



GUOZHEN (KEN) LIU, MD

HIGHLIGHTS & DETAILS

ENHANCED CONCIERGE CARE BENEFITS INCLUDED AS PART OF THE ANNUAL FEE

These offerings are not covered by Medicare or by other insurance plans. My practice size is smaller which allows me to provide you with the following membership benefits:

Direct communication with me or my assistant during business hours. Unlike many other medical practices, when you call my office during office hours there will be no recording to navigate... only real people to take your call, with a real concern for your health and well-being. In the event you need to leave a message, your phone call will be returned promptly. If you deem your problem "urgent" I will make every effort to speak to you at the time of your call.

My personal cell phone number will be provided to you. This allows easy and direct communications for urgent medical problems that occur outside of my regular office hours. I will use my reasonable best efforts to be available to hear from you when you are ill or injured, to coordinate your care. My goal is to reduce emergency room and urgent care clinic visits. **For emergencies, however, always call 911 first.**

Convenient email communication for non-urgent health issues or questions. You will receive a prompt response from me personally (usually within 24 hours). Because communication is not always secure, please use discretion when choosing topics to discuss with me via this platform. Your patient portal is the best way to communicate securely and confidentially.

Strong focus on preventive medicine and long-term health and wellness. As part of my commitment to your long-term health and wellness, my philosophy is to educate you about the importance of fitness, weight management, healthy living and, in addition to the clinical services I already offer through my practice, I will assist you to identify and evaluate wellness providers and offerings. This will support your effort to take an active role in managing and maintaining your good health.

Little or no office waiting room time, and longer appointments. Office visits will start promptly with little or no waiting in a wait or exam room. Appointments will generally be scheduled for approximately 30 minutes, and appointments for a Comprehensive Annual Health Assessment will be scheduled for approximately 60 minutes. These appointments are twice the length of time of a typical traditional practice. My goal is to afford you the time to thoroughly address all your questions and concerns, regardless of the reason for your visit.

Extended office hours. Office visits are best scheduled when the full complement of staff is available. However, should you require occasional visits outside of my usual office hours, I will certainly do my best to reasonably accommodate you.

Personalized hospital care. Should you need to be hospitalized, I will make myself available when I can to communicate with you and to serve as an advocate on your behalf, even when you are admitted to a facility at which I do not have privileges or where I am not your attending physician. If you wish, unless hospital policy or protocol does not allow, I will do what I reasonably can to remain involved in your care by communicating with the hospitalists or other attending physician who is providing services to you.

House calls. If you are ill and unable to come to the office, but not homebound, a house call may be offered at no additional charge beyond an office visit fee. However, **the need for each out-of-office visit will be determined on a case-by-case basis, at my discretion.**

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Independent or skilled facility care. Should you need to be in an independent or skilled nursing facility, on a temporary or permanent basis, I will make myself available when I can to be involved with your care, through communication with those involved with your care, on a case-by-case basis. I will also make myself available to your family to address any concerns and offer counsel.

“Virtual” consultations and long-distance care. Whether you are on a brief vacation, living some of the year in a second residence, or otherwise unable to come to the office, I will offer a “virtual” consultation as determined on a case-by-case basis, at my discretion and subject to applicable state law requirements. However, if in my judgment you need to be seen by a local physician, you will be encouraged by me to seek medical attention. We will communicate with you directly, as well as with your treating physician as needed, to support the coordination of your care on health issues that may arise.

Care for visiting relatives and/or friends. Should your out-of-town family or friends become ill during a visit to the area, I will be happy to see them in my office and assist with their medical care. I will treat them as though they were a member of my practice.

Quarterly newsletter on topics relevant to your health and well-being. I will provide seasonal newsletters on medical subjects of interest.

Travel medicine consultation. I will offer guidance on CDC recommended inoculations and/or precautions to be taken while traveling.

Comprehensive Annual Health Assessment
In my ongoing efforts to assist you in adopting and maintaining a healthy lifestyle and optimizing your quality of life, you will be encouraged and reminded by my staff to schedule a Comprehensive Annual Health Assessment, regardless of condition or necessity, each year. This is a comprehensive annual visit, unrelated to any illness or injury. It will include a thorough examination and an appropriate array of screening tests based on age, health status and risk factors. Each person is unique and there is no one-size-fits-all approach when it comes to prevention and treatment. Depending on your particular health situation, additional tests (such as blood tests, a

colonoscopy, mammogram, etc.) may be recommended. These will be billed by the performing entity, and you or your insurer will be responsible for payment of these tests. We will use the results of my exam to help you develop a plan for the year to improve health and fitness and to address any new or existing health goals. Every patient is advised to have an annual evaluation.

