

## Paladina Health™ Membership Form



PALADINA  
HEALTH™

Please submit signed membership forms to Paladina Health Member Services via fax (1-888-972-1735) or mail: Paladina Health Member Services, 1400 Wewatta Street, Suite 350, Denver, CO 80202.

For questions, please call 1-866-808-6005 or email [MemberServices@paladinahealth.com](mailto:MemberServices@paladinahealth.com).

### Patient Information

Last Name:*	Legal First Name:*	M.I.:
Address:*	Apt#:	
City:*	State:*	Zip:*
Email:*	Employer:	Physical Gender (M/F):*
Date of Birth (mm/dd/yyyy):*	Social Security Number (SSN):*	
Language:	Ethnicity:	Race:
Phone (mobile):	Phone (home):	
Phone (work):	Preferred phone (select one): <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	

☐ I DO NOT authorize Paladina Health to use this email address to send notices related to appointments, and notices directing me to the secure online health portal to view lab results or messages from my provider. (NOTE: Paladina Health's communications will NOT include sensitive information such as mental health information or sensitive testing).

☐ I DO NOT authorize Paladina Health to send me text messaging (SMS) notifications on up-to-date account alerts and information.

Paladina Health Provider Name:\*

Paladina Health Provider Office:\*

Do you have Medicare as your primary insurance?\* ☐ Yes ☐ No

Do you receive Medicaid or state-provided medical assistance?\* ☐ Yes ☐ No

### Dependent Information (an email address must be included for spouse, partner or dependents age 18 and older)

① Last Name:*	Legal First Name:*	Email:
Physical Gender (M/F):*	Provider Name:	DOB* (mm/dd/yyyy):
Phone Number: ( ) -	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
② Last Name:*	Legal First Name:*	Email:
Physical Gender (M/F):*	Provider Name:	DOB* (mm/dd/yyyy):
Phone Number: ( ) -	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
③ Last Name:*	Legal First Name:*	Email:
Physical Gender (M/F):*	Provider Name:	DOB* (mm/dd/yyyy):
Phone Number: ( ) -	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	

*Note: Dependents' contact and mailing information are assumed to be the same as those of primary. Please contact [MemberServices@paladinahealth.com](mailto:MemberServices@paladinahealth.com) if you need to modify dependent information.*

### Patient Acknowledgments

By signing below, I acknowledge that the Paladina Health Membership Agreement, Notice of Privacy Practices and Terms and Conditions were provided and/or made available to me. I have read and agree to Paladina Health Membership Agreement, Notice of Privacy Practices and Terms and Conditions. I am authorizing myself, my spouse or partner and all dependents for whom I am the legal parent, guardian or personal representative to join Paladina Health. Depending on my eligibility, my Paladina Health Membership shall begin on the signed date.

Signature of Patient or Legal Guardian

Signed Date

\*Required information

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Welcome to Paladina Health! We are honored to be your healthcare partner and are committed to delivering quality care and service. Joining Paladina Health means that you and your provider form a partnership that focuses entirely on your health and well-being. Your Paladina Health provider is at the very center of your health care, ensuring that you're taking all the right steps toward healthier living.

By signing the Membership Agreement and engaging with a Paladina Health provider, you acknowledge that you are voluntarily becoming a patient of Paladina Health affiliated providers and their medical group and/or practice (Paladina Health). As a Paladina Health patient, services described in Section 1 will be made available to you pursuant to the terms of this Membership Agreement.

## 1. Our Services

As a patient, you are eligible to receive primary care, preventive care, and urgent health care services as offered by your Paladina Health provider. Paladina Health has prepared a detailed services list summarizing the available health care services offered to patients. The services list is available online at [www.paladinahealth.com/services](http://www.paladinahealth.com/services) on the online health portal, on-site at a Paladina Health office location, or via the Paladina Health Member Services team. During the term of this agreement, the health care services provided by Paladina Health may be subject to change. Changes, if any, shall be reflected on the detailed services list.

At this time, Paladina Health is not credentialed with government health programs, such as Medicare, and we cannot provide care for patients who are covered by Medicare Part B as their primary insurance.

By entering into this Membership Agreement, you acknowledge that Paladina Health does not provide comprehensive health insurance coverage. Paladina Health provides only the health care services specifically described herein.

## 2. Fees and Payment

Most, but not all, of the services listed above in Section 1 are covered by a monthly membership fee paid for by your employer and are subject to the limitations set forth in this Membership Agreement. Per IRS regulations, if you participate in a high-deductible health plan with a health savings account feature, you may be required to pay on a fee-for-service basis for certain primary care, nonpreventive care, and urgent care services until your deductible has been satisfied. If you do not pay on a fee-for-service basis for these services, you may lose your ability to contribute to your health savings account during your membership.

### Employer/Health Plan Payment Responsibility

If your employer or health plan has an arrangement with Paladina Health whereby your employer or health plan is responsible for paying the monthly membership fee to Paladina Health, you will not be responsible for the monthly membership fee requirements in this Membership Agreement, and Paladina Health will not have any recourse against you for nonpayment of the monthly membership fee. In the event that the arrangement between Paladina Health and your employer or health plan is terminated, or you cease to be employed by your employer or covered by your health plan, this Membership Agreement and the payment responsibility associated with it will need to be modified. You will have the option to maintain your Paladina Health membership and you will be responsible for the monthly membership fee.

- a. In the state of Washington, Paladina Health cannot enter into payment relationships whereby a health plan is responsible for paying the monthly membership fee.
- b. Some health care services provided by Paladina Health are not covered by the monthly membership fee (non-covered health care services). The Paladina Health fee schedule will be provided to you upon your request. Paladina Health may amend the fee schedule from time to time in its sole and absolute discretion and without prior notice.

