

## Summit Medicine and Pediatrics PLC

INDIVIDUAL SERVICE LEVELS

## Pioneers in Direct Access Medicine®

Choose the level of service that best serves your personal healthcare needs...

SERVICE LEVEL 1	SERVICE LEVEL 2		SERVICE LEVEL 3	SERVICE LEVEL 4			
\$165 PER PERSON PER MONTH	\$330 PER PERSON PER MONTH		\$550 PER PERSON PER MONTH	\$770 PER PERSON PER MONTH			
24/7 ACCESS TO YOUR DOCTOR VIA PHONE/TEXT EMAIL; THE ESSENCE OF "DIRECT ACCESS MEDICINE"							
NO WAITING; EVERY PATIENT IS SEEN BY THE DOCTOR WITHIN MINUTES OF THEIR SCHEDULED APPOINTMENT TIME							
EXTENDED OFFICE VISIT TIME WITH YOUR DOCTOR: FROM 30 TO 120 MINUTES; PLENTY OF TIME TO DISCUSS ALL ISSUES AND CONCERNS							
CONVENIENT ON-	SITE LAB COLLECTION FOR ORDERS I	ISSI	UED BY OUR OFFICE OR BY YOUR OT	THER PHYSICIANS			
PROACTIVE COMMUNICATION AND FOLLOW-UP WITH YOUR DOCTOR, OUR STAFF AND OTHER SPECIALISTS TO STAY ON TOP OF ALL OF YOUR MEDICAL CONCERNS							
normal business day office visit fee: \$ 0 per visit							
SECURED TEXT AND EMAIL SERVICES AT \$330 PER YEAR	SECURED TEXT AND EMAIL SERVICES: \$ 0 PER YEAR						
SCHEDULED APPOINTMENTS AVAILABLE WITHIN 24 HRS; NORMAL BUSINESS DAY	SCHEDULED APPOINTMENTS AVAILABLE SAME DAY; NORMAL BUSINESS DAY		WALK-IN VISITS AND SCHEDULED APPOINTMENTS AVAILABLE AT PRIORITY; EXTENDED HOURS 24/7				
HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 55 PER REQUEST	HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 30 PER REQUEST		HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 0 PER REQUEST				
EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 220 PER VISIT	EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 110 PER VISIT		EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 0 PER VISIT				
URGENT HOUSE CALL: \$ 330 PER VISIT	URGENT HOUSE CALL: \$ 220 PER VISIT		URGENT HOUSE CALL: \$ 110 PER VISIT	ROUTINE AND URGENT HOUSE CALL: \$ 0 PER VISIT			
SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 330 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 220 PER VISIT		SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 110 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 0 PER VISIT			

A ONE TIME \$ 250 PARTICIPATION FEE per patient is paid at the onset of care. This fee allows us to prioritize the opportunity necessary to gather, transfer and input your health information into our own electronic health records.

All monthly fees are paid automatically by credit card or electronic check on or after the  $25^{th}$  of each month for services rendered during the month (in arrears), and all additional fees are paid automatically by credit card or electronic check on the day of service.



## Summit Medicine and Pediatrics PLC Family Service Levels

Pioneers in Direct Access Medicine<sup>TM</sup>

Choose the level of service that best serves your family's healthcare needs...

SERVICE LEVEL 1	SERVICE LEVEL 2		SERVICE LEVEL 3	SERVICE LEVEL 4			
\$495 PER FAMILY (4) PER MONTH	\$990 PER FAMILY (4) PER MONTH		\$1650 PER FAMILY (4) PER MONTH	\$2310 PER FAMILY (4) PER MONTH			
24/7 ACCESS TO YOUR FAMILY'S DOCTOR VIA PHONE/TEXT EMAIL; THE ESSENCE OF "DIRECT ACCESS MEDICINE"							
NO WAITING; EVERY FAM	MILY MEMBER IS SEEN BY THE DOCTO	OR	WITHIN MINUTES OF THEIR SCHEDUI	LED APPOINTMENT TIME			
extended office visit time with your doctor: from $30$ to $120$ minutes; plenty of time to discuss all issues and concerns							
CONVENIENT ON-SITE	LAB COLLECTION FOR ORDERS ISSUE	ED I	BY OUR OFFICE OR BY YOUR FAMILY	'S OTHER PHYSICIANS			
PROACTIVE COMMUNICATION AND FOLLOW-UP WITH YOUR FAMILY'S DOCTOR, OUR STAFF AND OTHER SPECIALISTS TO STAY ON TOP OF ALL OF YOUR FAMILY'S MEDICAL CONCERNS							
NORMAL BUSINESS DAY OFFICE VISIT FEE: \$ 0 PER VISIT							
SECURED TEXT AND EMAIL SERVICES AT \$330 PER YEAR	SECUR	REI	ED TEXT AND EMAIL SERVICES: \$ 0 PER YEAR				
SCHEDULED APPOINTMENTS AVAILABLE WITHIN 24 HRS; NORMAL BUSINESS DAY	SCHEDULED APPOINTMENTS AVAILABLE SAME DAY; NORMAL BUSINESS DAY		WALK-IN VISITS AND SCHEDULED APPOINTMENTS AVAILABLE AT PRIORITY; EXTENDED HOURS 24/7				
HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 55 PER REQUEST	HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 30 PER REQUEST		HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 0 PER REQUEST				
extended hours 24/7 office visit fee: \$ 220 per visit	EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 110 PER VISIT		EXTENDED HOURS 24/7 OFFICE VISIT FEE: $\$~0~{ m per}$ VISIT				
URGENT HOUSE CALL: \$ 330 PER VISIT	URGENT HOUSE CALL: \$ 220 PER VISIT		URGENT HOUSE CALL: \$ 110 per visit	ROUTINE AND URGENT HOUSE CALL: \$ 0 PER VISIT			
SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 330 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 220 PER VISIT		SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 110 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 0 PER VISIT			

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