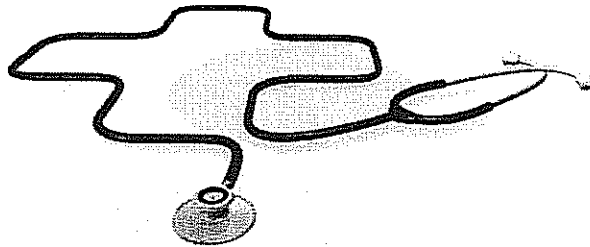




Pre-Paid Program



NO insurance?

NO problem!

With a one-time enrollment fee of \$100 and an affordable monthly fee, you and your family can be seen unlimited times and have full access to exceptional healthcare services through our urgent care.

Get In! Get Out! Get Better!

2151 Herndon Avenue, Suite 102, Clovis, California 93611

559-297-8389 www.drycreekclovis.com

Dry Creek Medical and Urgent Care recognize the constant fast changes to healthcare that is affecting everyone all around. There are so many high deductible and co-insurance plans available that are still high cost and not affordable, however, there is NO reason why someone cannot have access to exceptional healthcare. So, with that, we introduce our PUC program, Pre-Paid Urgent Care program. This program allows you to have access to healthcare through our urgent care. It only requires a one-time enrollment fee of \$100 and a small monthly fee.

The different plans available are as follows:

- | | |
|-------------------|-------------|
| • Individual plan | \$70/month |
| • Couple plan | \$135/month |
| • Family of 3 | \$190/month |
| • Family of 4 | \$230/month |
| • Family of 5 | \$270/month |

Any other plan fees can be discussed upon enrollment. Enrollment fee of \$100 are per individuals. For example, the enrollment fee for a couple is a total of \$200.

Although we would like to allow full urgent care medical services with just an enrollment and recurring monthly fee, we cannot. Your monthly recurring fee will cover the following services:

- Unlimited office visits
- 1 annual physical with an EKG per year
- 1 x-ray per year
- The first set of basic labs done in-house such as lipid, blood sugar, thyroid, hemoglobin, and urinalysis. (Any labs that are sent out to an outside lab will incur additional fees from the outside lab itself.)
- All face to face consultation with a medical provider or nurse
- All assessment and treatment advice including but not limited to diabetes, hypertension, hyperlipidemia, obesity, preventative screening, minor illnesses, all injuries, cold and flu, asthma, mood disorder, etc.
- All telephonic medical advice
- Obtaining specimens for any outside laboratory for further examination such as specimens for Pap smear, culture, biopsy, etc.

All other services performed through our urgent will be an additional cost at regular price with a 50% discounted rate. These services include but not limited to the following services:

- Rapid strep and flu testing
- Hemoglobin A1c
- Rapid drug screening
- Pregnancy testing
- Rapid Mono testing
- Rapid Influenza testing
- All basic lab screening after the initial covered set of labs
- X-rays after the covered one x-ray
- Allergy testing
- Orthotic supplies, such as wrist brace, back brace, knee brace, etc.
- Wound care
- Ear Lavage
- Incision and drainage for abscess and cyst
- Lesion removal
- Laceration repair
- Foreign object removal
- Wart Removal
- Ingrown toenail removal
- Cryotherapy
- TB skin testing
- First and second degree burn care
- Nebulizer treatment
- Pulmonary function testing
- Suture removal
- All injections
- All immunizations
- Bone and fracture treatment
- Audiometry
- Vision screening
- Infusion
- Manipulation therapy
- EKG

You will be informed before any service that cost additional before rendering the services.

We carry a large variety of take home medications such as antibiotics, pain medications, maintenance medications to treat hypertension, diabetes, hyperlipidemia, depression, etc. Our medications range from \$15 to \$25 for a 1 month supply. Any medication that we do not carry will be send to a local pharmacy of choice. You must specify to the attending medical provider during your visit.

Once again, you can be seen as many times as you desire for your healthcare services through our urgent care. As long as we are open, we will treat you. We will only resource outside of our facility if your condition requires that type of attention only. You can call or make an appointment during our operating hours which are Monday through Friday, 10:00 am to 8:00 pm and Saturday, 10:00 am to 5:00 pm.

Frequently Asked Questions

Is Pre-paid Urgent Care (PUC) program a form of insurance?

No, it is NOT a form of insurance by any definition and does NOT satisfy the health care reform plans. PUC program is simply for you to use OUR urgent care facility only for all the described benefits.

What to expect when I enroll for the PUC program?