The membership fee does not apply to the Welcome to Medicare assessment or to any annual wellness checkup. Portions of this Comprehensive Annual Health Assessment and associated tests may be “covered” services under Medicare and other commercial insurance plans and will be billed accordingly. The annual membership fee applies only to non-covered components of the Comprehensive Annual Health Assessment.

My Staff

My staff is an important part of your experience with my office. They not only have the expertise to advocate on your behalf but will assist you in navigating through other aspects of the medical community when necessary.

Insurance Information

Commercial Insurance Patients

Office visit charges are not included in your annual fee. I intend to remain an in-network provider for most PPO insurance plans. I will bill insurance for all covered services and patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. It is my intention that no insurance-covered medical services are included in your annual fee.

Medicare Patients

I will continue to submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. Patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are not covered by Medicare and will not be paid for or reimbursed by Medicare.

Annual Fees & Instructions

Please see the Membership Agreement form for annual fees and instructions.



FREQUENTLY ASKED QUESTIONS

What is the mission of your practice?

The goal at the practice is to provide compassionate, comprehensive, personalized, highest possible quality of medical care and services to each and every patient emphasizing a proactive approach to disease prevention and wellness. The mission is to educate, to empower, and to collaborate with our patients to achieve their health goal in a relaxed, unrushed environment.

How is the practice different from a traditional medical practice?

To devote more time to each patient's care and individual needs, I have intentionally limited the size of my practice. I also offer certain non-covered amenities and benefits designed to personalize and enhance the healthcare experience. In-office appointments will start promptly, with little or no waiting time; virtual visits via telemedicine are offered as an option upon patient request. This practice model also enables me to schedule longer patient appointments (approximately 30 minutes for routine appointments and approximately 60 minutes for the Comprehensive Annual Health Assessment). If an issue requires extra time for evaluation or discussion, I will accommodate you to the best of my ability. Also, after hours for urgent issues, you will be able to contact me directly, making it easier than ever to communicate.

What services are provided as a part of my annual fee?

Please see the Highlights & Details document for a complete list of amenities and benefits provided to all personalized care patients. Your annual fee pays for those non-clinical, non-covered services. Professional services that are covered by Medicare or a commercial insurance plan will be billed separately, and you will continue to be responsible for any applicable co-pays or deductibles relating to those services.

Where is your personalized care practice located?

The office is located at 15650 NE 24th Street, Suite B, Bellevue, WA, 98008

What ages will you see in your concierge practice?

Patients 5 and above are seen at this office.

At which hospitals are you on staff?

All of the local hospitals now utilize hospitalists which means I do not admit to any hospital. However, I am affiliated with major hospitals in the area including **Swedish Hospital, Overlake Hospital, Evergreen Health**, etc. Should you need to be hospitalized, I will be able to communicate with the hospitalists who care for you at the above hospitals. If you are at any other hospital, I will do my best to make myself available to communicate with you and to serve as an advocate on your behalf.

Who will cover for you when you are not available?

My goal is to be available to my patients 24 hours a day, 7 days a week. However, there will be occasions when I am out of town or otherwise unavailable. In these situations, a trusted colleague will serve as my covering physician.

Do I still need health insurance if I enroll with you?

Yes. Your annual fee only pays for the non-clinical, non-covered amenities and benefits that are described in the Highlights & Details document. Neither the fee nor the amenities take the place of general health insurance coverage. You are advised to continue your Medicare or other health insurance program coverage.

Will my private insurance or Medicare reimburse my annual fee?

No. The annual fee is not covered by private insurance or by Medicare.

Will you be a provider on my insurance plan?

I intend to remain an in-network provider for many major PPO insurance plans and will bill your insurance directly for professional services that are covered by those plans. (Professional services are not covered by your annual fee.) If the terms of your insurance plan require a co-pay, I am obligated to request payment at the time of service. Even if I am not a provider for your insurance plan, I will attempt to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations as medically indicated. Those services will likely be covered by your insurance plan.

Will you be a participating provider for Medicare?

Yes. My office will file your claims with Medicare as well as with your supplemental insurer on your behalf, as required by law. Office visit fees that are not reimbursed by insurance will be the responsibility of the patient.

Is the annual fee tax deductible or reimbursable through my HSA or FSA?

You are advised to consult with your HSA or FSA plan administrator, employer, HR representative or tax adviser to clarify qualification in your particular circumstance.

What are my annual fee payment options?

Your annual fee may be paid by ACH (electronic bank transfer) or credit/debit card, in quarterly, semiannual, or annual installments. The first payment will be processed upon receipt of enrollment. Subsequent payments will be processed automatically, according to your selected terms. Until we hear otherwise, payments will be processed on a continual basis.

What about labs, X-rays, specialists' fees, and hospitalization?

All medical procedures and services, whether performed in my office or by other providers or health care facilities, will be billed by the performing physician and/or entity.

Will I be required to pay my annual fee even if I do not use your services?

