



# My Country Doctor

## My Country Doctor Appendix 1 Services and Payment Terms

**1. Medical Services.** As used in this Agreement, the term Medical Services shall be defined as those medical services that the Physicians are permitted to perform under the laws of the State of New York and that are consistent with their training and experience as family medicine Physicians. Included in the membership fee is an annual “wellness examination and evaluation,” that may include the following, per Physicians recommendations and upon his sole discretion:

- Health Risk Assessment
- Vision and Hearing Screening
- EKG or rhythm strip
- Lab Screening tests
- Custom Wellness Plan to include Exercise and Dietary Plan  
(some restrictions may apply)

Your doctor may not be available to provide the services referred to above in paragraph 1 due to incapacity and other similar situations beyond his control. During such times, Patient’s calls to the doctor or doctor’s office will be directed to other covering providers. *For any emergency, the patient is expressly directed to call the emergency room for advice.*

**2. Non-Medical, Personalized Services.** My Country Doctor shall also provide Patient with the following non-medical services:

**A. Patient-Doctor Access:** Patient shall have access to the physician(s) via phone, email, Text and Skype. Patient shall have telephone access to a provider on a twenty-four hour per day, seven day a week basis. The clinic will be open from 7:00 am to 9:00 pm Monday through Friday and providers can be reached after hours on an on-call basis by calling the main number (315-396-8185) and paging the provider for emergency issues.

**B. Email and Text Access:** The Patient will be given the Doctor’s clinic email address to which non-urgent communications can be addressed. Doctor agrees to make house calls, use telemedicine or require an office visit at the sole discretion of Doctor.

\*Such communications shall be addressed by the Doctor or staff members of the Practice in a timely manner.

\*Every effort will be made to respond to emails on the same day they are sent. In the event that the Provider is not in the office on the day of email receipt, they will be read the next day of business and 48 hours may be necessary for reply.

\* For non-members, Email consultations will be available for a fee in fifteen (15) minute increments for the fee posted, but Patient understands these will not be conducted for new medical symptoms or conditions. Patient understands, therefore, that a “hands-on” examination in office is necessary to accurately assess Patient’s medical condition. This will be at the discretion of the Doctor.

**\*Patient understands and agrees that email and the internet should never be used to access medical care in the event of an emergency, or any situation that Patient could reasonably expect may develop into an emergency.**

Patient agrees that in situations when a Patient cannot speak to the Provider immediately in person or by telephone, that the Patient shall call 911 or the nearest emergency medical assistance provider, and follow the directions of the emergency personnel.

*C. No Wait or Minimal Wait Appointments:* Every effort shall be made to assure that Patient is seen by the Doctor immediately upon arriving for a scheduled office visit or after only a minimal wait. Patient understands that certain emergency situations may necessitate a longer wait time. If the Provider foresees a minimal wait time, patient shall be contacted and advised of the projected wait time.

*D. Same Day/Next Day Appointments:* When Patient calls or emails the Doctor prior to noon on a normal office day (Monday through Friday) to schedule an appointment, every reasonable effort shall be made to schedule an appointment with the Provider on the same day. If the patient calls or emails the Doctor after noon on a normal office day (Monday through Friday) to schedule an appointment, every reasonable effort shall be made to schedule patient's appointment with the Doctor on the following regular office day. In any event, however, My Country Doctor shall make every reasonable effort to schedule an appointment for the Patient on the same day that the request is made. If the Online Scheduling method is used, the appointment request will be addressed within 48 hours through the scheduling email.

*E. Specialists:* Patient understands that fees paid under this Agreement do not include and do not cover fees of specialists or any fees due to any other medical professionals/labs or imaging facilities. However, My Country Doctor shall coordinate information and care of Patient with medical specialists to ensure continuity of care and proper management.

### **3. Terms:**

A. Patient acknowledges and understands they are a voluntary patient of My Country Doctor and that this Agreement is non-transferable.

B. Patient acknowledges they have reviewed the Agreement and have had the opportunity to ask questions and receive answers regarding its content.

C. Patient acknowledges and understands that this Agreement **does not provide comprehensive health insurance coverage nor is it a contract of insurance** and that it provides only services provided by My Country Doctor.

D. Patient acknowledges and understands they are responsible for any charges incurred for health care services performed outside of My Country Doctor including but not limited to emergency room, hospital and specialty services, extra labs and medications and that My Country Doctor will not bill insurance carriers or Medicare for any medical services.

E. Patient acknowledges and agrees to pay an annual fee unless by agreement a monthly care fee is due on or before the due date. If monthly payment is requested it is acknowledged that a 10% premium will be paid.