Your enrollment fee will be collected at time of enrollment which can be paid via cash, check, or card. We take Visa, MasterCard, and Discover only. You will need to provide a voided check or a card on your account for the recurring monthly fee of which will be processed on the 1st of each month.

Where and who do I contact to enroll or if I have any questions?

Simply walk in during regular business hours or call our main line at 559-297-8389.

Can I enroll and use my PUC program on the same day?

No, unfortunately, you cannot and if you desire to be seen on the same day, you must pay at regular full urgent care prices. There is a 7 day waiting period to process the enrollment fee and your current month fee.

Should I still have a health insurance plan if I'm enrolled in PUC? Do I have to have insurance to qualify for PUC?

Having insurance is never a bad idea for other services that cannot be provided here such as ER visits and specialty visits. A "catastrophic health insurance policy" which is typically a high-

deductible and low-premium, to compensate your membership in the PUC program is recommended. You do NOT have to have insurance to qualify for PUC.

What services will cannot be rendered through the PUC program?

Services that are not typically done through an urgent care, such as specialized imaging (Cat scan, MRI, ultrasound, interventional radiology), specialist consultations such as cardiologist, allergist, OB-GYN, ER attention, and operating procedures.

Are injectable in-office medications covered under my monthly fee?

No, again, this will be an additional cost to you at a discounted rate of 50% off.

Are procedures like suturing or abscess drainage covered under my monthly fee?

No, again, this will be an additional cost to you at a discounted rate of 50% off.

What if I never use my allowed covered services that are allowed under my monthly fee? Does it accrue and roll over to the next year?

Our calendar year is January to December. If you do not use it, it does NOT accrue and roll over to the next year. In other words, use it or you will lose it.

Is there a co-pay with each visit?

No, there will never be a co-pay.

What happens if my monthly payment lapse?

If your recurring monthly payment declines, we will contact you immediately to allow you to pay with a different payment method. We will continue to collect for payment up to 1 week. If payment isn't obtained by then, you will immediately be locked out of using your membership.

You will be locked out for 6 months before you can re-enroll. You will have to pay an enrollment fee again.

When can I expect my monthly fee to process?

The recurring monthly fee will be processed on the 1st of each month and do allow up to 3 days for the transaction to reflect in your account.

What if I have pre-existing medical conditions?

That's ok. Pre-existing doesn't affect your enrollment. We will do our very best to assist you with managing and continuing care of your conditions.

Is this a contract?

No, this is not a contract, simply an agreement. This means you can cancel at any time but with a 30 day advance notice.

What happens if my monthly payment falls within the 30 day cancellation notice?

Your monthly payment will still get processed which allows you once last month to use the PUC program, our urgent care.

Enrollment Form

Name: _____ DOB: _____

Billing Address: _____ City: _____

Zip Code: _____ Email: _____

Home Phone: _____ CellPhone: _____ Workphone: _____

List of names on plan:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I understand that this is not a contract and can be terminated by either party at any time considering the 30 day advance notice. _____ Initial

I authorize my monthly recurring fee to be process on the 1st of each month. _____ Initial

I understand there will be a 25 cent transaction fee if my recurring payments are being processed via check and a \$25 NSF will be charged to me if my check doesn't go through. _____ Initial

I authorize a recurring monthly fee of _____ to begin on _____.

I am providing my payment form of Visa MasterCard Discover Voided Check (circle one). _____ Initial

Print name

Signature

Date

ACH Debit Authorization Form



Dry Creek Urgent Care Payment Plan Authorization

Name: _____
Please print First Middle Last
Address: _____ Date of Birth: _____
City/State/Zip: _____ Last 4 digits of Social Security #: _____
Home Phone: (_____) _____ Driver's License #: _____
Work Phone: (_____) _____ Driver's License State: _____

Payment Plan Schedule

One-time Payment Payment Amount: \$ _____ Payment Date: _____
 Recurring Debit every: _____ Day(s) Week(s) Month(s)
Start Date: Month: _____ Day: _____ Year: _____ Payment Amount: \$ _____
(Start date must be at least 15 business days from submission of this form)
End Date: Month: _____ Day: _____ Year: _____ Transaction Fee: \$ _____
Number of Payments: _____ Total Payment: \$ _____
(Payment Amount + Transaction Fee)

Customer Bank Account Information

Bank: _____ Phone Number: (_____) _____
Routing Number: _____
Account Number: _____

Attach a voided check to this form.

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH-Debit Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____

Second Authorized Signature
of Bank Account if Required: _____ Date: _____