



AFFORDABLE ACCESS

Dear Applicant:

Welcome to the Affordable Access plan. We look forward to providing you with primary care and specialty services to improve and maintain your health.

To join, just fill out the enclosed forms and return them by mail, fax or in person. When we receive your registration materials, we will create your patient record and set up your billing account.

It's that easy!

The Member Services Guide outlines the services included in your plan. Keep this for your reference.

Please complete and sign the Member Registration and the Payment Authorization forms. Carefully review the Member Agreement and sign and date on the last page. Return these forms to us.

If you are registering more than one person, a completed Member Registration form and Member Agreement form is necessary for each person. A single Payment Authorization form can be used for more than one person.

You may submit your registration forms by mail, fax or in person:

Mail forms to: Affordable Access
9801 Frontier Ave. SE, Snoqualmie, WA 98065

Fax forms to: 425.831.3600 Attention: Affordable Access

In Person at: Snoqualmie Ridge Medical Clinic
35020 SE Kinsey Street, Snoqualmie, WA 98065

Snoqualmie Valley Hospital
9801 Frontier Ave SE, Snoqualmie Wa 98065

If you have any questions or need assistance filling out your registration forms, please contact us.

Call: 425.831.2310. Your call will be returned within one business day.

E-mail: affordableaccess@snoqualmiehospital.org.

Sincerely,

Affordable Access



AFFORDABLE ACCESS

Member Services Guide

Affordable Access is an office-based primary care services plan. Members may schedule appointments as needed for preventative care such as yearly exams, chronic disease management and in-office procedures. Same or next-day appointments are available for minor injuries and illnesses.

Chronic Disease Management

Ongoing care is provided for diseases like high blood pressure, diabetes, or asthma, with the goal of improving quality of life and reducing complications; if specialist care is needed, appropriate referrals will be made however the specialist care outside of Snoqualmie Valley Hospital is not included.

In-Office Procedures

To assist with diagnosis or treatment, procedures such as skin biopsy, wart removal, toe nail removal, breathing treatment, stitches, electrocardiogram, fracture treatment, drainage of abscess, etc., are performed; when there is a supply or laboratory analysis cost associated with a procedure you will be informed in advance.

Laboratory Testing

Laboratory tests that are completed in the clinic are included; when specimens are processed off site, they are billed separately and the charges will be explained in advance. Some preventative lab work recommended by US Preventative Task Force may be covered by the monthly membership fee.

Medications and Immunizations

Injectable medications and adult and childhood immunizations given in the office are included; if an immunization is not generally recommended for all populations, it can be purchased on site at or near the cost of the medication.

Preventive and Wellness Care

Periodic health exams and recommendations for screening tests and procedures in accordance with national clinical care guidelines are included. Certain basic screening lab tests based on age and risk are included in the membership at no charge. Promotion of healthy lifestyles and behaviors is provided, which may include referral to behavioral health for short term, problem-focused consultation.

Urgent Care and Treatment

Evaluations for illnesses or injuries that do not require emergency or specialist care, but are commonly addressed in an outpatient primary care office, are included.

Prescription Pharmaceuticals

Prescriptions are written for lower cost treatment options whenever possible; cost of medication is not included.

24/7 Phone Access

A provider is available for phone consultation outside office hours.

This is not an insurance plan. It provides for primary care services only and makes no provision for emergency or specialty care.

425.831.2310

affordableaccess@snoqualmiehospital.org

AFFORDABLE ACCESS

Member Registration

Member Information

Last Name: _____ Middle Initial: _____ Home Address: _____

First Name: _____ Suffix: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Male Female

Preferred Email Address: _____ Billing/Mailing Address: _____
 Same as home address

Preferred Phone Contact: _____ City: _____ State: _____ Zip: _____
May we leave a confidential message at this number? Yes No

Alternate Phone Contact: _____

Emergency Contact #1

Name: _____ Phone: _____

Relationship to Member: _____

Emergency Contact #2

Name: _____ Phone: _____

Relationship to Member: _____

Insurance Information (if applicable)

Insurance Company: _____

Subscriber ID#: _____ Group Name: _____ Group ID#: _____

Carrier Address: _____ Carrier Phone: _____

Relationship to Policy Holder? Self Spouse Child Other: _____

Provider Preference

Please indicate your preferred primary care provider

- Elisa Chan, MD Joanna Hagen, ARNP Karen Lajambe, ARNP Ron Spiegel, MD (Pediatrics)
 John Gray, MD Alan Johnson, MD Jillian Rippey, ARNP Patti Yetneberk, ARNP, DNP

Marketing Information

How did you hear about Affordable Access?