## 3. Billing and Insurance

Paladina Health provides only the health care services specifically described herein and is not a health care insurance plan. If you request or receive a non-covered health care service from Paladina Health, a claim will be submitted to be paid by your health plan (or other third party). In the event your insurance does not cover the procedure or service billed, the liability will then fall to you, the patient. In this event, you will receive a bill from Paladina Health directly for the non-covered services rendered.

- a. In authorizing Paladina Health to submit a claim to be paid by your health plan or other third party, you hereby assign to Paladina Health your rights to receive payment from any third party for the provision of health care services by Paladina Health. You acknowledge and agree that Paladina Health may receive payments directly from any third party for the non-covered health care services provided to you by Paladina Health. You authorize Paladina Health to release any information needed to determine benefits payable by a third party or their agents. In the event that you receive any payment from a third party for a non-covered health care service, you agree to turn over the payment in full to Paladina Health.

In certain circumstances you may be asked to pay for the non-covered service(s) at the time the service is provided. You may then request from Paladina Health a claim form that you may submit to your health plan (or other third party).

## 4. Your Medical Information

Your privacy is very important to us and you control the use of your personal information. Paladina Health has put important safeguards in place to make sure your medical information is protected and safe to maintain its confidentiality. Having access to your medical information will help your Paladina Health providers give you the best care possible and ensure we have the most up-to-date information about your health. Therefore, as allowed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer-sponsored group health plan and its contractors and agents (Health Plan) may electronically share with us your health-related information (including your “protected health information” as defined by HIPAA). To learn more about our Notice of Privacy Practices, visit <https://www.paladinahealth.com/notice-privacy-practices> or contact Paladina Health Member Services to obtain a copy.

Your medical information may be shared with a health information exchange (HIE) system in the state that you reside. HIE allows health care providers and patients to securely share and access medical information electronically. You have the option to opt-out and prevent your health information from being viewed from your state's HIE system. If you choose to opt-out, your providers may not have immediate access to all of the important information needed to make the best decision about your healthcare. You may request to opt back in at any time. To learn more about your opt-out and opt-in options, contact your Paladina Health office.

A Healthcare Effectiveness Data and Information Set (HEDIS) is used to measure performance on care and service. Under the Health Insurance Portability and Accountability (HIPAA) Privacy Rule, a healthcare provider is permitted to release protected health information (PHI) to a health plan for HEDIS purposes without patient consent or authorization. HEDIS data is reported collectively and will not include specific individual patient identifiers.

## 5. Digital Communication

Paladina Health offers members the ability to send and receive emails to and from their care team via the online health portal. While Paladina Health takes many precautions to protect your information and the security of the emails we send, there are still risks and we cannot guarantee all digital communications are secured and confidential. We recommend you do not send sensitive information through mobile text messages. Text messages can remain stored on portable mobile devices for an indefinite period of time and may be exposed to unauthorized third parties. You are responsible for protecting your email account password, mobile device or other means of access to your email. Paladina Health is not liable for improper disclosure of confidential information that is not caused by Paladina Health's misconduct. You are responsible for informing Paladina Health Member Services if you want to cease or limit communications with Paladina Health. You may do so at any time without reason or explanation. By signing this agreement, you acknowledge and are voluntarily accepting this risk.

## 6. Terms and Termination

This Membership Agreement shall begin upon the Signed Date and shall continue until it is terminated by your employer/health plan, you, or Paladina Health. Paladina Health may terminate this Membership Agreement at any time, subject to any professional obligations. This Membership Agreement is non-transferable and nonrefundable.

You have the option to terminate the Membership Agreement at any time. In order to terminate this Membership Agreement you must complete, sign, and submit (via U.S. mail, overnight carrier, email or fax) to Paladina Health a Membership Cancellation Form or contact Paladina Health Member Services directly. A copy of the Membership Cancellation Form can be obtained at a Paladina Health office or by contacting Paladina Health Member Services. The date of termination shall be immediate unless otherwise requested. No refunds shall be made if you terminate this Membership Agreement as all fees paid are non-refundable.

When you schedule an appointment with Paladina Health, we set aside time to provide you with the highest quality care. We understand that there are times you will miss an appointment due to an emergency or unplanned obligation. However, when you do not notify us, you may be preventing another patient from seeing their provider. As part of the patient-provider relationship at Paladina Health, it is a critical part of your care to be present during your scheduled appointment. Should you need to cancel or reschedule an appointment, please contact your provider's office 24 hours in advance. Paladina Health reserves the right to terminate your membership at any time due to excessive no-shows.

## 7. Our Terms

If any term, provision, covenant, or condition of this Membership Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will remain in full force and effect and will in no way be affected, impaired or invalidated.

This Membership Agreement will be governed by and construed in accordance with the laws of the state in which the medical office of your Paladina Health provider is located. To learn more about our Terms and Condition, visit <https://www.paladinahealth.com/terms-conditions> or contact Paladina Health Member Services to obtain a copy.

If you have a complaint, please contact your Paladina Health office directly or in any of the following ways:

Email: [MemberServices@paladinahealth.com](mailto:MemberServices@paladinahealth.com)

Phone: 1-866-808-6005

Mail: Paladina Health, Attn Member Services, 1400 Wewatta Street, Suite 350, Denver, CO 80202

## 8. Non-discrimination

Paladina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, physical gender, sexual orientation, or gender identity. Paladina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, physical gender, sexual orientation, or gender identity.