

CAS Premier Health, LLC

106-A Ridgeview Drive
Cary, NC 27511
(919) 272-4158 or (919) 319-6363 or (919) 319-4994
Fax (919) 319-1331

Retainer of Services Contract - 2019

CAS Premier Health is a limited liability company registered in the state of North Carolina. Its main purpose is to form an organization in which only members of the organization are entitled to certain “non-health-insurance-covered services.” These services will be contracted and provided by Triangle Family Care, P.A. and/or Dr. Craig A. Stevens. This is not a form of health or medical insurance. Membership in this organization is optional and does not substitute for, or replace health or medical insurance. Membership is designed to supplement your regular health or medical insurance. Membership does not and cannot guarantee or promise “better” diagnostic or therapeutic care. Membership does provide the “non-health-insurance-covered services” listed below for fully paid members in good standing:

- “24/7” telephone and/or e-mail access to Dr. Craig Stevens
- Same-day or next-day appointments, if needed (we will do our best, barring emergencies)
- Longer office visits
- After-hours office or house visits, if needed and schedules permit
- Unlimited telephone and e-mail consultations
- Unlimited office visits during the year without any additional fee and you will be able to submit any office visit to your own insurance company for possible reimbursement
- Inpatient visitation at Wake Med Cary or Rex, if needed
- Coordination of care at other facilities, if needed
- Copies of your medical records, if needed
- An annual, comprehensive physical examination.
- Certain in-office procedures are included in the membership fee, such as EKG, strep test, urine dip test, punch biopsies, shave biopsies, etc.

Membership in the organization will not be denied to anyone based upon sex, age, marital status, faith, religion, color, race, sexual orientation, medical condition or any other state or federally protected designation.

Membership in good standing is required to obtain all the services and benefits that CAS Premier Health offers. Membership will be **limited to a maximum of 600 paid members**. A waiting list of interested patients will be maintained after CAS Premier Health has reached its maximum patient volume. Membership fees are to be paid annually or monthly. Once paid in full, the annual fee cannot be changed for the year the fee is paid. In the future, the fee may be adjusted, no more than once per year.

The membership fee for the calendar year starting June 1, 2019 is as follows:

- 1) Circle each condition you have had or have:

Diabetes	Hypertension	High Cholesterol	Congestive Heart Failure (CHF)		
Heart Attack or Disease (stent/bypass)	Atrial Fibrillation	Asthma	Kidney Disease		
Frequent UTIs	Chronic Pain	ADD/ADHD	Depression	Anxiety	Allergies
Thyroid Problems	Arthritis	HIV	Anemia	COPD (emphysema)	
Cancer	Lymphoma	Sarcoma	Hormone Therapy		

- 2) How many are circled? _____
- 3) If you have two (2) or less circled, then the concierge fee is as follows:
- | | |
|-----------|---|
| Age 5-26 | \$35.00/month or \$420.00/year (prorated for 2019 - \$245.00) |
| Age 27-49 | \$75.00/month or \$900.00/year (prorated for 2019 - \$525.00) |
| Age 50-65 | \$100.00/month or \$1200.00/year (prorated for 2019 - \$700.00) |
| Age 66+ | \$125/month or \$1500.00/year (prorated for 2019 - \$875.00) |
- 4) If you circled three (3) or more, the concierge fee is as follows:
- | | |
|-----------|---|
| Age 5-26 | \$38.50/month or \$462.00/year (prorated for 2019 - \$269.50) |
| Age 27-49 | \$82.50/month or \$990.00/year (prorated for 2019 - \$577.50) |
| Age 50-65 | \$110.00/month or \$1320.00/year (prorated for 2019 - \$770.00) |
| Age 66+ | \$137.50/month or \$1650.00/year (prorated for 2019 - \$962.50) |

Membership **CANNOT** be terminated or cancelled by member for a period of one year (however, for 2019, that will be only 6 months 6/1/19 – 12/31/19; it will be a full year in 2020).

I agree that I have read and understand the above retainer contract in its entirety. By my signature below, I agree to all the terms and conditions of the above retainer contract between myself and CAS Premier Health, LLC.

Signature

Date

Printed Name

Please complete membership information on the next page for each and every member and return the signed contract and completed information page to:
 CAS Premier Health, LLC
 106-A Ridgeview Drive
 Cary, NC 27511

CAS Premier Health, LLC Membership Information

(Please complete a form for *each* member and PRINT all information)

ALL INFORMATION IS CONFIDENTIAL

Member's Full Legal Name (first, middle, last):

If already a member, if known,

CAS Member Number: _____

First

Middle

Last

Mailing Address:

Physical Address (if different than mailing):

Date of Birth (month/day/year): _____

Telephone Numbers (please star (*) preferred number):

Email Address (please star (*) preferred email address):

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Other: _____

Sex: M F **Marital Status** (please circle): Single Married Widowed Divorced Separated Partnered

Spouse's/Partner's Name: _____

Children's names and their dates of birth, if children are younger than 26 years:

Payment Options (please mark which options you want):

- Annual Membership Fee for 6/1/2019-12/31/19: _____ (see prior page for amount)
 Monthly Membership Fees of \$ _____ **per month x 12** (charged or drafted around the beginning of the month).
 Enclosed is my check/money order for \$ _____
 Please bill my credit card for \$ _____ once twelve times (please circle)

Credit Card Type (circle): AMEX MasterCard Visa Discover

Exp. Date: _____

Card Number: _____

Security Code: _____

Name as it appears on card: _____

Zip Code of **billing address:** _____

I agree to have the amount(s) above charged to my credit card.

Signature: _____ Date: _____