- At Medical Clinic Friend/Relative Community Organization
 TV/Radio/Newspaper Hospital Other: _____

AFFORDABLE ACCESS

Payment Authorization

Visit Fees

The \$10.00 Primary Care and/or \$20.00 Specialist visit fee must be paid by cash, check or Visa/MasterCard at the time of the visit. It is necessary to pay at time of service so that we can keep our program costs low for you and other members.

Incidental Fees

The monthly membership fee covers services outlined in our Member Services Guide. If your care requires services or supplies that are not covered, these services or supplies will be discussed with you in advance. You will be responsible for these charges. It is necessary for you to pay this in full or set up a payment plan at the time of service so that we can keep our program costs low.

Account Setup and Payment

To enroll on the 1st of the month, forms, payment by cash, check, or Visa/Mastercard for \$85 (\$45 Setup and \$40 monthly) is due before the 25th of the month in order to be eligible for services beginning on the 1st of the following month.

To enroll for same day services, payment for the full monthly fee for current month (\$40), the following month (\$40), the setup fee (\$45), and visit fee (\$10) will be due at time of service (\$135 total).

Thereafter payments are drafted automatically from your Visa/MasterCard account will be processed on the 15th day of each month (or as soon thereafter as is practical) for membership fees covering the following month.

Sign up today Sign up 1st of next month

Member Authorization

Authorization for recurring monthly fee payment of \$30 per member per month for:

Member First and Last Name: _____

Name on Credit/Debit Card: _____ Card Billing Address: _____

Credit Card Type: Visa MasterCard Expiration Date: _____

Credit Card Number: _____ Credit Card Security Code (on back of card): _____

E-mail address for payment confirmation only (optional): _____

Recurring Payment Authorization

- Funds are to be transferred on the 15th day of each month or as soon thereafter as practical as payment for the following month's charges.
- I understand that this Authorization will remain in effect until KCPHD #4 has received written notice from me for cancellation. I have the right to stop payment of a specific transfer at least 3 days before the next scheduled withdrawal.
- I understand and authorize that a \$25 fee may be charged to me for non sufficient funds or any event preventing payment.
- I understand that the standard recurring transaction amount is the total of my own membership fee and that of any other individuals named on my account.

I understand and will comply with the above payment terms. I hereby authorize KCPHD#4 to initiate credit card transactions from the bank to the agreed payment frequency and amount. I authorize my financial institution to honor these transfers.

