

Putting patients at the center of healthcare

David Baskin, MD



Expect more from personalized healthcare

As a member of Dr. Baskin's Personalized Care Practice you will receive the following exclusive benefits:



A wellness program customized to your personal health goals



Unhurried appointments that begin on time



Appointments the same or next business day



Dr. Baskin's undivided attention



24/7/365 physician availability via phone, text, or email



Office visits for visiting friends and family

Ask yourself, are you worth it?

As one of a few, rather than one of many patients, members enjoy more time and enhanced availability and service from their personal physician.

Dr. David Baskin is a board certified physician in Internal Medicine with a special interest in preventive medicine. He graduated summa cum laude from Boston University and received his Medical Degree from Boston University School of Medicine. Dr. Baskin completed his internship and residency in Internal Medicine at the St. Luke's/Roosevelt Hospital Center in New York.

In 1989, Dr. David Baskin and his twin brother, Martin, opened their private practice, Manhattan West Medical, P.C. He currently is an Assistant Clinical Professor of Medicine at the Icahn School of Medicine at Mount Sinai. He also has been featured in New York Magazine as a Top Doctor in New York in Internal Medicine since 2014.

Dr. Baskin has great respect for the doctor-patient relationship and is dedicated to providing the highest standard of personalized care to each of his patients.

Why personalized care? Why now?

Simply put, the current US healthcare model is broken.

Today's healthcare system is focused on managing disease rather than managing wellness, putting a priority on dealing with something that's gone wrong, instead of proactively trying to stay healthy.

The same complexities in the system that patients experience also exist on the physician side, making it harder and harder for them to maintain personal, one-on-one relationships. Too much time is spent on paperwork and prioritizing patient volume, preventing doctors from practicing medicine the way they have always wanted.

Redefining primary care

Dr. Baskin's approach to his practice is one where there is **more** focus on **fewer** patients

[Doctor-patient interaction](#)

[Patient education](#)

[Preventative care](#)

[Personalized follow-ups](#)

Dr. Baskin has developed a **Personalized Care Practice** that allows him to partner with his patients and provide dedicated time together in an unhurried and thoughtful manner. Appointments will be easy to book, start on time, and will last as long as needed. Longer visits enable whole-person care, rather than the more typical treatment of one medical problem per visit.

A concierge model that fits your needs

This Personalized Care Practice gives you concierge availability to Dr. Baskin 24/7, 365 days a year. In addition to scheduled in-person appointments and telemedicine visits, you can reach Dr. Baskin via email, text, or phone call for no additional charge.

This approach allows you to take more of an active role. The more time you spend with your doctor, the more likely we can identify an issue sooner. This can lead to a decrease in the need for prescription drugs and hospitalizations as well as an increase in your quality of life and life expectancy.

David Baskin, MD
185 West End Avenue, Suite 1M
New York, NY 10023

Becoming a member

Membership fees cost approximately \$8 per day*

Membership unlocks your own Personalized Care Program and gives you concierge availability to Dr. Baskin via email, text, and a phone call. The program limits enrollment to ensure that Dr. Baskin will always have dedicated time for you.

To cover the additional services and attention you will receive from Dr. Baskin, you will be asked to pay an annual membership fee for services that are not covered by your insurance plan. We will continue to bill your insurance company for your covered medical benefits. You will not be required to pay any additional out-of-pocket fees above your standard co-payment and deductible.

*Approximation, based on typical "Annual Membership Fee"

A partnership for proactive care

Once you are a member, we will work together to optimize your well-being in three easy steps:

Step 1

Schedule your enhanced wellness examination and detailed health history review.

Step 2

Review and discuss the results of your examination and tests, identify areas we need to focus on, and design your Personalized Care Program.

Step 3

Maintain communication throughout the year through whatever channel best fits your needs (in person, email, text, or phone call) to track progress and implement your program.

