

Please complete forms on both sides, cut on dotted line and send to Allianz Primary Care. Due to the fact that Health Insurance IS NOT Health Care, we created:



### **Description of Services:**

Allianz Primary Care is your answer to affordable, accessible and comprehensive healthcare. From basic to complex we provide you with state of the art primary care to address your complete health and wellbeing whether you have an acute medical need or a chronic ongoing medical condition that requires knowledgeable and caring attention. Our expert physicians and nurse practitioners are all board certified primary care specialists and are available to take care of you and your family in person, by phone or email 24/7, 365 days a year. We promise you will receive prompt attention when you need it the most from our team of caring professionals.

Your monthly subscription provides you with access to urgent care, chronic and preventative care, (yearly physicals, including gynecology services), and specialty coordination as needed. We do not do admissions to the hospital but we will help coordinate your care during hospitalization and upon discharge to

assure that you are taken care of properly regardless of your health status or location. Your clinical team is available for appointments, consults, coaching and advice through emails and telephone calls whenever or wherever you need them. Comprehensive healthcare available through Alianz Primary Care includes the following services with no additional out of pocket expense to you:

- Unlimited office visits and/or phone call appointments. As needed/desired email communication with your primary care provider. All care provided is based on US Preventative Task Force Guidelines <http://www.uspreventiveservicestaskforce.org/>. We also provide you with a yearly physical and/or a gynecological exam as needed/desired.
- The following laboratory tests as medically indicated by your primary care provider at no additional cost to you include: Thyroid (TSH), complete blood count (CBC), comprehensive metabolic panel (CMP), urine culture, in house and send out urinalysis, testosterone, estrogen, pregnancy testing, rapid streptococcal testing, in house microscopy, wound cultures, Hemoglobin A1C (HBA1C), yearly lipid panel pap smear with reflex to human papilloma virus (typing extra charge) gonorrhea, Chlamydia, syphilis and HIV yearly as indicated (more frequent testing is available for an additional fee as needed).
- X-rays and other imaging services (MRI, CT etc.) taken and read at any Epic Imaging center will be billed to you at a pre-negotiated rate of 65% less from standard out of pocket pricing. We also may have additional negotiated discounted fee arrangements with other service providers in the Portland area, ask about these discounts as they may change from time to time.
- An annual Chest X-Ray will be done at no charge as needed.
- Electrocardiograms at no extra charge done on site as indicated.
- Peripheral vascular disease screening no extra charge as indicated

- Spirometry and oxygen saturation related to asthma and other chronic conditions completed on site
- Influenza (flu) and tetanus boosters available on a walk in basis as needed at no additional charge. Additional immunizations available at a discounted rate compared to community pricing.
- Health care coaching, weight monitoring and wellness services available on site.
- Our experienced Care Coordinators will work with you should you ever become hospitalized or need any extended care or services
- Discounts can be negotiated, on your behalf, for any provider and lab services that are not covered in your healthcare assurance plan
- Office staff available to assist you in obtaining free or lower cost medications through the pharmaceutical companies patient assistance program when available if you have a medical need for medications that do not have a generic alternative.

- **Allianz Primary Care**

- Fee Schedule

Age	Fee/Mo.
0-19	\$54/\$47 (w/ Parent)
20-29	\$64
30-39	\$69
40-49	\$74
50-59	\$79
60-64	\$84
65+	\$89

5% discount for payment of the entire year in advance.

Discount for multiple Family members and package pricing can be quoted upon request.  
Discount for businesses enrolling employees call for price quote.

- An annual fee of \$99 will be charged upon enrollment for each member joining the plan. These fees are payable upon the first visit.

