

DEDICATED CARE CENTER ENROLLMENT FORM

I hereby enroll as a member of the Dedicated Care Center program as described on this Enrollment Form and the attached Exhibits.

A. Dedicated Care Services. As a member of the Dedicated Care Center program, Sentara Medical Group, Innovations (“SMGI”) will provide to me the dedicated care services listed on Exhibit A. I understand that these services may be changed by SMGI from time to time. Routine medical treatment services are *not* included in the Dedicated Care Center program.

B. Dedicated Care Services Not Covered by the Medicare Program or Insurance Companies. I understand and agree that the Dedicated Care Center program services are not covered by Medicare (or other government program) or my insurance company. Neither SMGI nor I will bill Medicare (or other government program) or my insurance company for the services provided to me by SMGI under the Dedicated Care Center program. Neither SMGI nor I will seek reimbursement from Medicare (or other government program) or my insurance company for my Dedicated Care Center program or other fees.

C. Routine Medical Services Not Included in the Dedicated Care Center Program. Except for the dedicated care services provided to me under the Dedicated Care Center program, all other medical services (for example routine office visits and condition-specific diagnostic tests) that Sentara Medical Group (SMG) provides to me are not included within the Dedicated Care Center program. However, these other services may be covered benefits under Medicare (or other government program) or my insurance policy. SMG may bill Medicare (or other government program) or my insurance company for these other services if these other services are covered services that are eligible for payment by Medicare (or other government program) or my insurance company. I agree to pay any deductibles, co-insurance or co-payment amounts related to these covered services. I also agree to pay for any non-covered services that are provided to me by SMG.

D. Dedicated Care Center Program Fees. I agree to pay the monthly membership fee established by SMGI for participation in the Dedicated Care Center program. I understand that SMGI will provide me with advance notice of any change in the membership fees. The current Dedicated Care Center program fees are:

- Dedicated Care Center membership is \$175 per month per person.
- Dedicated Care Center membership is \$2100 annual per person.

All program fees are due and payable on the 25th day of the month for which the membership fees apply. My first payment is due on _____. Past due balances are subject to late charges. I agree to make all payments by electronic funds transfer (“EFT”), by credit card or pursuant to a monthly statement. Until I cancel my membership, I will not be relieved of my obligation to make any payments, nor will I be entitled to any deductions or allowances from my payments because of my failure to utilize the services provided under the Dedicated Care Center program.

E. Other Documents. I have received and agree to be subject to the Sentara Healthcare Integrated Notice of Privacy Practices and the Sentara Medical Group Financial Agreement & Release of Information, which are part of the Dedicated Care Center program and may be revised from time to time.

F. Termination. My enrollment is effective as of _____. I understand that either SMG or I may cancel my membership for any reason upon thirty (30) days’ written notice.

MEMBER

SENTARA MEDICAL GROUP, INNOVATIONS

Signature

Signature

Printed Name

Title

Date: _____