



Eleanor P. Womack, MD
Jessica Kruse, FNP-C Valerie Calaway, RN, FNP-C Pauline Martin, FNP-BC
Julie McAlister, FNP-C Debbi Winder, PA-C

Contract For Medical Services – New Patients after April 15, 2018

This agreement is between Dr. Eleanor Womack, MD (“Physician”), Jessica Kruse, FNP-C, Valerie Calaway, RN, FNP-C, Pauline Martin, FNP-BC, Julie McAlister, FNP-C, or Debbi Winder, PA-C providing services on behalf of Eleanor P. Womack, MD, PLLC (also “Physician”), a Texas Professional Limited Liability Company, doing business as Westlake Medical Arts, whose principal place of business is 5656 Bee Cave Road, Suite E-200, West Lake Hills, Texas 78746 and Patient _____ who resides at _____ and may also be a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997.

Eleanor P. Womack, MD, PLLC/Westlake Medical Arts has elected to restrict patient care to office care. Physician does not maintain hospital staff privileges and is not available for emergency treatment. For emergencies, Patient must call 911.

Eleanor P. Womack, MD, PLLC/Westlake Medical Arts has informed Patient that Dr. Eleanor Womack, MD (“Physician”), Jessica Kruse, FNP-C, Valerie Calaway, RN, FNP-C, Pauline Martin, FNP-BC, Julie McAlister, FNP-C or Debbi Winder, PA-C are not their designated Primary Care Physician.

Physician is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

The Physician has informed Patient that Physician has “opted out” of Medicare reimbursement and Physician will renew their opt-out status on a periodic basis as required by regulations.

**** Physician has informed Patient that we do not participate with any insurance companies or any government systems at all, and Eleanor P. Womack, MD, PLLC/Westlake Medical Arts will not issue health insurance claim forms with any ICD-9 or ICD-10 codes and/or super bills to patients. Physician is not responsible for determining eligibility for benefits or for assisting with collecting insurance benefits and have no responsibility or obligation to correspond with or telephone or e-mail any insurer, including life insurers, with which they do not participate. ****

Medicare eligible Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare’s fee limitations nor other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- Patient agrees to be responsible to make payment in full for Services, acknowledges that Physician will not submit a Medicare claim for Services and that no Medicare reimbursement will be provided.

Appointments and Office/Financial Policies

New Patient Office Visit

1. Includes the intake of medical, nutritional, and family histories as well as environmental review.
2. Review and interpretation of current lab results and genetic propensity identification. (This does not apply for Patients of Pauline Martin FNP-BC.)
3. Includes physical exam.
4. Develop a personalized health and wellness plan.

Follow Up Office Visit/Lab Reviews

1. Review nutritional and medical issues and results.
2. Review and interpretation of current lab results.
3. Make further recommendations for the next step in therapy.

Annual/Semi-Annual Office Visit(s) and Lab Review

Patient must be seen at least once per year for an exam, review and labs in order to remain active in the practice with accessibility with the Practitioner for Prescription Management. Hormone and/or controlled substance patients are required to be seen twice per year.

Phone Consultation Appointment Policy

Our Practitioners make every effort to provide the Patient with the most comprehensive and patient-centered care possible. In order to do this at Westlake Medical Arts, we do not regularly provide phone consultations for office visits. Our clinical practice guidelines, State Board of Medicine, and malpractice insurance carrier require the Patient be seen at least once yearly. If circumstances prevent the Patient from being seen in-office for an appointment, a phone consultation may be requested if certain criteria are met that will ultimately be up to the Practitioner’s discretion. If a phone consultation is authorized by the Patient’s practitioner, a \$60 convenience fee will be collected in addition to the appointment fee.

Lab Results

An office visit is generally necessary to discuss and interpret results and answer your questions. We will contact you if your results require immediate attention. Otherwise, results will be discussed during your next visit.

Patient is responsible for completing lab orders and other diagnostic tests before their scheduled appointment. The processing time needed by the lab or diagnostic facility varies by the type of test ordered. **Please allow at least 2 weeks for lab work and up to 4 weeks for specialty tests!** These timeframes will be explained at the time the tests are ordered.

***If results are not final, or are partial, at the time of the scheduled follow up visit, the Patient will be charged a \$60 convenience fee to cover the required correspondence by clinical staff or the Practitioner for the additional follow up activity. ***

Prescription Refills

If Patient is requiring a medication refill prior to the next scheduled appointment they are instructed to have their pharmacy FAX the refill request to the office with 2 business days advance notice.

Cancellation Policy

Patient must call the office directly, during office hours, to cancel or reschedule their appointment. A cancellation fee will be charged to the Patients credit card if 48 hours notice (72 hours notice for Monday appointments) is not provided, or if Patient does not show up for their scheduled appointment. Patient can review these fees, which are specific to their Provider, under ‘Fee Schedule.’ Cancellation/missed appointment fees must be paid prior to receiving future services.

