

Medical Transformation Center
Carl D. Paige, M.D.
P.O Box 987
Pewee Valley, KY 40056
Phone 859-935-0626



medical transformation center

SUSTAIN Service Retainer Agreement

This agreement dated _____ is made between (patient) _____ and Medical Transformation Center (MTC). Duration of this agreement is for 12(twelve) consecutive months.

Services Included are limited to:

- Clinical supervision and management of my MTC Wellness Management Program.
- One (1) Annual Comprehensive Preventive-Wellness Consultation
- One (1) scheduled provider contact (office appointment, video or audio conference)
- Laboratory test interpretation for tests requested by this practice
- Reasonable access by portal message or telephone for non-emergent matters related to my MTC Wellness Management Program.

Services Not Included:

- All clinical services not directly a part of my Program
- Acute, urgent, emergent, and inpatient medical care
- Primary Care medical services
- Management of Prescription medicines and tests not ordered by this practice

I agree to consult with my primary care physician provider for all other medical services, including acute, urgent or emergent medical care during the length of this agreement.

I understand that this retainer agreement

- Does not involve a third-party payer and no claims or itemized statements are created
- Does not alter my current subscriber-health plan relationship
- Is voluntary
- Can be terminated by either party without cause, with at least 30 days written notice to the other party
- Can be terminated without financial penalty, if terminated with proper notice. Refunds following termination of this agreement, if due, will be prorated based upon the percentage of time remaining on the agreement.

I have signed a HIPPA compliant communication informed consent

Complete this section only if you are a beneficiary enrolled in Medicare Part B (required prior to receiving medical services):

I am eligible for Medicare benefits and have signed the Medicare Private Contract between Medical Transformation Center / Carl D. Paige, M.D. and me: No Yes

Fees:

- The fee for this retainer agreement is: \$1278.00/12 months or \$299 for initial visit then \$89.00 for 11 months.
- If at the second visit the patient chooses not to participate in the retainer contract the fee for that visit is \$299.00 and the patient will relinquish the right to all services listed in the first section of this document. The patient may choose to return and follow up care at some point, but those visits will be billed at \$299.00/visit and be considered a consult only and not include follow up care/access as defined in the first section of this document unless a retainer agreement is entered into.

Payment: I authorize one of the following payment methods:

Check enclosed (made payable to Medical Transformation Center / Carl D. Paige, M.D.)

Visa MasterCard EBT / Bank Draft Discover

EBT/ Bank Draft

Routing Number _____

Account Number _____

CARD

Card Number _____ Expiration Date _____

Name of Cardholder (as it appears on card) _____ Security Code _____

Relationship to Patient _____

Cardholder Signature (if other than patient): _____ Date: _____

Billing Address _____

Automatic Contract Renewal Authorization

I agree to the automatic renewal of this Service Retainer Agreement every twelve(12) months.

I have completed the Authorization for Auto-Debit form and I authorize Medical Transformation Center / Carl D. Paige, M.D. to process a debit transaction to my credit card for renewal of this contract.

Patient's Full Name (Printed):

Patient Signature:

Date: