



Concierge Benefits Included as Part of the Membership Fee

These offerings are not covered by Medicare or by other insurance plans. Our practice size is smaller which allows us and our office staff to provide you with the following:

Direct communication during business hours. When you call our office during office hours, we check the phone lines hourly. In the event that you need to leave a message, all phone calls will be returned promptly.

Our Patient Portal is available for direct electronic communication. Additionally, you may send a brief text message to the office phone number for non-urgent medical problems that occur during our regular office hours.

After-hours direct communication for urgent issues. For urgent issues that occur outside our regular office hours, Dr. Loden can be easily reached by calling the office number which is forwarded to her cell phone. *Please do not send text messages after hours.*

Little or no office waiting room time, and longer appointments. Office visits will start promptly. Appointments will generally be scheduled for approximately 30 minutes, but other appointments (for example, an Adult Wellness Visit) will be scheduled for approximately 60 minutes. Our aim is to allow ample time to thoroughly address all your questions and concerns, regardless of the reason for your visit.

Personalized hospital care. Should you need to be hospitalized, we will make ourselves available, when we can, to communicate with you and to serve as an advocate on your behalf, even when you are admitted to a facility at which we do not have privileges or where we are not your attending physician. If you wish, unless hospital policy or protocol does not allow, we will do what we reasonably can to remain involved in your care, including making courtesy visits.

Independent or skilled facility care. If you are in an independent or skilled nursing facility, on a temporary or permanent basis, we will make ourselves available when we can to be involved with your care and/or communicate with those involved with your care. We will also make ourselves available to your family to address any concerns and offer counsel.

Adult dependent children of members are welcome. If a parent opts to join our practice, we will be happy to offer members' adult dependent children between the ages of 18 up to 26 concierge care at a reduced membership fee.

Personalized care coordination with other medical specialists. If you need to see other medical specialists, we will act as your quarterback to coordinate your care; from helping you find the right doctors, to overseeing and managing your overall health plan.

Care for visiting relatives and/or friends. Should your out-of-town family or friends become ill during a visit to the St. Louis area, we will be happy to see them in our office and assist with their medical care. We will treat them as though they were a member of our practice.

Seminar groups. We will host meetings to discuss a variety of timely health issues and offer an opportunity for small group interaction. Many of these meetings are no cost for Vitality members. In the event there is a fee, there will be a 50% discount for members.

Quarterly newsletter on topics relevant to your health and well-being. We will provide seasonal newsletters on medical subjects of interest.

Travel medicine consultation. We will offer guidance on CDC recommended inoculations and/or precautions to be taken while traveling.

Our Staff

Our staff is an important part of your experience with our office. They not only have the expertise to advocate on your behalf but will assist you in navigating through other aspects of the medical community when necessary.

Insurance Information

Commercial Insurance Patients

Office visit charges are **not** included in your annual fee. We intend to remain in-network providers for many PPO insurance plans. We are not in-network with Medicaid or any EPO plans, including the BJC employee health plan. Additionally, Cigna is no longer offering a health insurance exchange plan in Missouri. We will bill insurance for all covered services and patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. It is our intention that no insurance-covered medical services are included in your annual fee.

As medically indicated, we will make it a priority to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations. Any services rendered by these physicians or facilities will be billed by the performing entity.

Medicare Patients

We will continue to submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. Patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are **not covered** by Medicare and **will not be paid for or reimbursed** by Medicare.

Annual Fees & Instructions

Please see the Membership Agreement form for annual fees and instructions.

Amy Loden, MD, FACP and Anna Burke, FNP

What is the mission of your practice?

Our goal is to provide the highest-quality medical care and service, emphasizing a proactive, comprehensive approach to both disease prevention and wellness. We strive to provide excellence in care that is both compassionate and truly patient-focused. From the moment you enter the office or attend a virtual visit, we want you to be completely satisfied with every aspect of your care.

How is the practice different from a traditional medical practice?

We have intentionally limited the size of our practice in order to devote more time to each patient's care and individual needs. We also offer patients certain non-covered amenities and benefits designed to personalize and enhance their health care experience. Patients will have little or no office waiting room time, and appointments will start promptly. This practice model also enables us to schedule longer patient appointments (approximately 30 minutes for routine appointments and approximately 60 minutes for the Adult Wellness Visit) that they, or we, feel they need. If an issue requires extra time for evaluation or discussion, we will accommodate patients to the best of our ability.

What services are provided as a part of my annual fee?

