



**HEALTH CARD / TERMS AND CONDITIONS**

Disclaimer: The Health Card is not a health insurance card. The Health Card can only be used at St. Joseph Primary Care. It's non-transferable and does not have an expiration date. The purpose of the Health Card is a way to ensure to those who receive medical care are parishioners at St. Ann Catholic Church. Parishioners must register with St. Joseph Primary Care to obtain a Health Card. Once the registration is completed, St. Joseph Primary Care will issue a Health Card, and parishioners can access to programs like DAY OF GRACE, DAY OF CARING, annual free flu shots, annual free mammograms, annual health screenings, and health coaching. These services are available on first-comes-first-serve, and based on availability and operated by third parties.

THERE IS AN OFFICE CHARGE TO SEE A DOCTOR. FEE WILL BE CHARGED AS A NON-MEMBER. IF YOU ARE INTERESTED IN BECOMING A MEMBER, WHERE THERE IS NO OFFICE CHARGE TO SEE A DOCTOR, PLEASE JOIN THE MEMBERSHIP CARE PROGRAM (UNLIMITED OFFICE VISITS, FLEXIBLE APPOINTMENTS, NO COPAY).

HEALTH CARD FOR INDIVIDUAL	HEALTH CARD FOR A FAMILY (UP TO 4 PEOPLE)
<b>Cost: \$50</b> (ONE TIME FEE)	<b>Cost: \$75</b> (ONE TIME FEE)

HEALTH CARD FOR A FAMILY (UP TO 4 PEOPLE)	
Name	Date of birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

<b>SIGN UP FOR A HEALTH CARE (registration)</b>	Type of Payment <input type="checkbox"/> online <input type="checkbox"/> credit card <input type="checkbox"/> check <input type="checkbox"/> cash
	Type of Membership: <input type="checkbox"/> none
	Today's Date: _____
	Today payment is _____

**ACKNOWLEDGEMENT OF TERMS AND CONDITIONS**

The staff at St. Joseph Primary Care have already explained to me clearly on how the Membership Care Program (MCP) works. I have read and fully understand the "terms and conditions." At this time, I am registered to get a Health Card only. I won't be able to join the MCP. If I need to see a doctor, I have to pay as a non-member. I (1) acknowledge that St. Joseph Primary Care is a registered 501 (c)(3) not-for-profit organization incorporated in the State of North Carolina, and (2) not sponsored or part of the Roman Catholic Diocese of Raleigh or St. Ann Catholic Church, (3) the MCP is not a health insurance plan, and (4) I am responsible to pay for extra fee(s) associated outside of St. Joseph Primary Care, such as hospital visit, receive specialist care, labs (both on-site and off-site), medications (both on-site and off-site), x-rays, and other procedures, including wellness. I hereby accept and agree to abide by all the terms and conditions listed therein.

Primary contact person (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH SERVICES AGREEMENT



# MEDICAL CLINIC

at St. Ann Catholic Church

operated by St. Joseph Primary Care

O: (919) 386-6866  
F: (919) 386-6867  
WWW.STJPC.COM

4400 Falls of Neuse Rd., Suite 101, Raleigh, NC 27609  
4057 US 70 Bus. W, Clayton, NC 27520

### TERMS AND CONDITIONS

#### A. NARCOTICS & BIRTH CONTROL POLICY:

1. Member understands that St. Joseph Primary Care does not prescribe narcotic, (no exceptions), and birth control medications. In fact, because abuse of prescription narcotics has exploded into a national epidemic, accidental death from overdose of prescription narcotics now exceeds that of heroin and cocaine combined.

#### B. MEMBERSHIP IS NOT AN INSURANCE POLICY:

1. Member understands that they are purchasing a membership to an identified group in order to receive access to a discounted rate plan for medical services.
2. Discounted rate plan is being offered by St. Joseph Primary Care, Inc. and covers services provided only at their clinic location.
3. Member understands that this is NOT an insurance plan.
4. Member should NOT consider it to be an insurance plan or use it as a substitute for an insurance plan.

