

**Rate changes effective January 1<sup>st</sup>, 2019**

Patients of James J. Biemer Jr. MD:

As of January 1<sup>st</sup>, 2019, we will be increasing our annual concierge fee. We are sensitive to the burden that increased costs place on you and have done our best to keep rates steady for a number of years. However, at this time we feel that a change is necessary in order to continue to provide you with ever improving service and care.

In order to match increasing costs of providing healthcare, many clinics have turned to higher volume – frequently seeing patients in 15 minutes or less, asking patients to discuss only one concern in a visit, rushing through records, etc. As you can imagine, this leads to high rates of physician burnout and unhappy patients and increases risk of medical errors.

As ever, we are committed to the quality and value of your experience with us. It is our aim to provide personalized care tailored to your specific needs and goals. By providing thorough preventive care and health screenings, addressing concerns efficiently, and carefully tracking medications and ongoing conditions, we hope to prevent higher costs to you down the road. If you do find yourself in a situation that requires specialized care, hospitalization, or surgery, we want to be a timely advocate for you and your needs.

Your concierge fee goes directly to providing us with the time and the staffing we need to match the level of service and care that you deserve. **Please sign and return the following agreement regarding our services.** If this cost will be prohibitive for you please do contact our office.

Sincerely,



James J. Biemer Jr. MD.

<b>Rates</b>	<b>Annual</b>	<b>Monthly</b>
Individual rate (all ages)	\$720	\$60
Pair (individual + one family member)	\$1,350	\$112.50
Additional family member (all ages)	\$444	\$37

*\*college students are waived while actively studying*

If you need help understanding your annual or monthly rate please contact my office manager, Carolyn at [Carolyn.biemer@providence.org](mailto:Carolyn.biemer@providence.org) or 503-384-0316.

**Please return attached document by mail, in person, or by fax 503-416-8145.**

**Annual Agreement with James J. Biemer MD for Concierge Practice**

I understand that I am voluntarily entering into an agreement with Dr. Biemer for services that are outside of those typically covered by my insurance. Specifically, my annual concierge fee pays for access to Dr. Biemer, by way of scheduled phone visits, email, and same or next day visits when I have an urgent medical concern. It allows the practice to stay small, so that I can be seen quickly or for longer visits when necessary.

I understand this annual fee DOES NOT cover or apply to usual office care, which is billed directly to my insurance carrier in accordance with fee schedules set by an agreement between my insurer and Dr. Biemer. I understand that BY CONTRACT with the insurer, Dr. Biemer cannot charge more for covered services. The annual concierge fee may not be used to cover my co-pays, deductibles, or any outstanding balance my insurance doesn't pay. I understand that my concierge fee IS NOT health insurance.

This agreement between Dr. Biemer and myself can be terminated at any time by either party. Any unused portion of the annual concierge fee would be promptly refunded on a prorated basis if I decide to leave the practice.

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

**Please list other patients or family members who will be covered under this agreement.**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_