



Rife Pediatrics PLLC
455 School St. #30, Tomball, Tx 77375
Phone/text: 281-729-4414
hello@rifepediatrics.com
Fax: 281-942-1220

Patient Agreement

rev. 3-21-2023

Sign Up Fees

All new pediatric patients are responsible for the \$150 sign up fee, which covers all children in the household who come to the initial office visit.

Each new adult patient is responsible for the \$150 sign up fee, which covers one adult's initial office visit.

The initial office visit occurs prior to any telemedicine visits for all ages.

Telemedicine Membership Costs

\$65* a month covers unlimited telemedicine visits and direct texting/calling access to your doctor for all your children ages 0 to 18 and children between the ages of 19 and 24 if they are full time students or are living at home.

\$50 a month covers unlimited telemedicine visits and direct texting/calling access to your doctor for the first adult in the household. Each additional adult in the same household is \$45 a month. Household includes adults living at the same address. (For example: each month Father pays \$50, Mother pays \$45, Grandmother pays \$45)

Payment will be set up as autodraft (via bank draft, debit card, credit card, or alternative means if approved by Dr. Rife) on the 1st, 5th, or 15th of the month. First month will not be prorated.

There is no late fee, but if payment not received by the 15th of the month, we will contact you for new form of payment but if not able to get payment by the end of the month

Telemedicine service will be canceled. Fees may apply to re-register.

*Pediatric members who joined prior to 1/1/2023 will continue to be charged at \$55 a month until further notice.

Monthly Fee and Service Offering Adjustments. In the event that the Practice finds it necessary to increase or adjust monthly fees or Service offerings before the termination of the Agreement, the Practice shall give 30 days' written notice of any adjustment. If Patient does not consent to the modification, Patient shall terminate the Agreement in writing prior to the next scheduled monthly payment.

Patients without telemedicine membership

Initial sign up will be \$150 per patient.

Families who opt not to pay the monthly telemedicine membership may pay \$100 per telemedicine visit per patient. They may contact their doctor through calling the administrative assistant or emailing their doctor. They do not have access to texting/calling their doctor directly.



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Telemedicine visits can care for:

Cough and cold, Fever, COVID, ADHD, Depression, Anxiety, Allergies, Cuts and abrasions, Flu symptoms, Sinus infections, Insect bites, Rash, Vomiting and diarrhea, Pink Eye, Asthma, Ear infections, Musculoskeletal injuries, And anything else the physician finds appropriate

While many illnesses can be managed over phone/videochat, there are limits to what can be done. In the instance that your doctor feels your child needs an in person evaluation, your doctor or a covering provider will meet you at the clinic during normal business hours. If the covering provider happens to be unavailable or your child's illness requires a higher level of care, then your doctor will help you decide the best place to seek care and will communicate with that facility regarding your child's illness.

How Telemedicine Members Contact Their Doctor:

Call 911 if:

For real medical emergencies please call 911.

Call your doctor if:

For urgent advice call your doctor

Your child is sick and you are not sure what to do

You are trying to decide if you need to take your child to urgent care or the ER

If you are taking your child to the ER - your doctor can call ahead and help you navigate the healthcare system

You may contact your doctor at any time you are concerned about your child.

Text your doctor if:

For quick basic concerns that can be easily answered, send your doctor a text. Your doctor will attempt to respond within 1 hour. Keep in mind that your doctor is caring for other patients in the office or virtually. Personal or family needs may prevent your doctor from responding as long as 12 hours. If your doctor will be unavailable for an extended time, another provider will be arranged to respond to these messages. Feel free to send a follow up text with updates. If the situation becomes urgent, call your doctor.

Email your doctor if:

For non urgent concerns please send an email that will be answered within 24 hours

When to contact Suzane Morgan, clinic manager

Call or text 281-729 4414 or email smorgan@rifepediatrics.com



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For nonclinical questions, such as scheduling, billing, policies. The clinic manager can provide the email and phone number for your doctor once you sign up for the membership.

Additional Costs Not Covered by Telemedicine Membership

Labs and X-rays - your doctor can order labs and X-rays and help you find the most economical way to get them done.

Vaccinations - if you need vaccinations for your child, your doctor may administer some vaccines at the clinic for a charge. For other vaccines, your doctor can arrange administration through pharmacies, clinics, or health departments.

Care received at outside facilities, such as specialist's office, physical therapy, and ER.

Follow Up Office Visits

Regardless of telemedicine membership status, after the initial sign up visit, all patients may schedule follow up office visits for \$100 per patient.

In office visits will be available on selected days each month, ideal for scheduling well visits, sports physicals, and addressing chronic conditions. The dates for office visits will be sent out by email and posted on the clinic Facebook page. There is some availability of office appointments for sick visits, but telemedicine visits can address sick needs in many cases.

Boundaries on Services Provided

Women's Health: Dr. Kohl provides primary care for female patients and refers to outside providers for women's health concerns; Dr. Kohl does not provide breast, genital, anal, or pelvic exams for his female patients age 10 and above. When these exams are indicated, Dr. Kohl will refer his female patients to a competent women's healthcare provider. Dr. Kohl will refer pregnant patients to a midwife or obstetrician for prenatal and delivery care. Membership fees from Rife Pediatric and Family Care do not cover services by outside providers.

Narcotics: Your doctor may choose to prescribe narcotics, but solely for cancer pain or post surgical pain. Narcotics are not kept in the office.

