



Child Basic Smart Care Plan*

_____ \$99 enrollment fee (\$79 for existing patients) plus \$29 per month for 12 months, with automatic bank draft (ACH). (This payment option does not include Comprehensive Screening Exam***.)

or

_____ \$348 paid in full (12 months) – enrollment fee will be waived. Includes *FREE Comprehensive Screening Exam**** with basic labs/diagnostic tests*, when age appropriate. (\$230 value).

For a fee of \$348 or \$29 per month for 12 months (the "Base Fee"), our Child Basic Smart Care Plan allows the scheduling of routine office visits *with no office visit fee* (\$79 savings), which will include any necessary basic lab work/diagnostic tests** each visit. Also includes (i) *free prescription refills* (\$25 savings), (ii) *free phone consults* (\$50 savings), and (iii) *Housecalls at \$150* (\$100 savings). (Non-basic lab work, retail products, medications, supplements or immunizations are charged at standard rates.)

Child's Name _____

Parent's Name _____, **agree to pay the \$99 or \$79 enrollment fee plus \$29 per month starting on today's date for the Child Basic Smart Care Plan or \$348 in full (enrollment fee waived) as noted above. This prepaid plan entitles my child to discounted fees on services at GracePointe Healthcare, as set forth herein. I will still be responsible for other services not discounted as specifically mentioned above. At the end of the 12 months, I may renew this contract but the fees and terms may change, at GracePointe Healthcare's sole discretion. If paying through automatic bank draft; the contract will renew for an additional 12 months automatically unless I notify GracePointe prior to the expiration date. I also understand:**

- **If my child receives services under this agreement and I fail to make a monthly payment or fail to make payment for the full annual fee, I will be responsible for all charges for services incurred at the standard non-discounted rate as well as an early termination fee of \$250.**
- **I will owe a \$35.00 fee for any checks or ACH withdrawals that have insufficient funds.**
- **Payment for anything not covered under the Smart Care Plan is due at time of service.**
- **24 hours notice is required for appointment cancellations and there is a \$49 charge if less than 24 hours notice is given or if my child fails to show up for the appointment.**
- **All amounts paid for the Smart Care Plan are nonrefundable.**

I understand that this is intended to be a legally binding contract that becomes binding when executed by the undersigned and accepted by GracePointe. This agreement (together with any Addendums executed in connection herewith) is the final agreement between the parties and no other agreements, written or verbal, are binding. This agreement covers only the child listed above and may not be assigned or transferred. I have read, understand and agree to the terms and conditions of this agreement.

Parent Signature _____ **Date** _____ **Expiration Date** _____

* Our Child Smart Care Plans are private 12 month contracts between GracePointe Healthcare and the parent, which are executed after payment has been made and initial services rendered. At present, insurance will not reimburse for the prepaid plans and this is not a type of insurance, it is only a prepaid discount plan. GracePointe Healthcare makes no guarantees regarding reimbursement by insurance companies and does not file insurance claims or sign insurance contracts. Medicare and Medicaid patients are not permitted to file claims per government regulations.

**Basic labs/diagnostic tests include: CBC, BMP, Lipid Panel, Urinalysis and vital signs.

***Free Comprehensive Screening Exam includes: » Height, Weight, BMI, Pulse, Blood Pressure, Temperature, Pulse Oximetry, etc. » Health Risk Factors: Diet, Exercise, Safety, etc. » Disease Prevention » Physical Exam » Health Maintenance: Review immunizations, etc. » Recommendations/Referrals