### **Bare Bones Care at a Rock Bottom Price**

All Ages	Fee
	\$35month
	\$10 C0- Pay For all office visits

- This Package includes: One annual wellness visit, and **two** sick or acute care visits per year. All Labs (including pap test reading) and other services required will receive Allianz’s negotiated discount and be payable at time of visit.
- The Bare Bones package **DOES NOT** include coordination of care, immunizations, flu shots, email response, phone consultations or same day appointments, (unless deemed necessary by a practitioner). Member **must pay** an additional fee for these services which will be billed a rate of \$4/per minuet (\$240/hr). Laboratory results will be mailed with a letter of explanation or may be viewed via a “cloud” interface connection to our electronic medical records on the Internet. Live discussion of tests will require an office visit and will be subject to the \$4/minuet fee.
- The annual enrollment fee of \$49 will be charged at the first appointment along with the monthly fee and co-pay.

- **Frequently asked questions:**
- Alianz primary care is **not** health insurance. It is health care that you pay for on a monthly basis. This allows us to always be available to you when you need us the most.
- **Do I need Medical insurance if I join Alianz Health Care Assured?**
- We recommend that you carry health insurance to provide coverage for services not performed in our office. Your annual fee will allow Alianz primary Care clinics to perform most medical and laboratory services in our office at no additional cost. Outside of our clinics, you will still be responsible for charges incurred, such as hospital bills, prescriptions, and consultations with specialists, CAT *or* MRI scans, as well as tests performed at other laboratories. We suggest that you discuss your coverage needs with your insurance provider. You may require only major medical coverage or be able to buy lower cost, higher deductible insurance than you currently have. Ask to speak to a representative associated with Alianz Primary Care who can assist you with these decisions if needed.
- **If I go to an emergency room on the weekend, or see another doctor, will Alianz Health Care Assured pay my bill?**
- No. Your annual fee ensures you access to care at our clinics only. You are responsible for any charges incurred for services not provided by providers working for Alianz Health Care Assured. If you are out of town we may be able to assist you over the phone or email. We will do our best to take care of you no matter where you travel to the best of our abilities.

**All fees** are charged to a credit or debit card or paid to Alianz primary care via a checking or savings account, fees will appear on your statement as paid to Bridge City Family Medical Clinic. Unless other written arrangements are made, charges commence with the month during which your completed application is received. Patients may self-discharge from Alianz Primary Care at anytime, however a 30-day written notification is required to stop the automatic debiting of your account so that we are able to notify your financial institution. If you choose

discontinue your monthly agreement, or if you fail to make your monthly subscription payments, you will not be eligible to re-enroll as an Allianz member again for a period of at least 6 months and at which time re-enrollment fees will apply. In the interim, you may continue to be seen at the Allianz Primary Care Clinic on a fee for service basis at the discretion of the clinic at the standard non-discounted clinic rates. Refund of entire pre-paid amount will be given on a pro-rated basis. No refund of the annual enrollment fee. No refund if the member has utilized services 6 or more times at the time of request for refund of pre-paid primary care services.

No refund for the Bare Bones plan if paid in advance.

## Payment Penalties

**Returned payments** – If your payment is returned for any reason (e.g., insufficient funds, expired credit card, closed account), it will be subject to a \$35 service fee. To avoid service fees, notify our billing department if your bank account number changes or you receive a new credit card, even if the number remains the same.

**Late fees** - Bills are due upon receipt and will be debited by Allianz Primary Care or Bridge City Family Medical Clinic on a monthly basis. Delinquent or rejected payments will be subjected to a \$35 late fee per month.

Patient Information and Registration—Allianz Primary Care

Please fill out both sides and return to: Allianz Primary Care 1410 NE 106th Avenue Portland OR 97220

### Patient Information

Last name:

First name:

MI: DOB:  Male  Female

Home address:

City: State: ZIP:

Billing address:

Same as home.

City: State: ZIP:

Phone #1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

Phone #2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

Email Address: \_\_\_\_\_

I authorize Alianz Primary Care to email me regarding my medical care:  No  Yes

Employer:

Emergency contact:

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Relationship:

Known allergies:

Current Medications:

Do you take medications regularly for pain, anxiety, sleep or ADD?  Yes  No

Please Note: If you are taking a controlled substance regularly for any of these conditions,

please see our controlled substance policy. We do not prescribe or recommend medical marijuana

Membership

Membership Start Date: (Upon receipt unless otherwise specified.)

