

# GVHP PrimeCARE

Contract Start Date: \_\_\_\_\_

How did you hear about GVHP PrimeCare?					
Magazine	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Radio	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other	<input type="checkbox"/> _____

For Office Use Only	
Member #	_____
Ref:	_____

PATIENT INFORMATION:				Select One of the Following	
Last Name		First Name		Middle Initial	
Date of Birth		Social Security #		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address		City		State	Zip Code
Daytime Phone #		e-mail address			
<input type="checkbox"/> Access Primary Care (\$360) <input type="checkbox"/> Basic Care Access (\$190)					

**IMPORTANT:** If you are electing GVHP PrimeCare you must select a GVHP Family Practice Office for you and your family members. Please check one of the following

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Beckwith<br>224-1515 | <input type="checkbox"/> Hudsonville<br>457-3830 | <input type="checkbox"/> Rockford<br>866-9568 | <input type="checkbox"/> Walker<br>784-4717 | <input type="checkbox"/> Wyoming<br>532-1100 |
|---|--|---|---|--|

Payment: <i>Payment must be made in full at the time of purchase. No refunds are available.</i>					
Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Check* #	
Name on Card:			Credit	<input type="checkbox"/>	Credit Card #
Total Amount Paid:			Security Code # (3 digit number on back of your card):		Expiration Date:
Date:			Representative:		

\* A \$35 NSF fee will be assessed for any checks returned for non-sufficient funds. Failure to make appropriate payments at enrollment or at the point of service (i.e. office visit co-payment) will result in the suspension of your GVHP PrimeCare package until payment is made in full.

As a Participant of GVHP PrimeCare program, the above participant understands that the program is limited to services outlined in Exhibit A. GVHP PrimeCare is a non-insured product offered by Grand Valley Health Plan's Health Care Delivery System. The individual listed on this document has enrolled and agreed to participate in the GVHP PrimeCare program.

**GVHP PrimeCare and the Participant agree to the following:**

- GVHP PrimeCare is a pre-paid program providing access to identified primary care health services, as described in Exhibit A. Services not listed in Exhibit A are not included by the Participant(s) pre-payment and;
- The effective date of this contract listed above shall continue in effect until terminated by either party in paragraph 8. The statements made by the Participant as part of the Application process are subject to verification by GVHP PrimeCare administrators. GVHP PrimeCare shall not have any obligation under this agreement if the Participant has not made the applicable payment upon acceptance of this agreement.
- GVHP PrimeCare does not coordinate with Medicare or Medicaid.
- GVHP PrimeCare does not provide insurance against any risks. GVHP PrimeCare offers Participants the option of choosing a pre-paid program to access identified primary care health services. THIS IS NOT INSURANCE.**
- Payment is on a per individual basis and is due in full upon contract signing. Below are the PrimeCare packages available:

**GVHP PrimeCare Access Pre-payment Option \$360.00**  
**GVHP PrimeCare Basic Pre-payment Option \$190.00**

- The Participant will choose a Grand Valley Family Health Center location where services will be primarily rendered. Participants are allowed to transfer one time per year to a different GVHP Family Health Center location when the transfer request is provided in writing to: 829 Forest Hill Ave, Grand Rapids, MI 49546.
- Major Disaster or Epidemic:** In the event of a major disaster or epidemic, or circumstances not reasonably within control of GVHP PrimeCare, such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, GVHP PrimeCare has no liability for delay or failure to provide services if facilities or personnel are not available in the event of a major disaster or epidemic.
- Term; Termination:**
  - Term. The term of this Agreement shall continue for one year, beginning on the effective date. This agreement shall not renew unless and until the Participant pays the applicable fee for the subsequent 12 months of services. **There are no refunds due to early cancellation by the participant.** GVHP PrimeCare reserves the right to increase the annual pre-payment amount due upon the renewal of the contract.
  - Termination
    - By Participant: There are no refunds for unused services.
    - By GVHP PrimeCare. In the event the Participant is in breach of any term of this agreement, GVHP PrimeCare may, at its option, terminate this Agreement immediately.

If you have any questions regarding this contract you may call GVHP PrimeCare administrators at (616) 949-2410.

Participant Signature: \_\_\_\_\_  
 PrimeCare Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

# GVHP PrimeCARE

## Exhibit A to the GVHP PrimeCare—Access Contract GVHP PrimeCare Access Pre-payment Option - Price \$360.00

### General Descriptions of Services

- 1. Pre-Pay Options Services** In exchange for a pre-payment, Participant can receive up to 8 visits at a Grand Valley Health Plan(GVHP) Family Health Center, GVHP Urgent Care Center, and/or GVHP Diagnostic Radiology Center. A visit is an encounter with a family practitioner, health coach, nurse, or medical assistant. (Example: A visit to a GVHP Family Health Center to see a family practitioner and a health coach and a visit to GVHP Diagnostic Radiology Center on the same day constitutes (3) three of the (8) eight total visits).
- 2.** GVHP facilities work on an appointment basis. The Participant will need to contact the number on their identification card to schedule an appointment.

