



Lawrence Chapel Pediatrics, PLLC

Larry Herrera, M.D.

Concierge Urgent Care Agreement

This concierge urgent care practice agreement is entered into as of the ____ day of _____, 20____, and effective as of the ____ day of _____, 20____, between you the parent of _____, and Lawrence Chapel Pediatrics, PLLC (the "Practice") under which the Practice will make certain enhanced urgent care services available to you which are not otherwise provided to other patients by this Practice. By voluntarily entering into this Agreement and remitting the annual retainer fee as set forth below, you are participating in the Practice's Concierge Urgent Care services for a period of twelve (12) months beginning on the effective date payable on a quarterly basis or annually.

Services Provided to You: The practice's annual retainer fee covers the following services and amenities provided by Larry Herrera, M.D. as set forth below:

- 24/7 physician availability via direct personal telephone access.
- Same day visit to your home, often within a few hours.
- Visit duration of up to one hour and can be extended for additional consultation fee.
- No charge for examinations.
- 12 visits per year included at no charge.

Annual Retainer Fee:

Individual child \$2,000 per year

You may elect to pay the retainer fee on an annual or quarterly basis. If you elect to pay on a quarterly basis, each fee installment (\$500.00 per quarter per individual) will be automatically charged to your credit card on or following the first day of each quarter.

Financial Responsibility:

This Practice nor Dr. Herrera accept insurance and will not seek re-imbursement for the above services from any insurer, Medicaid, Medicare, or third party payer. You are solely and financially responsible for payment of the annual or quarterly retainer fee. The retainer fee is due on enrollment and may be made by credit card or check payable to Lawrence Chapel Pediatrics, PLLC.

Terms of the Agreement:

The term of this agreement will be for one year from the effective date and shall be renewed only upon your expressed written permission. You may cancel this agreement for any reason after 3 months and at any time prior to the beginning a new quarter by providing a written notification to Dr. Herrera. If the annual fee was paid in total, then you will be refunded a pro-rated amount based on the effective start date. Likewise, the Practice may terminate this Agreement at any time without cause. The undersigned agrees to the terms and conditions of this Agreement and acknowledges there are no other promises or representations except as specifically listed in this Agreement.

Notices:

Notice from one party to the other shall be in writing and shall be deemed to have been duly given when delivered in person or sent via U.S. mail to the addresses listed in this agreement.

Governing Law:

This Agreement will be governed by and construed in accordance with the laws of the State of Texas.

Current Mailing Address:

I, _____, the parent of _____, agree to the
(Printed Name) (Printed Name)

terms and conditions herein. I acknowledge that I understand this agreement in full and that the purpose is to provide urgent care services as outlined on page 1. This is not a substitute for general health care or emergency care. You will maintain your current relationship with your General Health Care Physician. This is not an insurance product and should not substitute for insurance.

Patient Signature

Date

Acknowledged and accepted by:

Lawrence Chapel Pediatrics, PLLC

By: Larry Herrera, M.D.

Date