TEXAS FAMILY PHYSICIANS

Medical Membership

Membership Agreement & Forms

Welcome Message from Dr. Martin C. Molina

Thank you for choosing to become a member of the Texas Family Physicians Medical Membership Program. This membership provides you with enhanced ACCESS to our practice through concierge-level service and priority scheduling.

> **Please note that your membership fee covers premium access benefits only. All medical services, including office visits, examinations, and treatments, will be billed separately to your insurance or through self-pay.**

I want my patients to know that my staff and I strive to provide excellent medical care with the attention and service they'd expect from a small-town doctor. We look forward to seeing you soon and making you a part of our family.

Sincerely,

Martin C. Molina, MD

1 MEMBERSHIP AGREEMENT

Membership Enrollment

By signing this agreement and returning it to Texas Family Physicians, you agree to become a member of the Membership Program. Your membership provides enhanced access to our practice and concierge-level service amenities.

> IMPORTANT NOTICE
>
> **Your membership fee provides premium access and service benefits only. All medical services, including office visits, examinations, procedures, and treatments, are billed separately to your insurance or as self-pay. The membership fee does NOT cover any medical care.**

Payment information and arrangements will be completed separately with our office staff upon enrollment.

Medical Membership Fees

These fees provide concierge access benefits only. All medical services billed separately.

Please select your membership type:

SELECT	MEMBERSHIP TYPE	MONTHLY FEE	ANNUAL FEE
☐	**Individual**	**$175** / month	**$2,100** / year
☐	**2-Person Family** couple, or parent & child	**$235** / month	**$2,820** / year
☐	**Family*** up to 4 members	**$295** / month	**$3,540** / year
☐	**Family, 5+ Members*** additional family members	**$50** / month per additional member	

**Family is defined as head of household and their dependents living in the same household.*

What You're Paying For: Priority scheduling, extended appointments, 24/7 provider access, same-day availability, direct communication with Dr. Molina, and concierge-level service. Medical care, office visits, exams, and all treatments are additional charges billed to your insurance or self-pay.

Payment Process: After selecting your membership type, our office staff will contact you to arrange payment via credit card, ACH, or other payment methods.

Payment Method Selection

☐**Monthly Payment** (Debit/Credit Card only)

☐**Annual Payment** (Debit/Credit Card, Cash, and/or Check)

2 MEMBERSHIP ACCESS BENEFITS

MEMBERSHIP CLARIFICATION

Your membership fee provides premium ACCESS to our practice and concierge-level SERVICE benefits.

ALL medical care, treatments, and services are billed separately to insurance or self-pay.

What's Included vs. What's Billed Separately

Your membership fee provides access to our concierge-level service and amenities. All medical services are billed separately and are NOT included in your membership fee.

INCLUDED IN YOUR MEMBERSHIP FEE

- ✓ Direct access to Dr. Molina and medical team
- ✓ Same-day or next-day appointment availability
- ✓ Extended appointment times (no rushed visits)
- ✓ 24/7 provider access for urgent questions
- ✓ Direct phone and email access to your provider
- ✓ Minimal to no wait times
- ✓ Care coordination and advocacy
- ✓ Personalized health planning
- ✓ Travel medicine support
- ✓ Access to patient portal

BILLED SEPARATELY — NOT INCLUDED

- Office visits (wellness exams, sick visits, follow-ups)
- Physical examinations
- In-office procedures
- Laboratory tests
- Imaging studies
- Vaccinations and injections
- Medical spa services
- All other medical care and treatment

This includes, but is not limited to, the services listed above. These services will be billed to your insurance or self-pay as you select in Section 5.

PREMIUM ACCESS

- Direct Provider Access
- Same-Day Appointments
- No Wait Times
- Priority Scheduling

CONCIERGE SERVICE

- Extended Appointment Times
- Direct Phone/Email to Provider
- Personalized Care Coordination
- Limited Patient Panel Size

24/7 AVAILABILITY

- After-Hours Access
- Weekend Availability
- Holiday Coverage
- Urgent Questions Support

ENHANCED SUPPORT

- Care Navigation Assistance
- Travel Medicine Guidance
- Health Planning Support
- Specialist Coordination

3 PRIMARY MEMBER INFORMATION

LAST NAME | FIRST NAME | MIDDLE INITIAL

DATE OF BIRTH | SOCIAL SECURITY # | CELL PHONE

EMAIL ADDRESS

HOME ADDRESS | CITY, STATE, ZIP

Insurance Information (for medical services billing)

Required if selecting insurance billing for medical services. Membership fees cannot be billed to insurance.

