



Summit Medicine and Pediatrics PLC FAMILY SERVICE LEVELS

Pioneers in Direct Access Medicine®

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
\$570 PER FAMILY (4) PER MONTH	\$1065 PER FAMILY (4) PER MONTH	\$1725 PER FAMILY (4) PER MONTH	\$2385 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 FAMILY MEMBER 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 ISSUED 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 \$355 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: \$ 80 PER REQUEST	HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 60 PER REQUEST	HEALTHCARE ADVOCACY (PA, COVERAGE) FEE: \$ 0 PER REQUEST	
EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 245 PER VISIT	EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 135 PER VISIT	EXTENDED HOURS 24/7 OFFICE VISIT FEE: \$ 0 PER VISIT	
URGENT HOUSE CALL: \$ 355 PER VISIT	URGENT HOUSE CALL: \$ 245 PER VISIT	URGENT HOUSE CALL: \$ 135 PER VISIT	ROUTINE AND URGENT HOUSE CALL: \$ 0 PER VISIT
SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 355 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 245 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 135 PER VISIT	SUB-SPECIALIST OFFICE AND FACILITY VISIT FEE: \$ 0 PER VISIT

A ONE TIME \$ 275 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 25th 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.