[Learn how our personalized healthcare approach may help detect early signs of serious illness and improve your overall well-being. Visit us online or call our office for additional details.](#)

212.595.7701
SignatureMD.com/david-baskin

PERSONALIZED CARE MEMBERSHIP AGREEMENT

THIS PERSONALIZED CARE MEMBERSHIP AGREEMENT (this “**Agreement**”) is made effective as of _____ (the “**Effective Date**”) by and between the **undersigned member** and, if applicable, **additional members** listed on Schedule 1 hereto (each, a “**Program Member**”), and **David H. Baskin, M.D.**, with the principal place of business at 185 West End Ave #1M, New York, NY 10023 (“**Personalized Care Practice**”; and together with Program Member(s), the “**Parties**”). In consideration of the mutual promises and undertakings set forth below and for other valuable consideration, receipt and sufficiency of which are hereby acknowledged by the Parties, and intending to be legally bound, the Parties hereby mutually agree, as follows:

- 1. Terms of Services; Program Services.** The Terms and Conditions of Service attached hereto as Exhibit A (the “**Terms**”) are incorporated herein and made a part of this Agreement by this reference. The Parties have read and agree to fully comply with the Terms. In consideration of the Member Amenities Fee (as defined below), Personalized Care Practice agrees to designate a physician to provide Program Member with the services and amenities, which are not covered by your health plan or any federal government program, as specifically described in the Terms (the “**Program Services**”) in accordance with and as provided by this Agreement and the Terms. Payment of the Member Amenities Fee is not a condition for you to receive any professional medical services that are covered by your health plan or a federally-funded governmental program.
- 2. Program Member Information; Additional Program Members.** Program Member represents and warrants that his/her information set forth below is accurate and complete, and agrees to promptly notify Personalized Care Practice of any changes. The information for the additional Program Members, if any, is set forth in Schedule 1, is accurate and complete, and will be updated promptly in writing if and when changed.

A. MEMBER NAME		B. DATE OF BIRTH		C. E-MAIL ADDRESS	
D1. HOME PHONE		D2. MOBILE PHONE		D3. OFFICE PHONE	
E1. MAILING ADDRESS			E2. CITY		E3. STATE
				E4. ZIP-CODE	

- 3. HIPAA Release/Consent.** Program Member agrees, consents and authorizes Personalized Care Practice to disclose all of his/her demographic protected health information to Signature MD, Inc., in accordance with the Authorization Form accompanying this Agreement as Exhibit B (the “**Authorization**”), in order to facilitate and administer the Personalized Care Practice and Program Services. Simultaneously with execution of this Agreement, Program Member will sign and deliver the Authorization to Personalized Care Practice.
- 4. Membership Amenities Fee.** Program Member hereby selects the payment terms for the Program Services (“**Member Amenities Fee**”) as indicated below and shall pay Member Amenities Fee in full in accordance with the terms. No part of the Member Amenities Fee paid by Program Member hereunder is being paid in consideration for any medical services covered by Program Member’s insurer, health plan or by any governmental program, including Medicare.

ANNUAL MEMBER AMENITIES FEES*	
(*Prepaid)	(*Quarterly Installments)
Each Individual: \$3,000.00 (annually)	Each Individual: \$3,300.00 (annually, \$825.00 quarterly installments)
Each additional individual (same household): \$2,800.00 (annually)	Each additional individual (same household): \$3,100.00 (annually, \$775.00 quarterly installments)

ADDITIONAL NOTES

* Member Amenities Fees shall increase by 3% on each annual renewal of this Membership Agreement.

- 5. Payment Authorization; Execution.** Program Member either (i) tenders together with this Agreement the Member Amenities Fee, or (ii) hereby authorizes Personalized Care Practice’s designee to bill one-fourth (1/4) of the Member Amenities Fee (that is, \$_____) per calendar quarter (3 months) payable in advance to Program Member’s:

CREDIT/DEBIT CARD	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	CARD NO.	
CARDHOLDER’S NAME		EXPIRES	BILLING ZIP CODE

Program Member understands and agrees to send checks for applicable Member Amenities Fees to:

David H. Baskin, M.D., in care of Signature MD, 4640 Admiralty Way, Suite 410, Marina Del Rey, CA 90292. Program Member understands that credit card payments will be processed by Signature MD, Inc. on behalf of the Personalized Care Practice and agrees to make payments by check payable to David Baskin, M.D. or once notified of the formation of the professional corporation, checks shall be payable to such corporation.

SCHEDULE 1 TO PERSONALIZED CARE MEMBERSHIP AGREEMENT

Additional Program Members (David H. Baskin, M.D.)