#### C. MEMBERSHIP RESTRICTIONS:

1. Membership is personal and is only available to persons over the age of seven.
2. The membership and benefits cannot be used by anyone apart from the individual members.
3. A health card will be issued as proof of membership.
4. In the event of misuse of a health card, St. Joseph Primary Care reserves the right to exclude the member(s) in question from the program. Such misuse may include, but is not limited to, behavior which is troublesome or shows a lack of respect towards the staff, criminal actions or actions which are generally perceived to be immoral, unethical or contrary to these membership terms and conditions.
5. Minors may not receive medical care(s) or by staff without a parent or legal guardian being present or as allowed by the North Carolina Laws.
6. Minors may not join the Membership Care Program without a parent or legal guardian being already a member of St. Joseph Primary Care.
7. Membership is non-transferable and non-refundable.

#### D. AUTOMATIC PAYMENTS:

1. Members understand their Membership Dues and Fees are paid by automatic withdraw/charge.
2. Members grant St. Joseph Primary Care, Inc. permission to make such withdraws/charges.
3. Members agree to provide St. Joseph Primary Care, Inc. with accurate and valid account information to perform such withdraws/charges.

#### E. TREATMENT EXCLUDED FROM MEMBERSHIP:

1. Prescriptions
2. Labs and medications
3. Members understand that the list below is provided for example only and does not include all of the services that are excluded from coverage under the terms of their Membership. Excluded services include: Life threatening events such as gun-shot wounds, heart attacks, and serious infections, hospitalizations and treatment with other doctors or providers at another facility that is not St. Joseph Primary Care, Inc., special diagnostic studies such as outside labs, ultrasounds, mammograms, MRI's, CAT scans, PET scans, and other special x-rays that are not provided at St. Joseph Primary Care, Inc., physical and occupational therapy, chronic pain management, psychiatric emergency management, outpatient pharmacy, work injuries and other workers compensation services and any emergency care that the attending physician or mid-level Provider believes should, in the best interest of the Member, be provided by another Facility.

#### F. MEMBER USAGE:

1. St. Joseph Primary Care, Inc. reserves the right, in its sole discretion, to cancel Membership for inappropriate use of the urgent care, multiple non-emergency after hours call, missed more than three (3) appointments without properly notify St. Joseph Primary Care, and no payment.

#### G. TERMINATION OF MEMBERSHIP:

1. Membership may be terminated by any of the following methods:
  - a. Member provides the St. Joseph Primary Care, Inc. with written notice of termination via certified letter.
  - b. Member fails to allow St. Joseph Primary Care, Inc. the authority to withdraw/charge the membership fee.
  - c. St. Joseph Primary Care, Inc. has the right to cancel Memberships at any time for any reason. If they choose to terminate the Member's Membership, that termination will become effective immediately.
  - d. Falsification of identification or failure to pay will result in immediate termination of Membership, assessment of utilization fee, full price charges for any services rendered, and the full pursuit of the legal rights held by St. Joseph Primary Care, Inc.
  - e. Members have three missed appointments without properly notify St. Joseph Primary Care.
  - f. Members must renew its membership upon it expired. Without renewal its membership, membership will terminate.

#### H. LIMITATION OF MEMBERSHIP/CHARITABLE CARE PROGRAM:

1. Members understand that the Membership and Charitable Care Program is not sponsored or part of the Roman Catholic Diocese of Raleigh or St. Ann Catholic Church.

#### I. ENTIRE AGREEMENT:

1. These Terms and Conditions of Membership constitute the entire agreement between the parties relating to the specific subject matter hereof. There are no terms, obligations, covenants, representatives, statements, or conditions other than those contained herein. No variation or modification of these Terms and Conditions of Membership or waiver of any of the terms or conditions hereof, except that St. Joseph Primary Care, Inc. may add or cease medical services it provides and included under the terms hereof, at its sole discretion will be deemed valid unless in writing and signed by both parties.

I have read and understand the "Terms and Conditions" listed above for the St. Joseph Primary Care, Inc. "Membership Care Program" Membership and agree to abide by all the terms and conditions listed therein.

\_\_\_\_\_ Yes, I have read and accept the above acknowledgement. Enter your initials: \_\_\_\_\_

Make check payable to St. Joseph Primary Care and send it to the Raleigh Office:

St. Joseph Primary Care • 4400 Falls of Neuse Rd., Suite 101 • Raleigh, NC 27609 • (919) 386-6866  
Medical Clinic at St. Ann Catholic Church • 4057 US 70 BUSINESS W, Clayton, NC 27520 (919) 300-2486