



**WASATCH INTEGRATED WELLES MEDICAL MEMBERSHIP AGREEMENT**

**MEMBERSHIP OPTIONS (Please select one)**

Monthly Fee				Members			
_____	<b>Basic Plan – Bronze</b>	_____	Single	_____	2-Party	_____	Family
_____	<b>Basic Plan – Silver</b>	_____	Single	_____	2-Party	_____	Family
_____	<b>Basic Plan – Gold</b>	_____	Single	_____	2-Party	_____	Family
	(up to 8 members)						
_____	<b>Advanced Care Plan</b>	_____	Single	_____	2-Party	_____	Family

\*Plan names are not meant as exclusionary definitions, but as general descriptions for ease in planning general care needs. Some individuals needing ongoing care, may need to, and can, select a larger visit plan.

**TERMS AND CONDITIONS**

- **Wasatch Integrated Wellness Medical Membership Program is not a health insurance policy.**
  - It does not cover any major catastrophic medical care.
  - It does not cover services given by emergency rooms, hospitals, or any practices not affiliated with our clinics.
  
- **Membership Benefits**
  - By enrolling you are purchasing a Medical Membership offered by Wasatch Integrated Wellness.
  - This membership entitles Members to receive any services provided by any of the Wasatch Integrated Wellness locations now in operation, or in operation at any future time.
  - Visits may be used at any time and is not limited to a monthly allotment, but rather a Membership allotment.
    - i.e. A Member may use none or all of their visits within the first month of Membership, the Membership fee is still deducted on a monthly basis.
  - Members may use the services for themselves, any family member (immediate and extended), or any other person the Member may request to use the services, so long as they are not on Medicare or Medicaid.
    - A visit by any person utilizing the Member’s Program must fill out the application and be listed as an additional Member.
    - Member must authorize the services for non-immediate family usage either in person at the time of visit, or in advance by contacting our clinic representative at (801) 905-1928.
  - Services are provided 5 days a week, 250 days a year during regular clinic hours.
    - Walk in for all location services.
    - Online Scheduling for all location services.
    - Call to schedule location services: (801) 905-1928.
  - For specific locations and hours of service per location please visit our website at [www.WasatchIntegratedWellness.com](http://www.WasatchIntegratedWellness.com).
  
- **Clinic visit fees**
  - \$20 fee is charged at the time of each visit with any provider in the clinic.
  - Labs, treatments, procedures, and x-rays are not included in the Membership Program, unless specifically listed.
  - The following items may carry extra charges, and are collected at the time of service:
    - Any outsourced services not provided at Wasatch Integrated Wellness clinics
    - Stem Cell Injections incur an additional fee and require a 50% down payment.
  
- **Additional Membership fees**
  - Enrollment/Processing fee is \$20 per enrollment. Returned check fee is \$20. Late fee is \$15.
  - Membership is a 12-month contract, beginning on date of enrollment into the Medical Membership Program.
  - First months Membership fee and enrollment fee must be paid to activate membership, with a credit card or an auto draft-from a valid bank account.
  - Monthly invoicing and payment with cash or check is NOT available.
  - Monthly Membership dues are paid via recurring credit card billing, or recurring bank draft (checking or savings account) only.
  - At the end of the 12-month contract, recurring payments will continue automatically on a month to month basis.

- **Cancellation & Collection Policy**

- To cancel or prevent on-going month-to-month automatic draft AFTER the 12-month contract, please contact our clinic representative at (801) 905-1928.
- Cancellation within 30 days of enrollment, if no visits are incurred, will result in a full refund minus the \$20 enrollment fee.
- Cancellation within 30 days of enrollment, if visits are incurred, will result in invoicing for each visit at the non-member cash-pay visit rate (\$105).
- Cancellation after 30 days, and before the 12-month contract ends, will result in a balance due of the remaining 12-month period.
- Cancellation will occur automatically for nonpayment after 60 days and Members will be referred to a collection agency for the outstanding balance of the 12-month contract.
  - A 35% collection fee, including, but not limited to attorney fees and interest will be added to your contract balance.
- Cancellation must be in writing with a 30-day advance notice and submitted to [info@wasatchintegratedwellness.com](mailto:info@wasatchintegratedwellness.com) or call our clinic representative at (801) 905-1928.

