, please notify us as soon as possible. You will be charged \$75 for cancelling an appointment with less than 24 hours notice or failing to show up for an appointment. It is your responsibility to call to reschedule cancelled or missed appointments. Cancellation and no-show fees will be waived for Option participants.

Form Completion: You will be charged \$50 for completion of non-medical forms including but not limited to DMV forms, Jury Duty forms, trip cancellation forms, and disability forms. Complex forms may carry an additional fee. These fees will be waived for Option participants.

Laboratory Services: We do not offer phlebotomy services in our office, with some exceptions. You will be billed separately by the laboratory that draws and processes your blood tests. You are responsible for informing our office if your insurance company requires the use of a specific laboratory.

Email: Email access is a benefit of our higher level Enhanced Access Options. If you have not enrolled in one of these programs you may not send email to your physician. Email is NEVER to be used for urgent or emergent matters. The confidentiality of email is not guaranteed.

Evening and Weekend Call: The on-call physician should be contacted for emergencies ONLY. Calls for medication refills and routine office matters should be made during normal office hours.

Payment: Patients who choose not to enroll in one of our Enhanced Access Options are required to provide a valid credit card to cover the above costs.

A photocopy of this agreement shall be considered as effective and valid as the original.

I have read and understand the above policies. I agree to follow the above policies.

Patient Name

Patient (or Responsible Party) Signature

Today's Date