



Palm Beach Center for Pelvic Health

Palm Beach Center for Pelvic Health Concierge Practice Agreement

This agreement describes the terms of membership in the Palm Beach Center for Pelvic Health Concierge Program.

1. Service Amenities: You will have 24-hour access via mobile phone to Dr. Kiley when needed for urgent problems. This will be answered by office staff during office hours.
 - a. With your consent, you will have prompt access via non-secured texting communication with Dr. Kiley when needed. In the event that Dr. Kiley is on vacation or unavailable due to illness you will be provided with back-up coverage information during that time.
 - b. You will have access to extended appointment times and same-day or next business day appointments when needed.
 - c. You will have priority personalized assistance with appointment scheduling and reminders for appointments with Dr. Kiley.
 - d. No- or minimal-wait appointments: Every effort will be made to see that you will be seen with no or a very minimal wait at the time of your appointment. If more than a very short wait is anticipated or an emergency arises necessitating either delayed or rescheduled appointment you will be contacted and advised.
 - e. 15% discount for any non-prescription items from our retail store.
_____ (initials)

2. Term of agreement: This agreement shall commence on the date signed by the parties below and shall continue for a period of six months, payable monthly at \$250 or lump sum payment with 5% discount of \$1,425, which will be renewed automatically. A credit card will be kept on file for the fee which will be charged as per the agreement, or an automatic electronic fund transfer (ETF) may be established. If either the member or physician chooses to terminate the agreement written notification must be given 30 days prior to termination. If the member terminates the agreement but then uses concierge services after the date of termination, the fee will be charged as an indication that the patient wishes to resume concierge services.
_____ (initials)

3. Concierge Fee: Biannual fee will be as noted in #2 above.
The concierge fee is not and should not be construed as a fee for any medical services. Where applicable, appropriate insurances will be billed either as participating or out of network by the physician, and the member patient will be responsible for any and all co-

pays, deductibles or other responsibilities dictated by regulation or law. Services not covered by insurance will still be subject to charges by the physician for those services.

_____(initials)

4. The member will have access to and shall use the patient portal in the event of a need for email communication in order to maintain appropriate confidentiality. If the patient chooses to send a text or a non-encrypted/protected means of communication such as email or face-time, it is expressly understood that sensitive information when sent may be accessed by individuals who are not directly involved in her care such as an internet provider or phone service provider.

_____(initials)

5. Email and texting is not the preferred means for urgent or time-sensitive communication. Urgent or time-sensitive communication should be handled via direct telephone contact or in person. At the discretion of Dr. Kiley, email or texting may become part of your permanent medical record. Again, all non-urgent communication should be handled via the Athena Patient Portal. You will be given an invitation and information regarding creating a secured log-in and access to your medical information as well as communication with your doctor. You agree to use this as the preferred means of non-urgent communication.

_____(initials)

Patient Name and Date of Birth

Email address

Text/Mobile Phone #

Signatures

Dr. Kiley Signature and Date

Patient Signature and Date

**Linda Kiley, MD, FACOG, FPMRS
Sandhill Professional Services LLC
Dba Palm Beach Center for Pelvic Health
3375 Burns Road, Suite 204
Palm Beach Gardens, FL 33410
561-701-2841
www.drLindaKiley.com**

PAYMENT OPTIONS

How will you pay the total bi-annual membership fee?

- Semi-annually (one lump sum payment of \$1425 for six months)
- Monthly (monthly payments of \$250)

Select a method of payment

- Check (Please make checks payable to Palm Beach Center for Pelvic Health)
- Credit or Debit Card (see below)
- ACH (automatic bank debit from checking account, see below)

For Credit Card Payments

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

SIGNATURE

For ACH monthly payments