



## AFFORDABLE ACCESS

Dear Employer or other Third Party:

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

To join, you and your employees just need to fill out the enclosed registration materials. Please collect the forms from all of your employees before sending them back to Affordable Access. You can return them by mail, fax or in person. When we receive your registration materials, we will create the patient records and set up your billing account. Then a clinic staff member will contact each participant to confirm their new membership and assist them in setting up a complimentary appointment to meet the provider. It's that easy!

The Member Services Guide outlines the services included in the plan. Please have each person joining the plan complete and sign the Member Registration form and carefully review the Member Agreement and sign and date the last page. We need you to complete and sign the Employer/Third-Party Payment Authorization form; also please read and sign the terms and conditions section. Keep the Member Services Guide for reference, and return all other forms to us.

**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  
Monday through Friday 8 a.m. to 6 p.m. and Saturday 9 a.m. to 1 p.m.

If you would like to make your initial payment in cash, please bring your completed registration materials to the Snoqualmie Ridge Medical Clinic. Please remind your new enrollees that for their future office visits the \$5 visit fee must be paid at the time of service. To help keep our program costs low, we cannot offer to bill for this fee, and they may not charge it to your card on file. Cash, check and Visa/MasterCard are accepted.

If you have any questions or need assistance filling out your registration forms, please contact us.  
Call: 425-831-3431. Your call will be returned within one business day.  
E-mail: [affordableaccess@snoqualmiehospital.org](mailto: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 but the cost of specialist care 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, simple x-rays and 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. Certain lab work associated with a yearly exam is included.

#### **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.*

425-831-3431

[affordableaccess@snoqualmiehospital.org](mailto:affordableaccess@snoqualmiehospital.org)

# AFFORDABLE ACCESS

## Employer/Other Third-Party Payment Authorization

### Contact Information

Name of Employer/Other Third Party: \_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Business Contact (if applicable): \_\_\_\_\_ Title/Relationship to Member: \_\_\_\_\_

### Credit Card Information

Visa     MasterCard    Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_ - \_\_\_\_

Name on Card: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_     Corporate Card     Personal Card

Registration Fee is a one time fee of \$45 per applicant; Monthly Fee is \$40 per person per month; Visit Fee is \$5 per visit paid at the time of service by the Member, not charged to this account.

Use card to:     Pay Monthly Fees Only     Pay Registration Fee and Monthly Fees

To receive an e-mail receipt, please provide your e-mail address below. No other receipt will be given. E-mail address is used for payment confirmation only: \_\_\_\_\_

#### Account Setup and Payment

Payment by cash, check, or Visa/MasterCard in the amount of your first month's membership fee of \$40 plus the one-time set up fee of \$45 (\$85 total) is due with your enrollment forms. Please make checks payable to: King County Public Hospital District #4 (KCPHD#4). Enrollment forms must be completed and the initial \$85 (\$45 sign up fee and \$40 for 1st month) paid before the 25th of the month in order to be eligible for services beginning on the 1st of the following month. Thereafter payments 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.

#### List of Affordable Access Members using this credit card for recurring monthly fees:

<u>Name</u>	<u>DOB</u>	<u>Last 4 of Social Security Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

#### 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 three (3) days before the next scheduled withdrawal.
- I understand and authorize that a \$22 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.

# AFFORDABLE ACCESS

## Employer/Other Third-Party Payment Authorization and Agreement

### Credit Card Information Cont.

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.

I, \_\_\_\_\_, authorize King County Public Hospital District No. 4 to make a recurring monthly draft of \$40.00 per individual listed on this form on the Visa/MasterCard listed above for services through the Affordable Access Plan. I agree to notify KCPHD#4 of any changes in my account information or of the participants listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms and Conditions

*The Affordable Access plan is a direct agreement between an individual member and a healthcare provider. The Third-Party Payer is not entitled to any of the Member's protected health information. In 2009 the Washington State Legislature allowed for direct agreement membership fees to be paid for by employers or other third parties. Please review the following terms and conditions with your Employee/Beneficiary.*

- The Third Party has arranged to pay the Member's monthly membership fee. Any fees incurred by the Member for services outside the scope of the Affordable Access plan and/or the \$5 visit fees are the responsibility of the Member and cannot be charged to the Third Party's Visa/MasterCard on file.
- The Employer/Third Party is solely responsible for informing the Affordable Access Member at any point that they are no longer paying for the service.
- Monthly membership fees paid by a third party are pre-paid for the entire month of service. If, for example, an employee is terminated and membership is discontinued, the employee will continue to have Affordable Access through the end of the current calendar month.
- The Third-Party Payer must notify Affordable Access by the 10th of the month any changes in membership to avoid the \$40 monthly fee being processed on or about the 15th of the month. Membership fees will continue to be processed until written notification is received that the Member or Third Party chooses to terminate the contract. Notice of cancellation received after the 10th of the month may be eligible for a membership fee refund. Please send a written request to: Affordable Access, 9801 Frontier Avenue SE, Snoqualmie, WA 98065.
- If payment on the Visa/Mastercard on file cannot be processed successfully we will notify the Third Party Payer immediately; the Third Party Payer will have ten (10) days to remedy the situation before termination of service.
- A member whose Third-Party Payer chooses to discontinue payment of the monthly fees may be eligible to stay on the Affordable Access plan if they submit an individual Payment Authorization form with their own Visa/MasterCard information. The enrollment fee will be waived for those Members that re-enroll within 30 days.
- RCW 48.150.030 stipulates that the fees in the direct agreement may be paid by the patient or by someone on his or her behalf. It is recommended that Third-Party Payers consult their tax advisors.

I, \_\_\_\_\_, have read the information above and agree to these terms and conditions of the Affordable Access plan administered by King County Public Hospital District No. 4.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_