Signature: _____ Date: _____

AFFORDABLE ACCESS

Member Agreement

Terms

- I understand that I am voluntarily entering into a direct agreement with King County Public Hospital District #4 (KCPHD#4) for primary care services on behalf of myself and or individuals for whom I am legal guardian. I understand that this agreement is non-transferable.
- I have reviewed the "Member Services Guide," which describes the types of services provided. I have had the opportunity to ask questions and receive answers about the program.
- I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage nor is it a contract of insurance. It provides for primary care health care services provided in an outpatient clinic as described in the "Member Services Guide."
- I understand I pay a direct fee to KCPHD#4 as consideration for providing primary care services. Primary care means routine health care services, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury.
- I understand that KCPHD#4 does not provide, in consideration for the monthly fee, services, procedures, or supplies such as prescription drugs, hospitalization costs, major surgery, dialysis, high level radiology (CT, MRI), rehabilitation services, or procedures requiring general anesthesia, or similar advanced procedures, services or supplies.
- I understand that KCPHD#4 will not bill an insurance carrier, Medicare or Medicaid for services covered under this agreement.
- I understand and agree to pay my monthly membership fee in advance on the 15th of each month for the following month's service. In the event payment is not received KCPHD#4 will notify me through my given contact information. Failure to respond or rectify payment by the end of the month will result in immediate disenrollment.
- Affordable Access offers an option for same day membership. Enrollment by the 14th day of the month requires a \$45 registration fee, a \$40 membership fee, a \$10 visit fee, and an additional \$40.00 auto deduction on the 15th for next month's service. Enrollment between the 15th day and last day of the month requires a: \$45 registration fee, \$40 membership fee, a \$10 visit fee, and an additional \$40 auto deduction on the 30th day for next month's service. Subsequent pre-paid membership fees are deducted on the 15th day of each month.
- Any failure to make payment for services, or coordinate an active payment plan within 15 days of default will result in termination of my membership and those of my dependants in the Affordable Access program – this includes services provided by KCPHD#4 but outside this agreement such as physical therapy, high level radiology, etc.
- I understand that enrollment is for a minimum of 12 months, and membership will be continuous unless the member notifies KCPHD#4. I also understand that I am free to terminate this member agreement at any time by providing written notice to KCPHD#4 Attn: Affordable Access, 9801 Frontier Ave SE, Snoqualmie WA, 98065. Monthly fees will continue to accrue until written termination notice is received. Any pre-paid care fees will be prorated to the date of termination and refunded to me within ten (10) business days.
- I understand that if I have an existing account with KCPHD#4, that account must be current before I am eligible for membership in the Affordable Access plan.

AFFORDABLE ACCESS

Member Agreement Continued

Rights and Responsibilities

- I understand I have the right to choose my Affordable Access provider and may request to change providers at any time, for any reason. If the provider I request does not have availability, the request may not be possible.
- I agree to disclose all information relating to my health condition and to actively collaborate with my health care provider(s) to understand my treatment options and develop the best course of action.
- I understand that it is my responsibility to ensure that KCPHD#4 has correct contact information (e.g. mailing address, phone) for my account.
- I understand that KCPHD#4 will maintain the privacy of my health information in accordance with state and federal regulations regarding confidentiality of member records. This provision shall survive the termination of this agreement.
- I understand that KCPHD#4 will not terminate this Member Agreement solely on the basis of health status. KCPHD#4 may decline to accept a member if the practice has reached its maximum capacity, or if the member's medical condition is such that the provider is unable to provide the appropriate level and type of health care services in the direct practice.
- I understand that so long as KCPHD#4 provides the member notice and opportunity to obtain care from another provider, the practice may discontinue care of members if the member has performed an act that constitutes fraud; the member repeatedly fails to comply with the recommended treatment plan; the member is abusive and presents an emotional or physical danger to the staff or other members of the direct practice; the member does not pay for services rendered; or KCPHD#4 discontinues the "Affordable Access" model of direct practice.
- I understand that I am responsible for all bills associated with services provided outside the direct agreement for primary care services, whether provided by KCPHD#4 or another organization or individual. I recognize that I am encouraged to obtain conventional private individual, catastrophic or comprehensive health insurance.
- I understand that KCPHD#4 may terminate this Member Agreement according to the terms mentioned above by giving me written notice, and any pre-paid monthly care fees will be prorated to the date of termination and refunded to me within ten (10) business days.
- I understand that once my accounts with KCPHD#4 are in good standing, I may re-enroll in the Affordable Access program subject to the current terms of the plan (re-enrollment fee will apply.)
- I understand KCPHD#4 may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually), and that I will be given at least sixty (60) days notice of fee schedule changes.
- I understand that if I am dissatisfied for any reason, I may contact the Clinics Administrator to address any complaints at affordableaccess@snoqualmiehospital.org or 425.831.2310; I agree to first bring issues to the attention of KCPHD#4. I understand that I may address any unresolved complaints to the attention of the Office of the Insurance Commissioner for the State of Washington by calling the Consumer Advocacy department at: 800.562.6900 (TDD 360.586.6241) or by e-mail at cad@oic.wa.gov.

By my signature below, I agree to become a KCPHD#4 Affordable Access primary care member and I agree to the terms outlined in this Member Agreement. Parents or guardians of members under age 18 may sign on their behalf as their representative. A separate registration must be completed for each patient in a family.

Signature: _____ Date: _____

Name: _____

Signature by: Member Parent Legal Guardian