Yes. Paying your annual fee allows you to be a member of my practice and to be in touch with me whether you are sick or well. I strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your well-being.

What if I have an emergency?

Please know that you can contact me at any time. However, if you have a life-threatening emergency, call 911 immediately. You can then call me or ask the hospital personnel to contact me so I may assist in your care. If you have a non-urgent problem, feel free to contact me first.

What should I do if I become ill while traveling or away on an extended vacation?

If the problem is minor, call me first. However, if you have a life-threatening emergency, call 911 immediately – then you can call me. With the exception of controlled substances, I will seek to accommodate your prescription requests if state/local law allows it. If you seek care at an emergency room or urgent care center out of my area, you should feel free to ask the doctor seeing you to call me for coordination of your care. If you should require hospitalization while away, at your request, I will attempt to establish regular phone communication with you and your attending physician(s) to ensure continuity of care.

What if I need to see a specialist or a surgeon?

Should you request, I am available to help you decide which specialist to see and to coordinate such consultations. This will ensure the most appropriate resource is used, the earliest possible arrangements are made, and your applicable medical information is sent in advance of your specialist visit.

What if I have questions about my concierge enrollment or membership?

You can access your membership payment information, track invoices, download receipts, or update credit card information quickly and easily, at any time, by using my Concierge Membership Portal located at the top-right of my website.

Need more help?

Please call (847) 432-4502 to be connected with Specialdocs Consultants, LLC, the outstanding company long respected for its expertise in concierge medicine which manages the membership aspect of my practice. They can help answer your questions related to enrollment, membership billing, and renewals.

MEMBERSHIP

I have engaged VIP Family Medicine Clinic, PLLC (Company) and its physician, Guozhen (Ken) Liu, MD, to provide non-covered, non-clinical amenities and benefits to me for an initial minimum period of one year beginning on **November 4, 2024**. I understand that this Agreement will renew automatically following the end of each one-year period unless I provide the Company a written notice of non-renewal. I further understand that I will be required to pay the yearly membership fee for the non-covered services, amenities, and benefits for a minimum of one year. As used in this Agreement, the term "Service Year" refers to the one-year period beginning on the date above, as well as every one-year renewal period thereafter.

FOR MEMBERSHIP DURING THE SERVICE YEAR, I AGREE TO PAY *VIP Family Medicine Clinic, PLLC*:

- \$2500/year = Age 26+
- \$1300/year = Age 13-25
- \$750/year = Age 5-12

Families enrolling multiple members in the same household will receive a 10% discount.

This Agreement is for non-covered, non-clinical amenities and benefits as described in the Highlights & Details document. I have read and understand this Agreement as well as the Highlights & Details and Frequently Asked Questions documents that are considered a part of this Agreement. Unless the Agreement is terminated as provided in the first paragraph above, it will automatically renew for subsequent Service Years under the same payment terms unless I notify the Company otherwise (or the Company notifies me) within 30 days prior to the next payment due date.

MEMBER INFORMATION

Member #1

_____/_____/_____
Print Name (Member #1) D.O.B. Gender

_____/_____
Email Cell Phone Number

_____/_____
Home Address Zip Code

Member #2

_____/_____/_____
Print Name (Member #2) D.O.B. Gender

_____/_____
Email Cell Phone Number

PAYMENT

TERMS OF PAYMENT: During the Service Year, I agree to pay *VIP Family Medicine Clinic, PLLC*:

- ANNUALLY.** I understand that the full annual fee will be charged *upon receipt of this form* and the full annual fee will be charged *automatically* at 12-month intervals from my Service Year, continually, while this Agreement remains in effect.
- SEMIANNUALLY.** I understand that one-half of the annual fee will be charged *upon receipt of this form* and one-half will be charged *automatically* at six-month intervals from my Service Year, continually, while this Agreement remains in effect.
- QUARTERLY.** I understand one-quarter of the annual fee will be charged *upon receipt of this form* and one-quarter will be charged *automatically* at three-month intervals from my Service Year, continually, while this Agreement remains in effect.

METHOD OF PAYMENT: (Your bank account/card will be charged by *VIP Family Medicine Clinic, PLLC*)

I authorize *VIP Family Medicine Clinic, PLLC* to automatically charge my bank account/card the amount indicated above:

- ACH** (electronic bank transfer) or **Credit/Debit Card**

ACH Bank Transfer: _____/_____/_____
Cardholder Signature Routing Number Bank Account Number

Credit/Debit Card: _____/_____/_____
Cardholder Signature Card Number Exp. Date Sec. Code

_____/_____/_____
Cardholder Billing Address (if different from home address) Zip Code Cardholders Daytime Phone

How did you hear about the practice? I am a Current Patient Patient Referral Internet Search Insurance Provider
 Physician Referral Print Ads Other _____