

# HANA HOLISTIC MEDICAL CENTER

## MEMBERSHIP AGREEMENT FOR PATIENT-CENTERED HOLISTIC MEDICINE SERVICES

<i>Please print:</i>	
Member Name: _____	(“Member”)
Mailing Address: _____	
Email: _____	
Primary phone number: _____	Secondary phone number: _____
Date: _____ (“Effective Date”)	<i>*Member signature required on last page</i>

THIS MEMBERSHIP AGREEMENT FOR PCHM SERVICES (“Agreement”) is effective as of the Effective Date written above, by and between HANA HOLISTIC MEDICAL CENTER, a California medical service (“Provider”) and the Member identified above, with reference to the following facts:

WHEREAS, the Patient identified above desires unique services and benefits to be provided by Physician that are not covered or otherwise not reimbursable under a private health insurance policy, private health plan or government program, including, but not limited to, Medicare, in which Patient is enrolled;

WHEREAS, the Physician identified below desires to provide such unique services and benefits to Patient for which Physician cannot, and will not, seek reimbursement under a private health insurance policy, private health plan or government program, including, but not limited to, Medicare, in which Patient is enrolled;

WHEREFORE, by signing this Patient Enrollment Agreement, Patient and Physician hereby agree, effective on the date signed by Physician, for valuable consideration, to enter into a contractual relationship for the provision of specified services and benefits under the following terms and conditions.

### A. BENEFITS AND SERVICES

Hana Holistic Medical Center (HHMC) agrees to provide to Patient the following Benefits and Services:

- 10% off acupuncture sessions (not covered by Medicare or insurance);
- 3 free classes, and 5% off weekend workshops at HHMC; and
- Access to signing up for membership in classes through HHMC information system.

Classes and workshops may include the following which are provided for a fee subject to above mentioned discounts:

- Yoga classes;
- Group fitness;
- Dance therapy;
- Tai Chi;
- Chi Gong;
- Energy movement exercises;
- NIA dance;
- Acupressure;
- Energy healing; and
- Massage therapy.

HHMC's goal will be to nurture and support the patient's personal transformation to a healthy wellness-based lifestyle. In keeping the classes in small groups, HHMC visitors will receive a more personal connection with the teachers.

HHMC will provide educational workshops which with the goal of enhancing the knowledge and art of healing the body, mind and spirit. These workshops may include lectures and courses about Chinese medicine, acupuncture, healthy eating, herbology, bodywork, and mindfulness-based stress reduction.

As a member of Hana Holistic Medical Center you will have the advantage of our premium MediTouch patient portal where you can have:

- Priority email to your doctor
- Secure, online access to your personal health record
- Time saving tools such as easy registration and appointment scheduling as well as request for video visits.
- Access to your lab results and ability to request medication refills online.

## **B. PREMIUM**

Patient agrees to pay to Physician an ANNUAL Enrollment Fee of \$250 or \$25 MONTHLY as valuable consideration for the provision of Benefits and Services or

100 patients will have an option to become "Vision Supporters" of the center for a MONTHLY membership of \$199 for unlimited free classes, 10% off weekend workshops and 20% off acupuncture sessions (not covered by Medicare or insurance).

## **C. PATIENT ACKNOWLEDGMENTS AND CONDITIONS OF PARTICIPATION**

Patient acknowledges and understands that Benefits and Services are unique and provided with certain specific limitations and conditions, as follows:

1. Benefits and Services are not covered and otherwise not reimbursable under any private health insurance policy, private health plan or government program,

including, but not limited to, Medicare, in which Patient is enrolled. Accordingly, Patient understands and acknowledges that Benefits and Services convey value and benefits that Patient does not already receive under any private health insurance policy, private health plan or government program, including, but not limited to, Medicare, in which Patient is enrolled. To the extent any one or more Benefits and Services are considered covered and reimbursable benefits, the Enrollment Fee is consideration for the remaining items of Benefits and Services.

2. The list of Benefits and Services may be amended or modified to the extent necessary to reflect any change in interpretation or terms of coverage and benefits of any private health insurance policy, private health plan or government program, including, but not limited to, Medicare, in which Patient is enrolled.
3. For Benefits and Services provided herein, Patient and/or Physician cannot, and will not, bill to or seek reimbursement from any private health insurance policy, private health plan or government program, including, but not limited to, Medicare, in which Patient is enrolled.
4. Physician may also provide service(s) to Patient that are covered or reimbursable from a private health insurance policy, private health plan or government program, including, but not limited to, Medicare, in which Patient is enrolled. In such case, Physician may bill and seek reimbursement from Patient's private health insurance policy, private health plan and/or Medicare under the terms and conditions of Patient's enrollment agreement with such payor(s). Physician may also seek reimbursement from Patient as permitted under Patient's enrollment agreement with such payor(s) (e.g., deductibles, coinsurance or copays). Patient understands and acknowledges that any covered and reimbursable services are separate and distinct from and independent of the Benefits and Services provided herein.
5. This Agreement can be terminated by providing a notice to the Medical Center of at least 45 days. We believe the 45 days is necessary to allow the Medical Center to make every effort to accomplish your health goals.

IN WITNESS WHEREOF, the parties have executed this Membership Agreement for PCHM Services effective as of the date first written above.

**MEMBER:**

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

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

**PROVIDER:**

**HANA HOLISTIC MEDICAL CENTER**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Anas Hana, M.D., President