FEE SCHEDULES	New Patient Office Visit	Follow Up Office Visit*	Monthly Membership
Dr. Womack	\$4,750	\$1,750	\$495
	120 minutes	90 minutes	Up to 2 visits annually
	\$2,000 deposit/cancellation fee	\$750 cancellation fee	\$995 – 4 visits
Julie McAlister (NP)	\$2,400	\$750	\$295
	120 minutes	90 minutes	Up to 2 visits annually
	\$1,000 deposit/cancellation fee	\$400 cancellation fee	\$495 – 4 visits
Valerie Calaway (NP)	\$2,400	\$750	\$295
	120 minutes	90 minutes	Up to 2 visits annually
	\$1,000 deposit/cancellation fee	\$400 cancellation fee	\$495 – 4 visits
Jessica Kruse (NP)	\$2,400	\$750	\$295
	120 minutes	90 minutes	Up to 2 visits annually
	\$1,000 deposit/cancellation fee	\$400 cancellation fee	\$495 – 4 visits
Pauline Martin (NP)	60 minutes	30 minutes	45 minutes
	\$400	\$175	\$260
	\$150 cancellation fee	\$100 cancellation fee	\$150 cancellation fee

*if required over contracted 2/4 visits per annum

FEE SCHEDULE	60 minutes	75 minutes	90 minutes
Debbi Winder (PA)	\$350	\$440	\$525
	\$150 cancellation fee		

Membership Fee. Patient hereby selects the payment level for the Physician Services (“Membership Fee”) as indicated below. Payment of the Membership Fees is in accordance with the terms. No part of the Membership Fee paid by Patients hereunder is being paid in consideration for medical services covered by Patient’s insurer, health plan or by any governmental program, including Medicare. Membership is cancellable on 60 days written notice. Failure to pay monthly fee due is grounds for termination of services. Membership may be reinstated by payment of all fees past due. There are no “carry forwards” of unused appointments.

*** For Patients of Pauline Martin, a 45 or 60 minute follow up may be requested by your practitioner, or if the follow up lasts longer than the allotted time, the appointment will be billed accordingly. A 45 minute follow up will be \$260 with a \$150 cancellation fee and a 60 minute follow up will be \$350 with a \$150 cancellation fee. Debbie Winder is not accepting new patients.

*** The lab work required for Dr. Womack’s and the Nurse Practitioner’s New Patient appointments (except genetic testing) is included in New Patient office visit fee.

*** House Calls and Saturday Appointments: In Austin, surrounding communities, or out of town that require travel, are available upon request for Patients of Dr. Womack. Fee schedules will vary, please inquire with the office for additional information and availability.

Acknowledgement of Responsibility to Pay

Eleanor P. Womack, MD, PLLC/Westlake Medical Arts is not a provider for any insurance company nor affiliated with any health provider group. All payments are due from Patient at the time services are rendered. Eleanor P. Womack, MD, PLLC/Westlake Medical Arts will not bill insurance payors. However, an itemized statement may be provided upon request.

Physician may provide additional services in addition to those listed herein in accordance with good medical practice. In the event that Physician adds additional services for fees, an updated Fee Schedule may be provided to Patient.

A cancellation fee will be charged to the Patient’s credit card if 48 hours notice (72 hours notice for Monday appointments) is not provided, or if Patient does not show up for their scheduled appointment. This cancellation fee applies to additional appointments made above the membership level and Pauline and Debbie patients. Any outstanding cancellation/missed appointment fees must be paid prior to receiving future services.

Please select one (or two if pre-paying for 2019):

- | | | |
|-------------------------|---|---|
| Monthly Membership Fee: | <input type="checkbox"/> \$495.00 – Dr. Womack – (2 visits) | <input type="checkbox"/> \$295 – Nurse Practitioners: Jessica, Julie & Valerie – (2 visits) |
| | <input type="checkbox"/> \$995.00 – Dr. Womack – (4 visits) | <input type="checkbox"/> \$495 – Nurse Practitioners: Jessica, Julie & Valerie – (4 visits) |
| Annual Pre-Pay (2019) | <input type="checkbox"/> \$5,400 – Dr. Womack – (2 visits) | <input type="checkbox"/> \$3,200 – Nurse Practitioners: Jessica, Julie & Valerie – (2 visits) |
| | <input type="checkbox"/> \$10,750 – Dr. Womack – (4 visits) | <input type="checkbox"/> \$5,400 – Nurse Practitioners: Jessica, Julie & Valerie – (4 visits) |
| | <input type="checkbox"/> Not Applicable – Pauline/Debbi | |

Patient acknowledges that they have read carefully, and that they understand and agree with all the terms above. Furthermore, Patient understands and agrees that he/she is personally responsible for payment in full for all the charges in connection with medical services rendered to me by Eleanor P. Womack, MD, PLLC/Westlake Medical Arts, regardless of any insurance which might cover such charges. I understand that my credit card* will be billed on either the 5th or the 15th day of each month (please check one if applicable) for my monthly Membership Fee. I understand and agree that I will be charged a \$25 reinstatement fee if my credit card is declined for any reason.

VISA / MASTERCARD / AMEX / DISCOVER NO.: _____ EXP.: _____

Name on Card: _____ CVV: _____

Billing Address: _____

Telephone #: _____

*Note: Credit Card information may be communicated via telephone to the office. Contract must still be signed and returned.

Contract executed on ____ / ____ / ____

Patient Signature: _____ WMA Staff Signature: _____

****WE MUST RECEIVE COMPLETED FORMS ONE WEEK BEFORE YOUR APPOINTMENT. YOU MAY RETURN COMPLETED FORMS VIA FAX (512) 327-8701, E-MAIL (tomie@westlakemedicalarts.com) OR MAIL. ****