2018 Value Added Plan

WHY IS THERE A NEW ANNUAL FEE?

I am pleased that you have selected my office for your healthcare needs. It has been a very rewarding experience to provide care to you over the years and be your personal physician that you can trust.

After completing an assessment of my practice costs, I have determined that there are many services that my office offers related to customer service that are not covered by insurance. By having adequate time at office visits, I can provide you with the best care. Rather than reduce or eliminate the customer service and quality that you expect, we have determined that the survival of Paul W John, MD would require an annual fee to cover these costs. This fee goes into effect January 1st of each year.

THE FEE

$50 per year for a **single** patient over age 21 **$0** for children

BENEFITS THAT OUR OFFICE PROVIDES TO PATIENTS (UNREIMBURSEABLE BY INSURANCE)

1. My staff answers our telephones and returns your phone calls on the same day if the call comes in by 2pm. (12 Noon on Fridays)
2. Our office accommodates **same day appointments** for **acute illnesses**. Please call by 9 am.
3. Very often insurance requires a prior authorization for your medication or radiology. When I do this extra work for you, you are able to receive the medication or testing that I feel is appropriate for you. **
4. I can facilitate changing all your prescriptions due to a change in insurance and fill out your employer's health assessment forms (As long as a preventive visit occurred within a year). This can save you the cost of a copay.
5. I **do not** use a service, other physicians or nurses that do not know you for **after hours calls**. This can save you an expensive Urgent Care / ER visit over a weekend.
6. Each time that I renew a current prescription without an office visit (when appropriate by medical guidelines and the law), you save the cost of a copay for an office visit.

Our office wants to continue to provide excellent care in a courteous, comfortable and professional environment as we have always done. **Having a full complement of staff will benefit you by making me more available for appointments. Most importantly, I will be here to guide you through the complex and frustrating aspects of modern medicine.**

****This payment does not guarantee that all medications will be authorized by your insurance company, but our staff will work diligently to try and get medications and radiology covered. We accomplish this in 1-5 days instead of three weeks as is common in larger offices.**

I understand the Financial Policy of this office. Please initial each line below:

1. **This fee is not an unlimited concierge fee**. This fee does **NOT** replace Office visits, Missed Appointment Fees, Fees associated with special services such as, FMLA forms, or medical records._____
2. **I want to maintain a relationship with Dr. Paul W John** and understand that in order to prevent services from being reduced or eliminated, an annual value-added service fee will be charged. I agree to accept the annual fee for these value added services. These value added services are not covered or required under my managed health care plan or Medicare as discussed above._____

Printed Name_____ **Signature**_____ **Date**_____