



University Hospitals

UH Select

UH SELECT MEMBERSHIP AGREEMENT

This Membership Agreement (“Agreement”) specifies the terms and conditions under which you, the undersigned patient (“You”), will participate in UH Select, an enhanced, personalized primary care experience offered by University Hospitals Medical Practices (“Practice”). This Agreement becomes effective on the date of your signature on this Agreement (the “Effective Date”).

1. Membership Services. Participation in UH Select entitles You to the following services (the Membership Services’):
 - a. Same Day/Next Day Appointments With Physician. Practice is able to accommodate most requests for same day weekday appointments with a physician employed by the Practice (“Physician”). Practice will make every reasonable effort to schedule You for an appointment with Physician on the same day You contact the Practice regardless of the nature of your symptoms. If a same day appointment is not feasible, Practice will schedule an appointment the next business day. During the Physician’s absence, the Practice shall ensure that a substitute physician will be available to You to the same extent as the Physician.
 - b. 24/7 Patient Navigator Services Access. You will have direct telephone access to a Patient Navigator on a twenty-four hour per day, seven days per week basis. The Patient Navigator will discuss your health concerns with you and, depending upon the circumstances, arrange an office appointment for you, assist with a prescription refill, assist you in scheduling diagnostic testing, or, if appropriate, speaking directly with the Physician.
 - c. E-Mail Access. You will be given the Physician’s e-mail address to which non-urgent communications can be addressed. Physician or a designated staff member will respond to emails in a timely manner. During the Physician’s absence, the Practice shall provide the contact information for a substitute physician. **You understand and agree that email should never be used to access medical care in the event of an emergency or any situation that You could reasonably expect may develop into an emergency.** You agree that You will call 911 in the event of any emergency.
 - d. Virtual Visit. At Your request, the Physician will hold telephone or webcam visits with You to review Your healthcare needs. Virtual visits are subject to Ohio state law and licensing guidelines, which could impact provision of care when You are not in Ohio or a state where the physician is licensed.
 - e. Visitors. Visitors and/or family members (“Visitors”) temporarily visiting You from out of town may, for up to a two-week period, use the services described in subparagraphs (a) and (b) above. Medical services rendered to Your Visitors shall be charged on a fee-for-service basis as described in Section 4 below.
 - f. Specialists. Physician shall closely collaborate and coordinate with local medical specialists to whom You are referred for specialty care. However, You understand that the Membership Services

stated in this Agreement do not extend to services provided by specialist physicians to whom you are referred.

- g. Wellness Initiatives. Along with a comprehensive annual physical examination, You may select from one of the following complimentary wellness services at certain UH Select locations:
- i. Nutritional assessment by a registered dietician; or
 - ii. A single treatment from Connor Whole Health (i.e. acupuncture or massage)

Practice may amend the list of Membership Services and will provide You with an updated list of Membership Services covered by this Agreement as changes occur from time to time.

2. Provider & Service Locations. Please check the appropriate box to confirm the Physician which You intend to receive Membership Services:

- Paula Deuley, M.D.
- Alan M. Hirsh, M.D.
- Jill C. Miller, M.D.
- Tod Podl, M.D.

3. Fees; Billing. You agree to pay an annual fee of Two Thousand Four Hundred dollars (\$2,400) (“Membership Fee”) for the Membership Services upon execution of this Agreement. Practice will send you an annual invoice for the Membership Fee each year thereafter. Practice reserves the right to increase the Membership Fee up to Ten Percent (10%) each year. Any fee increase in excess of Ten Percent (10%) will require execution of a new Agreement.
4. Covered Medical Services; Exclusion of Certain Services. The Membership Fee only covers the provision of Membership Services described in this Agreement. The Practice will continue to accept and bill Your individual or group health plan, HMO, PPO, or other similar private health plan or coverage for medical services covered by such policies (“Covered Services”). You will remain financially responsible for any co-payments, co-insurance or deductible amounts required by your insurer for the provision of Covered Services.
5. Term & Termination; Exclusivity. This Agreement shall last for twelve (12) months commencing on the Effective Date and shall automatically renew unless You notify the Practice that you intend to not renew the Agreement. Termination of a renewed agreement must occur within 90 days of renewal date to avoid membership charges. Failure to pay membership fee may result in termination from the Practice. Practice may terminate this Agreement and the physician-patient relationship in accordance with laws in the state You receive Membership Services. In such an instance, Practice will refund You a prorated portion of the Membership Fee. The Practice operates exclusively under the personalized, enhanced model of Membership Services described in this Agreement. You must maintain a current Agreement in order to remain a patient of the Practice. Termination of the Agreement by either party will result in removal from the Practice in accordance with laws in the state You receive Membership Services.
6. Insurance or Other Medical Coverage. You acknowledge and understand that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage. It will not cover hospital services, or any services not personally provided by Practice or Physician. You further acknowledge that Practice has advised that You obtain or keep in full force such health insurance policy(ies) or plans that will cover Your general healthcare costs. You acknowledge that this Agreement is not a