## Membership Fees (members only)

Yearly Employer Membership	\$800/yr/member for >5 employees \$900/yr/member for <= 5 employees
Yearly Individual Membership	\$900-1200/yr adult (<50 - >50)
Yearly Family Membership	\$900-1200 + \$600 - 800/ (child – adult)
Monthly membership	
Youth (age 6-20):	\$85/mo
Adult & Family (age 21-60):	\$100/mo & \$80/mo for partner/child
Adult & Family (age 61+):	\$110/mo & \$85/mo for partner/child

## Non-Membership Fees (free for members)

Visits	Initial	\$165
	Follow-up	\$40-100*
	Walk-in	\$25 + regular visit*
	House-call	\$190 + \$0.50/mi >10mi
	Phone conference (15")	\$30-50*
	Refill Rx	\$10-30**
	Rx Pre Authorizations	\$10-30**
	Chart Copies	\$10-30

*\*based on complexity      \*\*based on Rx type &/or time*

## Procedures and tests

Excision of benign tumor	\$200+	Breast Biopsy (needle)	\$250
Exc of skin Tags (5-15)	\$25-150	Breast Cyst Aspiration	\$175
Exc of malignant tumor	\$450+	Joint Aspiration	\$150
Wart removal	\$150	Cyst Aspiratio	\$75
Excision Mole	\$200	EKG	\$75 *
Excision of ganglion	\$250	Rhythm strip	\$45 *
Exc of ingrown toenail	\$250	Doppler Arterial exam	\$255
I & D of Abscess	\$100-200	Doppler Venous exam	\$200
I & D hemorrhoid	\$150-250	Spirometry	\$75 *
Pilonical treatment	\$100-300	Blood O2 saturation	\$30 *
Mgmt of Hemorrhoids	\$250-400	Blood draw	\$30 *
Suture laceration	\$150-500+	Sleep monitoring for OSA	\$300
Revision of Scars	\$250-600+	Fecal test for Blood	\$50 *
Trigger Joint injections	\$125-300	H. Pylori test	\$40 *
Tendon Injection (trigger)	\$100-175	Vasectomy	\$500
Extremity Joint injections	\$100-250	Muscle Biopsy	\$225
Carpal Tunnel Injection	\$150	Wound care	\$75-250
Axial Spine Injection	\$350	Wound debridement	\$125-300
Cutaneous Nerve Injection	\$175	Blood Count office	\$75 *
Injection Spider Veins per	\$75	Insert Foley Catheter	\$75 *
Botox injection per	\$75	Ear Wax Removal	\$ 50-125 *

**+ charge according to location and complexity**

**\*free for members**

- fees may be changed without notice but not until posted in office, website & brochure.
- Fees are listed in office, website and brochure and updated yearly

Child or youth memberships must be accompanied by at least one paying adult. In the event a patient is unable to pay the fee(s) on time, Patient understands they will be charged a \$25.00 late fee and if arrangements cannot be made that their services may be terminated.

Patient understands and agrees that approximately 10% is added if payments are made on a monthly basis and that both monthly and yearly payments must be made through direct auto-withdrawal from patients bank account, credit card or Paypal as acknowledged by signature on bank withdrawal form or by agreement with Paypal. Withdrawals are to be made on the first of the month of membership or the first of the year for monthly or yearly memberships respectively.

F. Patient acknowledges and understands that Patient or My Country Doctor may terminate this Agreement at any time and for any reason or for no reason by providing written notice to the other party 30 days prior to cancellation.

- Any pre-paid monthly fees will be prorated to the date My Country Doctor has received Patient's written termination and refunded to Patient.
- **Monthly and yearly fees will continue to be charged and withdrawn until written termination notice is received.**

G. Patient acknowledges and understands that My Country Doctor may add or discontinue services or may increase fee schedules at any time (but no more than once per year), and that My Country Doctor will publish and provide written notice and in [www.mycountrydoc.com](http://www.mycountrydoc.com) of such fee schedule changes at least sixty (60) days prior to year end and before their enactment.

H. In the event a member terminates the agreement, the member understands that they must submit a written request to cancel. Any differences in payment between the billing date and the date of cancellation will be refunded to the Patient via the payment method chosen for the monthly care fee. Patient understands that if their account is overdue, they are responsible for resolving the outstanding balance prior to their service cancellation.

I. Patient acknowledges and understands that if they are enrolled in Medicare they will receive a copy of the Medicare Opt-out Agreement for review and signature before their first appointment.

\*The Opt-Out Agreement does not prevent the Patient from receiving current or future Medicare benefits from non-My Country Doctor providers.

\*Neither the Patient nor My Country Doctor will seek reimbursement from Medicare for the medical services the Patient receives from My Country Doctor.

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Patient Signature

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R. Paul Ferenchak, MD  
My Country Doctor