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How did you hear about Alianz Primary Care?

Internet:  Personal Referral:  TV/Radio:  Print Publication:  Other:

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Do you have medical insurance?  Yes  No

If yes, please bring your ID card to your first visit so that we may expedite referrals and outside laboratory testing

Billing

Billing Frequency:  Annually  Semi-Annually  Quarterly  Monthly

OPTION A: Credit Card or Debit Card

Name on card:

Card type:  Visa  MasterCard  American Express

Card number:

Expiration:

Billing address:  Same as home.

City: State: ZIP:

Yes, please add me to the billing account of an existing Alianz Primary Care patient associated with the above credit card:

OPTION B: Automatic Funds Transfer (please attach a voided check to this form)

Please note it takes approximately 3 days from the payment processing date before

the charge posts to your bank account.

Name on account:

Bank name:

Account type:  Checking  Savings

Account number:

Bank routing number:

Your monthly care fee covers the services described in the Alianz Primary Care Patient Services Guide.

At times, however, your care may require durable medical supplies or third-party services that are not

covered by your monthly care fee. To streamline your appointment check-out, please note that by providing the above billing information you authorize Alainz primary care DBA Bridge City Family Medical Clinic to automatically charge your card or draw on your bank account for any incidental items at the time of service. In all cases, incidental items are charged at or near our cost and will be discussed with you in advance.

- By signing below, I hereby authorize Alianz Primary Care (APC) to contact me using the information

I have provided above. By signing below, I hereby authorize APC to initiate charges to my credit card, debit card or bank account for my periodic membership fee and any incidental fees that I incur or have incurred on my account since my last billing date. I understand that the transaction

amount is the total of my care fee plus the care fees of any individuals on my account.

- This authorization to perform periodic charges to my credit card, debit card or bank account will remain in full force and effect until APC has received written notification from me of its

termination in such time and in such manner as to afford APC and my financial institution a reasonable opportunity to act on it.

- I understand that my participation in APC is continuous and that, by signing below, I authorize recurring credit/debit card charges.

- I understand that a \$35 fee will be charged to me for declined credit, debit card or automatic funds transfer transactions that are not honored.

ACCOUNT HOLDER SIGNATURE

X \_\_\_\_\_

Terms/ Rights and Responsibilities  
Alianz Primary Care

Please fill out both sides and return to:  
Alianz Primary Care  
1410 NE 106th Avenue Portland OR 97220

By signing below, I hereby authorize Alianz Primary Care to contact me using the information I have provided on the other side of this form.

I acknowledge and understand that I am voluntarily becoming an Alianz Primary Care patient and that this agreement is non-transferable.

- I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage nor is it a contract of insurance and that it

provides only the health care services specifically described in the Alianz Primary Care Patient Services Guide.

- I acknowledge and understand that I am responsible for any charges incurred for health care services performed outside of this clinic including but not limited to emergency room, hospital/specialist/lab services and that Alianz DBA as Bridge City Family Medical Clinic will not bill insurance carriers for any services provided by Alianz Primary Care. I also understand

that I may submit changes to my health insurance. I acknowledge and understand that Alianz Primary Care must maintain the privacy of my health information

as per the terms of Alianz Primary Care Patient Privacy Policy. I understand and acknowledge that this policy is available for my review at any time upon request.

- I acknowledge and understand that I may terminate this Patient Agreement at any time and for any or for no reason by providing written directly to Alianz Primary Care.

- I acknowledge and understand that Alianz Primary Care may terminate this Patient Agreement by providing me with 30 days written notice. Alianz Primary Care will not

terminate this Patient Agreement on the basis of health status unless it is determined that the provider and member cannot reach reasonable treatment goals.

