



Darren D. Phelan, M.D.

The Retainer and Total Care Practice Participation Agreement

Welcome to Dr. Darren Phelan's Retainer and Total Care Practice (the "Practice").

This participation agreement describes the Practice and summarizes the terms and conditions of your participation. If you have any questions, please call 650-326-0840. Otherwise, please sign and date this agreement and provide the information requested below.

About the Practice:

This agreement is for the purpose of creating an understanding whereby you, the patient, engage Dr. Phelan in a retainer relationship for which he will provide enhanced access and time regarding your medical care. Both the Retainer Practice and The Total Care Practice include same day appointments, increased time to discuss your medical problems and questions (in the office, by phone or by email), a yearly comprehensive physical to review problems and preventive medicine, coordination of care when you are admitted to Stanford Hospital Services or to other local hospitals.

In-office tests (EKG, urinalysis, Strep and Flu testing) and basic vaccines (Hepatitis A and B, Tetanus {Tdap}, pneumovax, influenza if indicated) are also included.

More exotic vaccines can be ordered and administered in our office at cost. The Total Care section of the practice offers 24/7 access to Dr. Phelan via cell phone and his home phone, as well as place of business and house calls if indicated.

We expect patients to be sensitive to the fact that the Practice is a shared resource. In the rare circumstance where a patient has particularly high needs (>20 office visits/year, 40 calls/year, or more than 20 hospital visits/ year), we will charge for additional visits at \$100.00/ use.

Your Rights and Responsibilities:

Your participation in the Practice is voluntary. You and your insurer will continue to be responsible for non-office related medical expenses including but not limited to blood tests, x-rays, other medical studies, other doctors' visits and hospitalization fees (other than Dr. Phelan and / or visits done by a doctor covering for Dr. Phelan) including co-payments and deductibles. We will continue to help you with authorizations as needed for medicines and tests that we order. We ask that patients provide accurate and timely information to us regarding their health, changes in their health, medications or procedures provided by other clinicians,

or other changes regarding their status of their healthcare. Our practice offers many ways (phone, visits, email, EMR, etc.) you may communicate with the physician and/or the office.

Should patients have an emergency though, they should first dial 9-1-1.

Your Personal Physician



Darren D. Phelan, M.D.

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How to Cancel Your Membership:

There is no long-term obligation to remain in the Practice. We want every patient in the Practice to be happy and satisfied with the service we provide. However, should you choose to cancel your membership, please call 650-326-0840 and notify us in writing. We will refund your membership fee prorated to the number of full months remaining in the year minus two months. During the two months following your cancellation, we will be happy to continue to care for your urgent and emergency medical needs if you wish but will subtract the 2 months fee whether or not you choose this option. At our option, refunds will be credited to your credit card or sent by check to the address you provide below.

Changes to the Practice:

We may make changes to the Practice, including reducing or eliminating amenities. If we substantially reduce the Practice without terminating it, we will notify you. If you cancel your membership within thirty days of notice of a substantial reduction in the Practice, we will refund your membership fee for the remainder of the year on a pro-rata basis for the number of months remaining in the year.

Discontinuance:

We may discontinue the Practice at any time. If we discontinue the Practice, we will refund your membership fee for the remainder of the year on a pro-rata basis for the number of months remaining in the year.

This is Not Insurance:

The Retainer and Total Care Practice of Dr. Darren Phelan are not health insurance or health benefit plan. You will continue to be responsible to pay for all medical care as outlined that is not covered by your health plan.

*I wish to participate in Dr. Phelan's Practice.
I agree to all of the terms of the Practice described above.*

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Pharmacy: _____

Signature: _____ Date: _____

Your Personal Physician