A. 2ND MEMBER'S NAME		B. DATE OF BIRTH	C. E-MAIL ADDRESS	
D1. HOME PHONE	D2. MOBILE PHONE	D3. OFFICE PHONE	D4. FAX	
E1. MAILING ADDRESS		E2. CITY	E3. STATE	E4. ZIP-CODE
F. ACKNOWLEDGED AND AGREED				
INITIALS:				

A. 3RD MEMBER'S NAME		B. DATE OF BIRTH	C. E-MAIL ADDRESS	
D1. HOME PHONE	D2. MOBILE PHONE	D3. OFFICE PHONE	D4. FAX	
E1. MAILING ADDRESS		E2. CITY	E3. STATE	E4. ZIP-CODE
F. ACKNOWLEDGED AND AGREED				
INITIALS:				

A. 4TH MEMBER'S NAME		B. DATE OF BIRTH	C. E-MAIL ADDRESS	
D1. HOME PHONE	D2. MOBILE PHONE	D3. OFFICE PHONE	D4. FAX	
E1. MAILING ADDRESS		E2. CITY	E3. STATE	E4. ZIP-CODE
F. ACKNOWLEDGED AND AGREED				
INITIALS:				

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

By signing this Authorization, I hereby authorize and direct the use or disclosure of certain information pertaining to me, my health or my health care that is maintained by David H. Baskin M.D. or his professional corporation (collectively the "Entity").

- 1. This Authorization concerns only the following information about me: demographic information including but not limited to age, address, phone number, email address, name of insurer.
- 2. This information may be used or disclosed by the Entity to SignatureMD, Entity's Business Associate (as defined under HIPAA).
- 3. This authorization automatically expires after the termination, for any reason, of my Personalized Care Membership Agreement with the Entity.
- 4. The purpose(s) of this use or disclosure is: limited to billing by SignatureMD and other communications related to my participation in the Personalized Care Practice.
- 5. I understand that at any time I have the right to revoke this Authorization pursuant to the Entity's Notice of Privacy Practices, except to the extent that the Entity has already acted in reliance on the Authorization. I understand that I may revoke this Authorization by contacting the Entity.
- 6. I understand that once information leaves the Entity, the Entity no longer directly controls the information.
- 7. I understand that the Entity is prohibited from requiring that I sign this Authorization as a condition of my enrollment or eligibility for benefits, except for specific exceptions not applicable here.

Acknowledged and agreed:

<i>1. Print Patient's Name</i>	<i>Signature of Patient or Patient's Representative</i>	<i>Date</i>
<i>2. Print Patient's Name</i>	<i>Signature of Patient or Patient's Representative</i>	<i>Date</i>
<i>3. Print Patient's Name</i>	<i>Signature of Patient or Patient's Representative</i>	<i>Date</i>
<i>4. Print Patient's Name</i>	<i>Signature of Patient or Patient's Representative</i>	<i>Date</i>
	<i>Date</i>	

If by and through a representative of a Patient

My authority to sign this Authorization and agree to the terms herein exists because I am:

(Describe relationship to Patient, or source of authority to sign on Patient's behalf)

TERMS AND CONDITIONS OF SERVICE TO PERSONALIZED CARE MEMBERSHIP AGREEMENT

Version Dated as of September, 2019

1. BACKGROUND

David Baskin, M.D. ("Personalized Care Practice") operates a personalized care medicine program ("Personalized Care Program") providing certain professional non-clinical services, enhancements and amenities associated with healthcare services to the Program Members and other persons who have subscribed to and enrolled in the Personalized Care Program, and in connection therewith has entered into that certain Personalized Care Program Physician Services Agreement ("Signature MD Services Agreement"), with Signature MD, Inc., a company that facilitates certain non-medical aspects of the Personalized Care Practice.

Program Members desire to subscribe to and enroll in the Personalized Care Practice on the terms and conditions set forth below in this Terms and Conditions of Service and the accompanying Personalized Care Membership Agreement (the "Membership Agreement"). These Terms and Conditions of Service (these "Terms") accompany and supplement the Membership Agreement and constitute the Terms referenced therein (these Terms, the Membership Agreement and all Schedules and Exhibits, collectively, the "Agreement"). Any capitalized term used but not defined herein shall have the meaning given to it in the Membership Agreement.

In order to induce each other to enter into the Agreement, in consideration of the mutual promises and undertakings set forth in the Membership Agreement and these Terms and for other valuable consideration, receipt and sufficiency of which are hereby acknowledged by the Parties, and intending to be legally bound, the Parties hereby mutually agree as follows:

2. PROGRAM SERVICES

- a) Personalized Care Practice agrees to provide to Program Member certain enhancements and amenities to professional medical services to be rendered by Personalized Care Practice to Program Member, as further described in Schedule 1 to these Terms. Upon prior written notice to Program Member, Personalized Care Practice may add or modify the Program Services set forth in Schedule 1, as reasonably necessary, and subject to such additional fees and/or terms and conditions as may be reasonably necessary.
- b) Program Member acknowledges that the Program Services are services that are not covered services under any insurance contract to which Program Member may be a party, including, without limitation, Medicare, and are not reimbursable by Program Member's insurer, health plan or any governmental entity, including Medicare. Program Member agrees to bear sole financial responsibility for the Member Amenities Fee and agrees not to submit to Program Member's insurer, health plan or governmental entity any bill, invoice or claim for payment or reimbursement of such Member Amenities Fee.
- c) Personalized Care Practice will separately charge Program Member or Program Member's insurer, health plan or governmental entity for medical, clinical, diagnostic or therapeutic services rendered by Personalized Care Practice to Program Member, and Program Member may seek payment or reimbursement from Program Member's insurer or health plan for any such service to the extent covered by Program Member's insurer, health plan or governmental entity.
- d) Program Member understands, agrees and covenants that this Agreement is a service contract, and not a contract for insurance.

3. DESIGNATED PHYSICIAN. Personalized Care Practice designates David H. Baskin, M.D., as "Designated Physician" to render medical services to Program Member(s) in accordance with the Membership Agreement and these Terms. Program Member understands and acknowledges that Physician may not be available from time to time and may designate, on a temporary basis during Physician's unavailability, a covering physician or other licensed medical professional who will be allowed access to Program Member's medical history and course of care to attend to Program Member's medical care needs. The term "Personalized Care Practice," as used throughout these Terms and in the Membership Agreement, covers the Personalized Care Practice, licensed individual designated as the Designated Physician herein and such other practitioner as may be designated parties in the Designated Physician's absence.

4. TERM. Unless earlier terminated as set forth in Section 7 (below), the initial term of the Agreement shall be for one year, commencing on the effective date of the Membership Agreement (the "Effective Date") and terminating on the day following the first anniversary of the Effective Date (the "Initial Year"). Thereafter, the Agreement shall automatically renew for successive one-year periods (each, a "Renewal Year"), unless either party notifies the other party in writing, not less than 30 days prior to the expiration of the Initial Year or the Renewal Year, as applicable, of such party's decision not to renew the Agreement. However, the Agreement will not automatically renew if the Program Member is not current in all their financial obligations to Personalized Care Practice.

5. MEMBER AMENITIES FEE. Program Member agrees to and shall pay the Member Amenities Fee as provided in the Membership Agreement. Unless this Agreement is not renewed, as provided in Section 4 (above), subsequently, the Program Member will be billed for the Member Amenities Fee for each Renewal Year prior to the beginning of each Renewal Year, and the Program Member agrees to pay the invoiced Member Amenities Fee within 30 days after the date of the invoice. In order to facilitate the administration of the Personalized Care Practice and the Program Services, Personalized Care Practice hereby appoints Signature MD, Inc. to perform all billing and collections functions associated with the Member Amenities Fee (but not for medical services covered under any insurance contract, including Medicare). Accordingly, Program Member agrees to submit all payments of Member Amenities Fees to the Personalized Care Practice, as follows:

David H. Baskin, M.D., in care of Signature MD, Inc., 4640 Admiralty Way, Suite 410, Marina Del Rey, CA 90292 / (866) 883-8859 / www.signatureMD.com

Any checks for payment of the Member Amenities Fees shall be made payable to the David H. Baskin, M.D., and any credit card payments shall be processed by, Signature MD, Inc. in the name of the Personalized Care Practice

6. ELECTRONIC COMMUNICATION

- a) Unless advised otherwise in writing, Program Member authorizes the Personalized Care Practice and its staff and designees to communicate with Program Member by Electronic Communication regarding Program Member's personal health information (as such term is defined in the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations; "PHI") at Program Member's e-mail address shown on the signature page of this Agreement. Electronic Communication includes but is not limited to cell phone, email, text, and video conference.
- b) Program Member acknowledges and agrees that:
 - i. Electronic Communication may not be a secure medium for sending or receiving PHI;
 - ii. Although the Personalized Care Practice and its staff and designees will make reasonable efforts to keep Electronic Communication among Program Member, the Personalized Care Practice and Practice's designee(s) (and their employees, agents and representatives) confidential and secure, Program Member understands that they cannot assure or guaranty the confidentiality of Electronic Communication;
 - iii. In the discretion of Personalized Care Practice, Electronic Communication may be made a part of Program Member's permanent medical record; and
 - iv. Electronic Communication is not an appropriate means of communication regarding emergency or other time-sensitive issues or for inquiries regarding sensitive information.