A list of the specific services to which the Participant's Annual Prepayment applies appears below. It is the definitive statement of the services to be provided under this Agreement. If a service is not listed on this page, it is **NOT INCLUDED**.

### Specific Description of Services at one of GVHP's five Family Health Centers

24 Hour Nurse Advice line	Treatment of minor injuries
Most Diagnostic Lab Services**	Preventative Health Care*
Primary Care Disease State Management	Simple fracture & suture care
Tests performed at the GVHP Family Health Centers (i.e. and spirometry)	Sports Physicals
X-rays (technical and processing services)***	Health Coaching
Simple office procedures performed at a GVHP Family Health Centers	Sick Care

### Services NOT included under the annual prepayment:

- Hospital and Emergency Services (A medical emergency is generally defined as a life-threatening or disabling condition which, if not treated immediately, may result in serious physical impairment or loss of life).
- Durable Medical Equipment is **NOT INCLUDED** and must be paid for at the time of services.
- Specialist services are **NOT INCLUDED** under the annual pre-payment. Cost of medications administered by the GVHP Family Health Center and Urgent Care center are **NOT INCLUDED** and must be paid for at the time of services.
- Holistic Health care services and obstetrical care services are **NOT INCLUDED**.
- Pathology Services are **NOT INCLUDED** under the annual prepayment.
- \*Immunizations/vaccinations are **NOT INCLUDED**.
- \*\*For lab test not included but performed at GVHP locations see the fee-for-service price listing.
- \*\*\* All plain film x-rays, mammograms and ultrasounds taken by GVHP must be over-read by a Radiologist. Mammograms also must be reviewed by Computer Aided Detection (CAD) software. An additional fee applies for the over-read and CAD service. All over-read and CAD fees are **NOT INCLUDED** and are subject to change at anytime without written notice. These fees must be paid by the GVHP participant at the time of service. For current pricing or additional information regarding radiology services provided at the Diagnostic Radiology Center, please contact your Family Health Center or Customer Service.

# GVHP PrimeCARE

## Exhibit A to the PrimeCare Contract GVHP PrimeCare **Basic Pre-payment Option** – Price \$190.00

### General Descriptions of Services

1. **Pre-Pay Options Services** In exchange for a pre-payment, Participant can receive up to (4) visits at a GVHP Family Health Center, GVHP Urgent Care Center, and/or GVHP Diagnostic Radiology Center. A visit is an encounter with a family practitioner, health coach, nurse, or medical assistant. (Example: A visit to a GVHP Family Health Center to see a family practitioner and a health coach and a visit to GVHP Diagnostic Radiology Center on the same day constitutes (3) three of the (4) four total visits)
2. GVHP facilities work on an appointment basis. The Participant will need to contact the number on their identification card to schedule an appointment.

A list of the specific services to which the Participant's Annual Prepayment applies appears below. It is the definitive statement of the services to be provided under this Agreement. If a service is not listed on this page, it is NOT INCLUDED.

### Specific Description of Services at one of GVHP's five Family Health Centers

Preventative Health Care*	Treatment of minor injuries
Sick Care	Simple fracture & suture care
24 Hour Nurse Advice line	Sports Physicals
Most Diagnostic Lab Services**	Health Coaching
Tests performed at the GVHP Family Health Centers (i.e. spirometry)	
X-rays (technical and processing services)***	
Simple office procedures performed at a GVHP Family Health Centers	

### Services NOT included under the annual prepayment:

- Hospital and Emergency Services (A medical emergency is generally defined as a life-threatening or disabling condition which, if not treated immediately, may result in serious physical impairment or loss of life).
- Durable Medical Equipment is **NOT INCLUDED** and must be paid for at the time of services.
- Specialist services are **NOT INCLUDED** under the annual pre-payment. Cost of medications administered by the GVHP Family Health Center and Urgent Care center are **NOT INCLUDED** and must be paid for at the time of services.
- Holistic Health care services and obstetrical care services are **NOT INCLUDED**.
- Pathology Services are **NOT INCLUDED** under the annual prepayment.
- \*Immunizations/vaccinations are **NOT INCLUDED**.
- \*\*For lab test not included but performed at GVHP locations see the fee-for-service price listing.
- \*\*\* All plain film x-rays, mammograms and ultrasounds taken by GVHP must be over-read by a Radiologist. Mammograms also must be reviewed by Computer Aided Detection (CAD) software. An additional fee applies for the over-read and CAD service. All over-read and CAD fees are **NOT INCLUDED** and are subject to change at anytime without written notice. These fees must be paid by the GVHP participant at the time of service. For current pricing or additional information regarding radiology services provided at the Diagnostic Radiology Center, please contact your Family Health Center or Customer Service.