Erectile Dysfunction: Your doctor may choose to prescribe erectile dysfunction medication, but only for married (defined as between a genetic man and genetic woman) men.

Birth Control: Your doctor may choose to prescribe birth control pills, but only for menstrual problems or for married (see definition above) women desiring contraception.

Induced Abortions: Your doctor will not prescribe 'morning after' pills or abortifacient pills. Your doctor will not refer anyone for an abortion.

Gender Reassignment: Your doctor will not prescribe hormones or hormone blockers for the purpose of altering gender phenotype or secondary sex characteristics. Your doctor will not perform or refer for gender reassignment surgery.



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Reasons your membership will end:

You don't pay according to the timing and methods listed in this agreement:

The doctor-patient relationship is no longer mutually beneficial - one of us is not happy.
Patient or physician may cancel the service at any time for any reason.

If your doctor decides to terminate your membership, your doctor will provide 30 days notice and provide necessary medical care during that 30 days..

Nonpayment. If a Patient's account becomes delinquent for nonpayment, the Practice reserves the right to terminate the Patient's membership at any time. The Practice will give the Patient 30 days to find a new doctor, and no non-urgent care will be provided to the Patient by the Practice during that time period. No Patient terminated by the Practice for nonpayment will be accepted for future membership until all outstanding charges as well as a re-enrollment fee have been paid.

Refunds will only be given for months that have not started yet, no prorated refunds will be given.

Communications

The Practice endeavors to provide Patients with the convenience of a wide variety of electronic communication options. Although We are careful to comply with patient confidentiality requirements and make every attempt to protect Your privacy, communications by email, facsimile, video chat, cell phone, texting, and other electronic means, can never be absolutely guaranteed secure or confidential methods of communications. By placing Your initials at the end of this Clause, You acknowledge the above and indicate that You understand and agree that by initiating or participating in the above means of communication, you expressly waive any guarantee of absolute confidentiality with respect to their use. You further understand that participation in the above means of communication is not a condition of membership in this Practice; that you are not required to initial this clause; and that you have the option to decline any particular means of communication. _____ (Initial)

Email and Text Usage. By providing an email address, the Patient authorizes the Practice and its staff to communicate with him/her by email regarding the Patient's "protected health information" (PHI). By providing a cell phone number, the Patient consents to text message communication containing PHI through the number provided. The Patient further understands and acknowledges that:



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- Email and text message are not necessarily secure methods of sending or receiving PHI, and there is always a possibility that a third party may gain access;
- Email and text messaging are not appropriate means of communication in an emergency, for dealing with time-sensitive issues, or for disclosing sensitive information. Therefore, in an emergency or a situation that could reasonably be expected to develop into an emergency, the Patient agrees to call 911 or go to the nearest emergency room and follow the directions of emergency personnel;
- Email and text messages may be made a part of Patient's permanent medical record, at the discretion of the Practice.

I give Rife Pediatric and Family Care permission to text and email me.

Signature

Date

NOTICE CONCERNING COMPLAINTS: Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353, For more information, please visit our website at www.tmb.state.tx.us.

Non-Participation in Insurance

The Practice does not participate with any health plans, HMO panels, or any other third-party payor. As such, we will not submit bills or seek reimbursement from any third-party payors for the Services provided under this Agreement. If requested, Rife Pediatric and Family Care will provide a superbill listing the payments made for a patient; the patient/guardian may independently submit the superbill to request reimbursement from his private health plan if in accordance with the policies of that private health plan.

MEDICAID AND MEDICARE OPT-OUT AGREEMENT

Private Pay Agreement

I understand that Rife Pediatric and Family Care PLLC is accepting me as a private pay patient for the period of my Membership at Rife Pediatric and Family Care PLLC, and I will



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be responsible for paying for any services that I receive. Neither I nor the provider will not file a claim to Medicaid or Medicare for the services that are provided to me or my children.

Signed: _____

Date: _____

AUTOMATIC CREDIT/DEBIT CARD BILLING AUTHORIZATION

To enjoy the convenience of automated billing, simply complete the Credit/Debit Card Information section below and sign the form. All requested information is required. Upon approval, you will have the option to make monthly payments or set up a monthly auto-deduction. Payments are made directly through our secure link accessed through your electronic statement sent to your email. Your statement will include monthly fees and incidental charges which you will receive prior to any payments or deductions.

Customer(s)Name(s): _____

PAYMENT INFORMATION

I authorize Rife Pediatric and Family Care to automatically bill the card listed below as specified:

Amount: for monthly subscription and Incidental Charges;

Frequency:

Monthly Start billing on: ____/____/____

End billing when: Customer provides written cancellation

Customer's signature:

Date:

ACH AUTHORIZATION



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I, _____, hereinafter called PATIENT, hereby authorize Rife Pediatric and Family Care, hereinafter called PROVIDER, to initiate debits and/or credits to or from my Bank Account indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and or credit the same to such account. We acknowledge that the origination of ACH transactions to or from our account must comply with the provisions of U.S. law.

Please provide this originator number to your bank account so that we can successfully process the ACH: ORIGINATOR # _____

PATIENT'S Bank:

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: Account Type: CHECKING SAVINGS

This authorization is to remain in full force and effect until Rife Pediatric and Family Care has received written notification from the Patient of its termination in such time and such manners as to afford Rife Pediatric and Family Care, a reasonable opportunity to act on it.

AUTHORIZATION BY INDIVIDUAL TO SIGN/ACT ON BEHALF OF THE PATIENT

DATE

SIGNATURE