- c) Program Member further acknowledges and agrees that:
- i. Program Member will not use Electronic Communication for communications regarding emergencies but instead should call 911 or go to the nearest emergency department, for communication regarding sensitive information the Program Member should call the Personalized Care Practice or the Designated Physician;
 - ii. If Program Member does not receive a response to Program Member's Electronic Communication message within one (1) business day (or such longer time as Program Member indicates in the Electronic Communication), Program Member will use another means of communication to contact Personalized Care Practice or appropriate representative;
 - iii. Program Member will include Program Member's full name and a short description of the subject matter of the Electronic Communication (e.g., "prescription refill", "medical advice", "billing question") in the "Re" or "Subject" line of the Electronic Communication;
 - iv. When responding to an Electronic Communication from Personalized Care Practice or its staff or representative, Program Member will use "Reply with History" to ensure that the recipient is aware of the previous communication; and
 - v. Neither Personalized Care Practice nor any of its agents, consultants or representatives will be liable to Program Member for any loss, damage, cost, injury or expense caused by, or resulting from: (i) a delay in response to Program Member due to technical failures, including, but not limited to, technical failures attributable to internet service provider, power outages, failure of electronic messaging software, failure by Practice, or any of its agents, consultants or representatives to properly address Electronic Communication messages, failure of computers or computer network, or faulty telephone or cable data transmission; (ii) any interception of Electronic Communication by a third party; or (iii) Program Member's failure to comply with the guidelines regarding use of Electronic Communication set forth in this Section 6.

7. TERMINATION

- a) Program Member may terminate this Agreement at any time upon thirty days' prior written notice to Personalized Care Practice and Signature MD. Program Member will not be entitled to a refund of Member Amenities Fee or a portion thereof, except as provided in Section 7(b) below.
- b) Personalized Care Practice may terminate this Agreement, at any time, upon (i) occurrence of Program Member's breach of this Agreement if such breach is not cured within 10 days; or (ii) 30 days prior written notice to Program Member, with or without cause, related to the patient-physician relationship or any other non-contract related issue; provided, however, that Program Member will be entitled to a refund of a prorated portion of the Member Amenities Fee paid by Program Member for the year in which termination becomes effective.
- c) Notwithstanding anything to the contrary, Personalized Care Practice or its designee may terminate this Agreement with respect to any Program Member at any time **prior** to the Effective Date for any reason or no reason by giving notice of termination to such Program Member. Any Program Member terminated under this provision will be entitled to receive full refund of Member Amenities Fees or a portion thereof and Personalized Care Practice or its designee will provide refund to the terminated Program Member within fourteen (14) days after the termination.

8. NOTICES. Any communication required or permitted to be sent under this Agreement (other than communications referenced in [Section 6](#) relating to Program Member's PHI) will be in writing and sent via facsimile, recognized overnight courier or certified mail, return receipt requested, to the addresses set forth on the signature page. Any change in address will be communicated to the Parties and Signature MD in accordance with the provisions of this [Section 8](#).

9. INDEPENDENT MEDICAL JUDGMENT. Notwithstanding anything to the contrary contained in this Agreement or in the Signature MD Agreement, Personalized Care Practice retains full and free discretion to, and shall, exercise his/her professional medical judgment on behalf of Program Member with respect to medical services rendered to Program Member, and nothing in this Agreement shall be deemed or construed to influence, limit or affect a physician's independent medical judgment with respect to Personalized Care Practice's provision of medical services to Program Member and Program Member's medical treatment.

10. CHANGE OF LAW. If there is a change in any state or federal law, regulation or rule or interpretation thereof, which affects this Agreement or the activities of either party under this Agreement, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights or obligations under this Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of this Agreement. If the parties are unable to reach an agreement concerning the modification of this Agreement within thirty (30) days after the date of the notice seeking renegotiation, then either party may terminate this Agreement by written notice to the other party.

11. GOVERNING LAW. This Agreement shall be governed and interpreted in accordance with, and the rights of the parties shall be determined by, the laws of the State of New York, without regard to conflicts of laws principles.

12. NO LIABILITY. Except as required by applicable law, neither Personalized Care Practice nor any of its agents, consultants or representatives shall be liable to Program Member for any damages or liability arising out of or related to the Agreement. In any event, each parties' liability under the Agreement, shall be limited to amount that is equal to the aggregate Member Amenities Fees paid by the Program Member during the twelve-month period preceding the date on which the claim arises. In no event will any party be liable for any indirect, consequential, special or punitive damages of any kind, whether arising in contract, tort, strict liability or otherwise, to the full extent permitted by the applicable law arising out of or related to the Agreement.

