AFFORDABLE ACCESS

Dear Applicant:

Welcome to the Affordable Access plan. We look forward to providing you with primary care 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. Then a clinic staff member will contact you to confirm your new membership and assist you in setting up a complimentary appointment to meet the provider. 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
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.

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.

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

Affordable Access
Member Registration

Member Information

Last Name: ______________ Middle Initial: ______

First Name: ______________ Suffix: ______

Date of Birth: ______________ ◯ Male ◯ Female

Social Security Number: ______________

Preferred Phone Contact: ______________
May we leave a confidential message at this number? ◯ Yes ◯ No

Alternate Phone Contact: ______________

Home Address: ______________

City: ______________ State: ______ Zip: ______

Billing/Mailing Address: ______________
◯ Same as home address

City: ______________ State: ______ Zip: ______

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 provider

◯ Alan Johnson, MD ◯ Rachel Robison, MN, ARNP ◯ Ron Spiegel, MD (Pediatrics)

◯ John Gray, MD ◯ Joanna Hagen, MN, ARNP ◯ Tricia Nielsen, DO

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 $5 visit fee must be paid by cash, check or Visa/MasterCard at the time of the visit. It is necessary to pay this at the 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

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 for ms. 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. Members may also choose to enroll on any business day of the month, however, the full monthly fee will apply to the first month even if there are fewer than 30 days remaining in that month.

◯ Sign up today ◯ Sign up 1st of next month

Member Authorization

Authorization for recurring monthly fee payment of $40 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 $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.

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 $5 visit fee, and an additional $40 auto deduction on the15th 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 $5 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 Avenue 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 is it 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 425.831.3430; 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 email 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