

## HVH Complete Membership Terms and Conditions

This Application and Agreement (“Agreement”) describes the terms under which the undersigned (“You” and “Your”) may participate in HVH COMPLETE offered by HorizonView Health (“HVH” or the “Practice”).

1. **HVH COMPLETE:** HVH COMPLETE is a membership program offered through HorizonView Health for patients of the Practice. Members receive access to certain non-covered services, administrative conveniences, and program benefits described herein.

2. **HVH COMPLETE Benefits and Services:** The Practice will provide HVH COMPLETE members with the benefits and services described in Appendix A. The membership benefits described herein are separate from covered medical services reimbursed by insurance. The Practice reserves the right to modify the scope and composition of membership benefits and program services from time to time based on operational, clinical, and administrative considerations. The Practice will notify HVH COMPLETE members of any such changes.

3. **HVH COMPLETE Fees and Payment Options:** Your membership in HVH COMPLETE (“Membership”) is in effect from the date Your application is accepted by the Practice and will continue in effect indefinitely unless and until terminated by either You or the Practice as provided by Paragraph 8 below. Membership fees apply solely to non-covered services, administrative conveniences, communication tools, and program benefits provided through HVH COMPLETE and are separate from charges for covered medical services. Membership fees for HVH COMPLETE are as follows (“Membership Fees”):

a. **Adults** **\$240 per year.**

b. **Children ages 0 – 25 years** **\$25 per year.**

- During each annual membership year, the membership fees are guaranteed and will not be increased. Membership Fees may be adjusted at the beginning of any succeeding annual membership year. Payments may be made by credit card, debit card, or check. HVH COMPLETE membership fees are due annually on the anniversary of your enrollment date. A confirmation of your payment will be sent once your transaction has been successfully processed.

4. **HVH COMPLETE benefits and services are not covered or paid for by health insurance:** Membership fees apply solely to non-covered services, administrative conveniences, communication tools, and program benefits that are not reimbursed by insurance. Covered medical services continue to be billed separately to insurance in accordance with applicable health plan benefits and provider agreements.

5. **HVH COMPLETE is not health insurance:** You (or Your insurance company) will be financially responsible for all billable medical and health care services received from the Practice or its staff. If You have health insurance, the Practice will bill Your health insurance (under most circumstances) for those healthcare services furnished to You and covered by Your insurance. You are financially responsible to the Practice for any patient responsibilities such as co-payments, co-insurance, or deductible amounts due under Your insurance, and for medical and healthcare

services which are excluded from Your insurance coverage. Nothing in this agreement supersedes or modifies the terms or conditions of any agreements relating to Your insurance.

**6. Protection of Your Health Information and Communications:** As with your healthcare, HVH COMPLETE Membership is committed to protecting your PHI from unauthorized use. The Practice is also subject to Revised: 5/2024 federal regulations under the Health Information Portability and Accountability Act (HIPAA). We follow HIPAA rules and protect your private health information. However, please note that electronic communication (texts, email, etc.) can carry risks. While we take precautions, we encourage you to use secure platforms like MyChart for private medical communication. We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect.

**7. Mutual Satisfaction and Membership Termination:** If You are not satisfied for any reason with Your HVH COMPLETE Membership, you may at any time withdraw Your Membership and terminate this Agreement. HVH COMPLETE Membership fees will be refunded if termination is within 90 days of enrollment/renewal at a prorated amount. The Practice may terminate participation in the HVH COMPLETE membership program by providing 30 days prior written notice to You, if: (a) You fail to pay the Membership Fees when due (by the last day of your renewal month); (b) You fail to abide by the terms and conditions of Your insurance coverage(s), if any; or (c) You fail to abide by this Agreement or the policies of the Practice. In such events, access to membership program benefits and non-covered services may be discontinued.

**8. Enrollment:** Your membership in HVH COMPLETE becomes effective when any of the following occurs: (a) You agree to the terms and conditions of this Agreement through an online purchase on the secure portal at [www.horizonviewhealth.com](http://www.horizonviewhealth.com); (b) You agree to the terms and conditions during a telephone transaction facilitated by a duly authorized representative of the Practice; or (c) The Practice receives your payment by mail (via USPS).

This Agreement becomes effective upon the Practice's acceptance of your payment.

**9. Personal Provider:** Patients may see any participating provider at the clinic based on scheduling availability.

**10. Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of Washington, and if a provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions held invalid or unenforceable shall substantially impair the benefits of the remaining portions of this Agreement.

## **AGREEMENT TO PARTICIPATE IN HVH COMPLETE**

By submitting payment for the HVH COMPLETE Membership, you agree to participate in the program and accept its terms and conditions.

## Appendix A

HVH COMPLETE is designed to provide access to certain non-covered services, administrative conveniences, communication tools, and program benefits that extend beyond services typically reimbursed by health insurance.

**Same Day Visits:** HVH COMPLETE Membership includes expanded scheduling flexibility, including same-day appointment availability when possible. These are on a first come, first serve scheduling basis, and are not always guaranteed. It is recommended to contact us in the morning should You need to schedule.

**Communications:** HVH COMPLETE includes secure messaging tools through MyChart to support administrative questions, appointment coordination, refill requests, and general non-urgent communication with office staff.

**Extended Appointments for Multiple Medical Problems:** HVH COMPLETE Members now have expanded scheduling flexibility to support more in-depth discussions, care coordination, and wellness planning. Additional time may be available for annual wellness visits and care planning appointments when scheduling permits.

**Health Blog Posts and Instagram Messages:** HorizonView Health sends out weekly health and clinic related information through IG and Facebook. HVH also posts blogs on their website [www.horizonviewhealth.com](http://www.horizonviewhealth.com). This correspondence keeps members up to date with valuable information so You can make the best health decisions for You and Your family.

**Phone Communications:** HVH COMPLETE includes phone communication access with clinical support staff regarding select, non-urgent concerns during regular business hours, when appropriate. These communications are intended to support general care coordination and patient support needs and may be particularly helpful for patients who are traveling or temporarily out of town.

**Prescription Refills:** HVH COMPLETE Membership includes administrative support for prescription coordination and refill requests, when clinically appropriate and subject to provider discretion and standard follow-up requirements.

**Completion of Administrative Forms:** HVH COMPLETE Membership allows our office staff to complete different administrative forms for You without an office visit, when appropriate. Some of the forms included may be jury duty excusals, disabled parking renewal forms, and medication appeals. Completion of these forms is not covered by your insurance. Please note that some forms, such as FMLA, L&I, and Life Insurance, may require an office visit due to the depth and breadth of information required.

**Priority Access to “The Spa by HorizonView”:** Members receive discounts on regularly priced retail products and access to special events offered through The Spa by HorizonView.