



## 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                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>\$190</b><br>PER PERSON PER MONTH                                                                                                   | <b>\$355</b><br>PER PERSON PER MONTH                           | <b>\$575</b><br>PER PERSON PER MONTH                                                 | <b>\$795</b><br>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 ISSUED BY OUR OFFICE OR BY YOUR OTHER 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 \$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 25<sup>th</sup> 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.