- **Corporate Membership**

- Corporate Membership is available via separate account set up for each company.
  - Corporate Membership visits may be utilized by any employee authorized by the Corporate Member, based on these terms and conditions.
- Corporate Memberships must be paid by the Company on a monthly basis.
- Members may transition from Corporate Memberships to Individual/Family Memberships in the event of change of employment.

- **Requirements**

- A valid picture ID is required to enroll in the Medical Membership Program.
- A valid picture ID is required at the time of service for verification of identity before receiving services.
- Members are required to have their picture taken and stored in our database for future verification.
- Members agree to allow the Wasatch Integrated Wellness team to communicate with them via email, text, and telephone.
- Anyone under the age of 18 may enroll as a member only if a parent or legal guardian is financially responsible for the minor.
- Minors must be accompanied by the parent or legal guardian to be evaluated and treated by our providers.
- Members who also have any health insurance plan that Wasatch Integrated Wellness is contracted to be a provider for, agree **NOT** to seek reimbursement of payment from their insurance plans for services received under this program. Visit [www.WasatchIntegratedWellness.com](http://www.WasatchIntegratedWellness.com) for a complete list of health insurance plans that Wasatch Integrated Wellness is a provider for.
- Per Medicare rules, anyone with Medicaid or Medicare cannot become Members of our program.

- **Services**

- Services at Wasatch Integrated Wellness are provided within the scope of specialty and family care.
- Wasatch Integrated Wellness providers reserve the right to refer ANY Members to other facilities or specialists for further evaluation and treatment as deemed necessary.
- All Members agree to follow our provider's medical advice for specialty and family care.
- Members may not dictate how our medical providers should diagnose or treat them. Members may not tell the provider what labs, tests, x-rays or referrals to order, or not to order.
- **Medical Membership Program does NOT include:**
  - Long term treatment with controlled medications
  - Substance abuse or withdrawal
  - Advanced psychiatric problems
  - DOT physicals
  - Worker's compensation

- **General Provisions**

- Wasatch Integrated Wellness reserves the right to refuse membership to any person for any reason.
- Any legal action against Wasatch Integrated Wellness, for a default of its obligations to the member, must be commenced within one (1) year from the date the default was, or should have been, discovered.
- All information required to be provided to Wasatch Integrated Wellness under this agreement should be made in writing to the following address:
  - Wasatch integrated Wellness, 141 East 5600 South, Ste 204, Murray, UT 84107.
  - Clinic representative – (801) 905-1928, [info@wasatchintegratedwellness.com](mailto:info@wasatchintegratedwellness.com)
- This agreement shall be governed by and construed under the laws of the State of Utah.
- If any provision of this agreement, or portion thereof, is determined by a court of competent jurisdiction, or declared under any law, rule or regulations to be unenforceable, then such provision will, to the extent permitted by the court or government not to be voided but will instead be construed to give effect to its intent to the maximum extent permissible under applicable law and the remainder of this agreement will remain in full force and effect according to its terms.

This agreement constitutes the entire agreement of the parties concerning its subject matter and supersedes any and all prior or contemporaneous, written or oral negotiations, correspondence, understandings and agreements between the parties concerning its subject matter of this agreement. No supplement, modification, or amendment to this agreement shall be binding unless evidenced by a writing signed by the party against whom it is sought to be enforced. No waiver of any of the provisions of this agreement shall be deemed or shall be binding unless executed in writing by the party making the waiver.

I have read and understand this entire agreement. I agree to participate in the Medical Membership Program under such terms and conditions.

**Member:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Wasatch Integrated Wellness:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_