Please see the Highlights & Details document for a complete list of amenities and benefits provided to our patients. Your annual fee pays for those non-clinical, non-covered services. Professional services that are covered by Medicare or a commercial insurance plan will be billed separately, and you will continue to be responsible for any applicable co-pays or deductibles relating to those services.

Where is your concierge practice located?

Our office is conveniently located at 3009 N. Ballas Rd, Bldg. B, Suite 215, St. Louis, MO, 63131.

At which hospitals are you on staff?

All the local hospitals now utilize hospitalists and Dr. Loden has a working relationship with the hospitalists at the Missouri Baptist Medical Center. If you are hospitalized at another facility, we will make ourselves available to communicate with you and to serve as an advocate on your behalf.

Do I still need health insurance if I enroll with you?

Yes. Your annual fee only pays for the non-clinical, non-covered amenities and benefits that are described in the Highlights & Details document. Neither the fee nor the amenities take the place of general health insurance coverage. You are advised to continue your Medicare or other health insurance program coverage.

Will you be a provider on my insurance plan?

We intend to remain in-network providers for most major PPO insurance plans and will bill your insurance directly for professional services that are covered by those plans. (Professional services are not covered by your annual fee.) We are not in-network with Medicaid or any EPO plans, including the BJC employee health plan. Additionally, Cigna is no longer offering a health insurance exchange plan in Missouri. If the terms of your insurance plan require a co-pay, we are obligated to request payment at the time of service. If we are not in-network with your insurance, you will be responsible for office visit fees which generally will be the same as in-network fees, but more than a co-pay. Even if we are not providers for your insurance plan, we will attempt to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations as medically indicated. Those services will likely be covered by your insurance plan.

Will my private insurance reimburse my annual fee?

The annual fee is not reimbursable by your insurance plan.

Will you be a participating provider for Medicare?

Yes. Our office will file your claims with Medicare as well as with your supplemental insurer on your behalf, as required by law. Office visit fees that are not reimbursed by insurance will be the responsibility of the patient.

FAQ

Frequently Asked Questions

Do you bill Medicare for my annual fee?

No. The annual fee only includes services and benefits described in the Highlights & Details document that are not covered by Medicare (or any other payer) and that will not be paid for or reimbursed by Medicare.

Is the annual fee tax deductible or reimbursable through my HSA or FSA?

In some instances, the annual fee, or part of the fee, may be payable through your HSA. You are advised to consult with your HSA or FSA plan administrator, employer, HR representative or tax adviser to clarify qualification in your particular circumstance.

What are my annual fee payment options?

Your annual fee may be paid in full by check to: **Vitality Medical and Wellness Consulting LLC** or may be paid annually, semiannually or quarterly by credit card. If you opt to pay by credit card, the first payment will be charged to the credit card you indicate on your Membership Agreement form upon receipt of your executed enrollment form. The remaining balance of your annual membership/enrollment fee (if any) will be charged automatically to your credit card in installments after your start date, accordingly. Until we hear otherwise, payments will be processed continually.

What about labs, X-rays, specialists' fees and hospitalization?

Your annual fee pays for membership in the practice and for many other non-covered benefits. All medical procedures and services, whether performed in our office or by other providers or health care facilities, will be billed by the performing physician and/or entity.

Will I be required to pay my annual fee even if I do not use your services?

Yes. Paying your annual fee allows you to be a member of our practice and to be in touch with us whether you are sick or well. We strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your well-being.

What happens if I move out of the area and need to terminate after I enroll?

Your Membership Agreement can be terminated upon 30 days' written notice to our practice. If you move and wish to secure a new physician, the annual fee will be refunded on a prorated basis. Your records will be sent to your new physician upon receipt of a signed release from you authorizing/directing our practice to send the records to your new physician. This release of records is required by law.

What should I do if I become ill while traveling or away on an extended vacation?

If the problem is minor, call us first. However, if you have a life-threatening emergency, **call 911 immediately** - then you can call us. With the exception of controlled substances, we will seek to accommodate your prescription requests if state/local law allows. If you seek care at an emergency room or urgent care center out of our area, you should feel free to ask the doctor seeing you to call us for coordination of your care. We will be readily available for phone consultation with you and/or other health care personnel. If you should require hospitalization while away, at your request, we will attempt to establish regular phone communication with you and your attending physician(s) to ensure continuity of care.

What if I need to see a specialist or a surgeon?

