



OODLE FAMILY MEDICINE  
**Member Agreement**

### Terms

- I acknowledge and understand that I am voluntarily becoming an Oodle Family Medicine, LLC (herein as “Oodle Family Medicine” or “Oodle”) member for primary care services on behalf of myself or individuals for whom I am a parent or legal guardian. I understand that this agreement is non-transferable.
- I have received and reviewed the “Member Services” Guide, or reviewed its online equivalent, which describes types of services provided. I have had the opportunity to ask questions and receive answers about its content.
- I acknowledge and understand that the monthly membership fee is paid in consideration for the services outlined in the Member Services Guide. I understand that if my care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance and I will be responsible to pay these fees in full at the time of service.
- I acknowledge and understand that **this agreement does not provide comprehensive health insurance coverage** nor is it a contract of insurance. **It only provides for primary care health care services as specifically described in the Member Services Guide.** I recognize that I am encouraged to obtain conventional private individual, catastrophic, or comprehensive health insurance.
- I acknowledge and understand that the monthly fee paid to Oodle Family Medicine does not cover the cost of prescription drugs, hospitalization costs, major surgery, dialysis, imaging, rehabilitation services, or procedures requiring general anesthesia, or similar advanced procedures, services or supplies and that I am responsible for any charges incurred for those services performed outside of Oodle Family Medicine.
- I acknowledge and understand that Oodle will not bill an insurance carrier, Medicare, or Medicaid for any services provided.
- I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the “Medicare Opt-Out Agreement” for review and signature before my first appointment.
- I acknowledge and understand that, to become a member of Oodle, I must submit both my membership fee and enrollment fee. Enrollment will include authorization for automatic payment of my membership fee every 1 or 3 months only.
- I acknowledge and understand that my monthly membership fee will be automatically transferred from my selected choice of payment on the same day each month. The first day of the month is considered to be the beginning of that month’s services. In the event payment is not received, Oodle will notify me through my given contact information and may **charge a \$25 late fee** for any missed payment.
- I acknowledge and understand that Oodle may add or discontinue services included in the fee or increase my fee schedule at any time and that I will be given at least sixty (60) days’ notice of fee schedule changes.
- I acknowledge and understand that Oodle may cancel this Member Agreement for cause due to non-payment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Oodle will not cancel this Member Agreement solely on the basis of health status.
- I acknowledge and understand that I am free to cancel this Member Agreement at any time by providing written notice to Oodle by email, text, or letter (doctoreaman@gmail.com; (425) 357-7175; 401 Olympia Ave NE Suite 305-MB48 Renton, WA 98056). **Monthly fees will continue to accrue until the written cancellation is received. I understand that my membership will end the day of my notice, there will be no refund for that month’s membership if my notice falls on or after my selected date of payment.**
- **I acknowledge and understand that delinquent payment may result in termination of membership as well as report to collections.**
- I acknowledge and understand that if I cancel this Member Agreement, reenrollment is not guaranteed. Reenrollment is subject to a \$75 fee along with the other requirements of enrollment. Oodle Family Medicine makes no representations that I will be able to reenroll at some future date.



**Member Agreement Continued**

**Rights and Responsibilities**

- I agree to disclose all information relating to my health condition and to actively collaborate with my health care provider to understand my treatment options and develop the best course of action.
- I understand that my enrollment in Oodle Family Medicine is a commitment to my ongoing health and wellness. I agree to commit to those plans for my medical care which have been agreed upon by me and my provider.
- I understand that I will be forthright with regard to my prescription medication and my use of them.
- I understand that Oodle does not contract with Labor and Industries (worker’s comp) nor do its providers complete evaluations for a commercial driver’s license, nor manage injuries related to motor vehicle accident or injury.
- I understand that Oodle does not provide management of chronic/long term narcotic or benzodiazepine prescription use.
- I understand that it is my responsibility to inform Oodle of any changes to my credit/debit card or bank account information.
- I understand that it is my responsibility to ensure that Oodle has correct contact information (e.g. mailing address, phone) for my account.
- I agree to arrive on time for my appointment. If I do not arrive on time, my provider may not be able to spend as much time with me as I may need. In addition, I agree to call Oodle at least 24 hours before an appointment if I need to cancel, so that other patients can use my visit time. **I understand that same-day cancellations are subject to a \$15 cancellation fee.**
- I understand that I have the right to receive accurate and easily understood information about Oodle Family Medicine health care services, health care professionals, and health care facilities.
- I understand that I have the right to speak in confidence with my Oodle provider and to have my health care information protected. I understand that Oodle will not disclose my information without my authorization or without a legal obligation to do so. I also understand that I have the right to review and receive a copy of my personal medical record and may request that my health care provider amend my record if I feel it is inaccurate or incomplete by contacting my Oodle provider.
- I understand that the monthly fee is intended to cover Oodle Family Medicine provider’s availability to provide services as well as the individual services provided, and that the **monthly fee is due each month under the Member Agreement, even if I do not communicate with Oodle providers or see them during a particular month.**
- I understand that I am responsible for all bills associated with services provided outside the direct agreement for primary care services, whether provided by Oodle or another organization or individual.
- In the event I wish to cancel my membership, I understand that **I must notify Oodle Family Medicine in writing of my intent to cancel.** Notice by email or text is sufficient. If my account is overdue, I am responsible for resolving the outstanding balance within 90 days or be subject to collections reporting.
- I understand that if I am dissatisfied for any reason, I may contact the Clinic’s Administrator to address any complaints at 401 Olympia Ave NE, Box #48, Renton, WA 98056 or doctor@oodleMD.com; I agree to first bring issues to Oodle’s attention. 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 or by e-mail at [cad@oic.wa.gov](mailto:cad@oic.wa.gov).

By my signature below, I agree to become a Oodle Family Medicine 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. This Member Agreement will become effective when fully signed by the prospective Member and accepted by Oodle Family Medicine, LLC.

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

Member Name: \_\_\_\_\_

Signature by:  Member  Parent  Legal Guardian