- I acknowledge and understand that Alianz Primary Care may add or discontinue services or ancillary items at any time and that I will not be entitled to a refund of any portion of my fees paid should ancillary services be added or subtracted the Alianz plan

- I understand that I have the right to choose my personal health care provider and to change my provider at any time, for any reason. I understand that all reason-

able efforts will be made to accommodate my request, but only if my new provider's patient panel is open to new patients.

- I understand that I have the right to receive accurate and easily understood information about Alianz Primary Care health care services, health care profession-

als and health care facilities. If I speak a language different from my provider, have a physical or mental disability or do not understand something, I understand that Alianz Primary Care will make its best effort to provide assistance so I can make informed health care decisions. If I require interpreter services beyond what can be provided by Alianz Primary Care professional interpreters may be provided at an additional cost to me. Alianz will not pay for interpreter services.

- I understand that I have the right to considerate, respectful, and nondiscriminatory care from my Alianz Primary Care health care provider(s). I also understand that I am responsible for communicating clearly and respectfully with my provider.

- I understand that I have the right to know all of my treatment options and to participate in my health care decisions. Parents, guardians, family members or other individuals whom I designate may represent me if I cannot make my own decisions.

- I understand that I have the right to speak in confidence with my Alianz Primary Care provider(s) and to have my health care information protected. I also understand that I have the right to review and receive a copy of my personal medical record and may request that my health care provider(s) amend my record

if I feel it is inaccurate or incomplete.

- I understand that I have the right to a fair, fast and objective review of any complaint I have against my health care provider(s) or any other staff, including complaints about wait times, operating hours, conduct of personnel, business practices, and adequacy of health care services and facilities. Should I become dissatisfied with my care or Alianz Primary Care services, I agree to notify Alianz Primary Care immediately so my concerns may be addressed in a timely manner.

- I understand that I am responsible for being actively involved in my health care decisions and to disclose all relevant information to my Alianz Primary Care health

care provider(s) so that they can help me achieve my health goals. I understand that I am to inform my Alianz Primary Care health care provider(s) of any health care services I receive outside of APC (such as emergency room, specialist, or hospital services).

- I understand that I am responsible for not exposing myself or others to disease or danger. I understand that I can receive information from my APC health care provider(s) about protecting the health and safety of myself and others.

By signing below, I agree to become a Alianz Primary Care patient & I agree to the terms outlined in this Patient Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Signature by: n Patient n Parent n Legal Guardian  
Alianz Primary Care  
Patient Services Guide  
Because health insurance is

not the health we created

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Alianz Primary Care

Frequently asked questions:

Is Alianz Primary Care Health Insurance?

Alianz Primary Care is not health insurance. It is health care that you pay for on a monthly basis.

Do I need Medical insurance if I join Alianz Primary Care?

We recommend that you carry some form of major health insurance coverage for services not performed

in our office. Your annual fee will allow our clinic to perform most medical and laboratory services in our office at no additional cost. Outside of our office, you will still be responsible for charges incurred, such as hospital bills, prescriptions, and consultations with specialists, CAT or MRI scans, as well as tests performed at other laboratories. We suggest that you discuss your coverage needs with your insurance provider. You may require only major medical coverage or be able to buy lower cost, higher deductible insurance than you currently have.

If I go to an emergency room on the weekend, or see another doctor, will Alianz Primary Care pay my bill?

No. Your annual fee ensures you access to care at our clinic. You are responsible for any charges incurred for services not provided by providers working for the clinic.

**What do I do if I am concerned about the services I have received through**

**Alianz Primary Care.** We encourage you to promptly attempt to settle any concerns with your primary care provider or the administrator of the clinic. You may contact the CEO, Teri Bunker, FNP at 503 460 0405 X 102, or [teribunker@bridgecitymedical.com](mailto:teribunker@bridgecitymedical.com). You may also contact, the Department of Consumer and Business Services, who have issued a certification to this Alianz Primary Care. You may contact consumer advocates at the Department Consumer and Business Services at (888) 977-4894, [dcbs.insmail@state.or.us](mailto:dcbs.insmail@state.or.us), or [www.insurance.oregon.gov](http://www.insurance.oregon.gov).