



AFFORDABLE ACCESS

Dear Employee/Beneficiary:

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

Please read through, complete and sign the enclosed registration materials. Return these forms to your Employer or Third-Party Payor who will send them and some additional forms back to us.

Keep the enclosed Member Services Guide as a reference of the services included in Affordable Access.

Once we have received your registration, a clinic staff member will contact you to confirm your new membership and assist you in setting up a complimentary appointment with your medical provider at the Snoqualmie Ridge Medical Clinic at 425-396-7682.

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. For more information, go to www.snoqualmiehospital.org or email: affordableaccess@snoqualmiehospital.org.

Sincerely,

Affordable Access



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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.

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. 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 will be responsible for the \$5 visit fee. This must be paid by cash, check or Visa/MasterCard at the time of my visit.
- I understand the monthly membership fee paid by my employer or third party covers services outlined in our Member Services Guide. If my care requires services or supplies that are not covered, these services or supplies will be discussed with me in advance. I will be responsible for these charges. I will be required to pay these in full or set up a payment plan at the time of service.
- 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 purposes 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 that 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; attention: Affordable Access, 9801 Frontier Ave. SE, Snoqualmie, WA 98065. Monthly fees will continue to accrue until written termination notice is received. Pre-paid monthly fees will be prorated to the date of termination and refunded to the payer within ten (10) business days if indicated on the cancellation form.
- 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.

Employee/Beneficiary Member Agreement

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 the Third-Party Payer designated on my account 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 425-831-3431. 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