INSURANCE COMPANY | MEMBER ID | GROUP NUMBER

Emergency Contact

CONTACT NAME | RELATIONSHIP | PHONE NUMBER

Preferred Pharmacy

PHARMACY NAME | PHARMACY PHONE

PHARMACY ADDRESS

4 FAMILY MEMBER INFORMATION

Complete for each additional family member (up to 4 included in base family membership).

Note: Each family member will need their own insurance information for medical services billing.

Family Member 1

FULL NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

INSURANCE (IF DIFFERENT) _____

Family Member 2

FULL NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

INSURANCE (IF DIFFERENT) _____

Family Member 3

FULL NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

INSURANCE (IF DIFFERENT) _____

> **For families with more than 4 members, please request additional forms. Each additional member is $50/month.**

5 SERVICE PREFERENCES & AUTHORIZATIONS

Payment for Medical Services

All medical services are billed separately from your membership fee. Please select how you would like to pay for medical services:

☐**Insurance Billing:** I elect to have medical services billed through my health insurance plan and authorize the release of all necessary information to such plan. I understand that I will be responsible for copays, deductibles, coinsurance, and any services not covered by my plan.

☐**Self-Pay:** I elect to self-pay for all medical services. I understand that I may not select this option if I am a beneficiary of the Medicare program. I will receive time-of-service pricing for all medical care.

Electronic Communication Authorization

☐I authorize Texas Family Physicians to communicate with me regarding my health information via:

Email · Text Message · Patient Portal · Phone Calls

I understand that electronic communication may not be secure and that Texas Family Physicians cannot guarantee the confidentiality of electronic communications.

Notice of Privacy Practices

☐ I acknowledge that I have received a copy of the Notice of Privacy Practices.

Consent for Treatment

☐ I consent to treatment by Texas Family Physicians and understand the membership terms.

6 TERMS AND CONDITIONS

Important Agreement Terms

Service Type	Concierge access membership (medical services billed separately)
Initial Term	One (1) year from the effective date
Renewal	Automatically renews annually unless either party provides 30 days written notice
Member Termination	60 days written notice required; fees continue during notice period
Practice Termination	30 days notice; prorated refund provided
Annual Payment Refunds	No refunds for annual payments if member terminates
Payment	Payment arrangements will be made separately with office staff

Understanding of Services

I understand that:

- This membership provides ACCESS to concierge-level service, NOT medical care
- ALL medical services are billed separately to insurance or self-pay
- The membership fee covers only enhanced access and service amenities
- This is a service contract, NOT health insurance
- I am responsible for maintaining health insurance
- I will receive separate bills for all medical care
- Electronic communication should not be used for emergencies
- In emergencies, I should call 911 or go to the nearest emergency room

Arbitration Agreement

Any dispute between Member and Medical Group arising under or relating to this Agreement shall be resolved exclusively by binding, confidential arbitration in Travis County, Texas, before a neutral arbitrator, under the auspices of the American Arbitration Association.

7 SIGNATURES

By signing below, I attest that I have read and understood the entirety of this packet, including all terms and conditions, and that all information I have provided is true and accurate.

> **I understand that this membership fee provides access benefits only and that all medical services will be billed separately to my insurance or through self-pay.**

PRIMARY MEMBER SIGNATURE _____ DATE _____

PRINT NAME _____

ADDITIONAL MEMBER SIGNATURE (REQUIRED FOR FAMILY MEMBERSHIPS) _____ DATE _____

PRINT NAME _____

TEXAS FAMILY PHYSICIANS REPRESENTATIVE _____ DATE _____

PRINT NAME _____

8 SUBMIT COMPLETED FORMS

IN PERSON

6618 Sitio Del Rio Blvd, Building B, Suite #101
Austin, Texas 78730

Office Hours

Monday – Thursday: 7:00 AM – 5:00 PM
Friday: By Appointment Only

CONTACT

Phone: (512) 524-2336
Fax: (512) 372-8525
Patient Portal: Access via www.texasfp.com

SECURE UPLOAD

Visit **www.texasfp.com/forms-2** to securely upload completed documents.

PAYMENT ARRANGEMENTS

Payment information will be collected and processed separately by our office staff after form submission.

Form Checklist

Before submitting, please ensure you have:

- ☐ Selected your membership type
- ☐ Selected payment frequency (monthly or annual)
- ☐ Completed all member information sections
- ☐ Selected insurance or self-pay for medical services billing
- ☐ Understood that membership covers access only, not medical services
- ☐ Reviewed and agreed to terms and conditions
- ☐ Signed and dated the agreement
- ☐ Included copy of insurance card(s) for medical services billing

Payment information will be collected separately by our office staff.