Should you desire, we are available to help you decide which specialist to see and to coordinate such consultations. This will ensure the most appropriate resource is used, the earliest arrangements are made, and your applicable medical information is sent in advance of your specialist visit.

What if I have questions about my concierge enrollment or membership?

Call our Membership Information Line at (314) 806-0440 to be connected with Specialdocs Consultants, the outstanding company long respected for its expertise in membership medicine who assists with the membership aspect of our practice. They can help answer your questions related to enrollment, membership billing and renewals.

MEMBERSHIP AGREEMENT

VITALITY MEDICAL AND WELLNESS CONSULTING LLC

FOR SECURE CREDIT CARD ENROLLMENT
 ENROLL BY PHONE: (314) 806-0440 COMPLETE AND EMAIL FORM TO:
 ENROLLMENTS@SPECIALDOCS.COM OR MAIL IT TO:
 Vitality MWC, PO Box 160, Highland Park, IL 60035

I have engaged Vitality Medical and Wellness Consulting LLC ("VitalityMWC"), to provide non-covered, non-clinical amenities and benefits to me for an initial period of one year beginning on _____. I understand that this Agreement will renew automatically following the end of each one-year period unless I provide VitalityMWC with a written notice of non-renewal at least 30 days before the end of a renewal year. I further understand that I will be required to pay a yearly membership fee at the start of each renewal term for the non-covered services, amenities and benefits. As used in this Agreement, the term "Service Year" refers to the one-year period beginning on _____ as well as every one-year renewal period thereafter.

FOR PATIENT MEMBERSHIP DURING THE SERVICE YEAR, I AGREE TO PAY VITALITYMWC:

- \$2,500/year = Individual
- \$4,925/year = Couple
- \$1,500 Dependent children ages 18 to 26 when parent is a member. *Please list name(s) and D.O.B.(s) below.*

Member(s): Sign and Print Name(s) Additional names may be provided on the reverse side.

This Agreement is for non-covered, non-clinical amenities and benefits as described in the Highlights & Details document. I have read and understand this Agreement as well as the Highlights & Details and Frequently Asked Questions documents that are considered a part of this Agreement. I understand that this Agreement can be terminated upon 30 days written notice and that, if the Agreement is terminated, I may receive a prorated refund of the annual fee I paid, based on the number of days that have elapsed in the Service Year (which will be determined by the Company on a case-by-case basis). Such refund will be paid to me within 30 days after termination. Unless the Agreement is terminated as provided in the first paragraph of this Agreement above, it will automatically renew for subsequent Service Years under the same payment terms unless I notify the Company otherwise (or the Company notifies me) within 30 days prior to the next payment due date.

_____/_____/_____/_____
 Signature (Member #1) / Print Name / D.O.B. / Gender

_____/_____
 Email (Member #1) / Cell Phone Number

_____/_____/_____/_____
 Signature (Member #2) / Print Name / D.O.B. / Gender

_____/_____
 Email (Member #2) / Cell Phone Number

_____/_____
 Home Address / ZIP Code

How did you hear about the practice? I am a Former Patient Patient Referral Internet Search Insurance Provider
 Physician Referral Print Ads Other _____

METHOD OF PAYMENT:

- Personal check enclosed (Full annual payment only):** Please make check payable to **Vitality Medical and Wellness Consulting LLC**
 Check Number _____ Amount _____
- Credit Card (Your card will be charged by Vitality Medical and Wellness Consulting LLC)**
 - I will pay annually.** I understand that the full annual fee will be charged **upon receipt of this form** and the full annual fee will be charged **automatically** at 12-month intervals, continually while this Agreement remains in effect.
 - I will pay semiannually.** I understand one-half of the annual fee will be charged **upon receipt of this form** and one-half will be charged **automatically** at six-month intervals, continually while this Agreement remains in effect.
 - I will pay quarterly.** I understand one-quarter of the annual fee will be charged **upon receipt of this form** and one-quarter will be charged **automatically** at three-month intervals, continually while this Agreement remains in effect.

I authorize VitalityMWC to automatically charge my credit card the amount(s) indicated above:

_____/_____/_____/_____
 Cardholder Signature / Card # / Exp. Date / Security Code

_____/_____/_____
 Cardholder Billing Address (if different than home address) / ZIP Code / Cardholder Daytime Number

Member(s) Continued:

Signature (Member #3) / Print Name / D.O.B. / Gender

Email (Member #3) / Cell Phone Number

Signature (Member #4) / Print Name / D.O.B. / Gender

Email (Member #4) / Cell Phone Number