13. WAIVER. The failure of a party to insist upon strict adherence to or performance of any term of the Agreement on any occasion will not be considered a waiver of the right to require adherence on any other occasion or regarding any other matter.

14. SEVERABILITY. If any provision of the Agreement is declared invalid or illegal for any reason whatsoever, then notwithstanding such invalidity or illegality, the remaining terms and provisions of the Agreement will remain in full force and effect in the same manner as if the invalid or illegal provision had not been contained herein.

15. ASSIGNMENT. Program Member may not assign the Agreement. Personalized Care Practice shall have the right to assign this Agreement in accordance with the terms and conditions set forth in the Agreement and expects to assign the Agreement to a professional services corporation to be formed by Designated Physician.

16. ENTIRE AGREEMENT; AMENDMENT. The Agreement contains the entire agreement of the parties and supersedes all prior agreements and understandings between the Parties regarding the subject matter hereof. The Agreement may only be amended by a written agreement of both Parties, except that Personalized Care Practice may amend any provision of the Agreement, including these Terms, other than the term and the amount of Member Amenities Fee, by giving written notice to the Program Member at least fifteen days in advance of any such change or amendment taking effect.

SCHEDULE 1 to [Terms and Conditions of Service](#) - Personalized Care Program Services: Enhancements & Amenities ¹

1. **Program Limits.** Personalized Care Practice agrees to limit the number of personalized care members to enroll into the Personalized Care Practice to the number agreed upon between the Personalized Care Practice and Signature MD.

2. **Enhanced Appointment Scheduling Options.** Same-day and next-day appointments that are medically necessary in the Designated Physicians professional judgment are covered by Program Member health plan and are not part of this Membership Agreement and payment of Member Amenities Fee is not a condition to receipt of such medical services. When not medically necessary, Program is entitled to enhanced options for scheduling of appointments for any medical care. When Program Member requests an appointment that does not require urgent medical attention, Program Member will nevertheless be seen promptly by the Designated Physician as if Program Member had an urgent medical condition.
3. **Communication Enhancements.** Program Member will be provided with a cellular or another personal phone number, facsimile or email address for contacting Designated Physician or designee and detailed instructions on how to contact Designated Physician for non-emergency questions or requests through these means (collectively, the "Communications Enhancements.")
4. **Prompt Communication.** If Program Member desires to communicate with Designated Physician on a non-urgent issue or with non-urgent questions, then Designated Physician will communicate promptly with Program Member. Communications for urgent matters should be made by phone call to the office telephone number. Communication for non-urgent matters between the doctor or her designee and Program Member will be made within a business day and a plan will be made between the parties for any further follow-up as necessary.
5. **Enhanced Appointments.** When medically necessary, extended patient appointments shall be provided in Designated Physician's professional judgment, not as a Program Service. When not medically necessary, following each appointment with Designated Physician, additional time will be made available so that Program Member can ask additional questions relating to Program Enhancements and Amenities, alternative or investigative treatment options, vitamins, dietary supplements, nutraceuticals and other items not specific to treatment of a specific medical condition.
6. **Personal Administrative Assistant.** A representative of Personalized Care Practice will be dedicated to Program Member to assist addressing and coordinating the administrative aspects of the Personalized Care Practice and Program Services.
7. **Comprehensive Health Planning.** Arrangements will be made for Personalized Care Practice to provide a maximum of three periodic in person health planning assessments to Program Member in addition to the annual physical examination that is generally covered by health plans, to set Program Member health goals and to evaluate progress in achieving those goals. The parameters of the periodic health assessments will include only items that are not covered by Program Member's health insurance, health plan or any benefits offered by a governmental entity, including Medicare. Arrangements will also be made for the Designated Physician to be available to coach Program Member to address environmental and other obstacles to health improvement and wellbeing that are not specific to the treatment of a specific medical condition.
8. **Personalized Health Education.** Arrangements will be made to provide Program Member with regular personalized health information on topics pertinent to Program Member's health, including bulletins, health articles and website postings. Arrangements may also be made to arrange for Program Member to attend education, lecture, support group and discussion sessions, at Program Member's choice. (Additional registration fees may apply for such sessions.)

¹ Member Amenities Fees are solely for the Enhancements and Amenities listed in this Schedule that are furnished or arranged to be furnished. Physician will seek reimbursement from the Program Member's health plan only for covered medical services.