



Consent for Patient Care and Entity Partner Agreement

Wonder Medicine

Updated: 1/1/2023

This is an agreement between Wander Medicine pLLC (Wonder Medicine) located at 3366 W Overland Rd, Boise, Idaho 83705 and you, patient or legal guardian of the patient. If patient care is paid for by an Entity who also has a stake in the patient's health, that entity must also sign this agreement. Those individuals or entities which fail to uphold this agreement will no longer be permitted to receive care at Wonder Medicine clinic.

Background

The physicians, nurse practitioners, nurses, and medical assistants (collectively “medical staff”) at Wonder Medicine practice medicine and deliver medical care in Boise, Idaho in exchange for certain fees paid by you, the patient, legal guardian of the patient, or the patient’s employer. By signing this contract, the patient agrees (freely gives consent) to receive medical care from the medical staff with all potential benefits, risks, and adverse outcomes associated with that care. Any entities contracting Wonder Medicine for the purpose of providing care for their workforce must also sign this consent form. A partnership between the patient, their providers, and their employers, is important to assure the safety of any workforce. Below is a list of the most important rules at Wonder Medicine clinic.

- 1) Do the work (getting better takes hard work, discipline, and a commitment to one's health)**
- 2) Be polite to the staff**
- 3) Pay at the time of service**
- 4) All sales are final**
- 5) Wonder Medicine reserves the right to refuse service at any time and for any reason**

Privacy & Communications

You, as the patient, legal guardian of the patient, or the patient’s employer, acknowledge that communications with the medical staff using e-mail, facsimile, video chat, instant messaging, and cell phones, are not guaranteed to be secure or confidential methods of communications. Wonder Medicine will make an effort to secure all communications via passwords and other protective means, and these will be discussed in an annually updated Health Insurance Portability and Accountability Act (HIPAA) “Risk Assessment”. Wonder Medicine will make an effort to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and be in compliance with HIPAA Business Associate Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption. Many



communication platforms, including email, will be made available to the patient. If the patient initiates a conversation in which the patient discloses “Protected Health Information (PHI)” on one or more of these communication platforms, the patient has then authorized Wonder Medicine to communicate with the patient regarding PHI in the same format.

Email, Text, and Other Clinic Communication

By signing this Consent/Agreement, the patient or entity gives Wonder Medicine permission to send periodic emails, texts, and other forms of communication to any email address, phone number, or other communication platform provided by the patient or entity to Wonder Medicine. Patients and entities have the ability to opt out of such communications at any time following a written request in the form of email or letter.

Handouts, Educational Materials, and Protocols are for Patients and Business Partners Only

Wonder Medicine provides patients and occupational partners with handouts, educational materials, and protected company protocols to facilitate excellent care. These resources are meant solely for the patient or entity to whom they have been given. Any copying, publishing, redistribution, or other reuse of educational materials, handouts, or protocols provided to you, without expressed written consent from Wonder Medicine, is strictly prohibited and punishable by law. Any information written on the wondermedicine.com blog or fullscope.org is available for all and may be redistributed with proper citation.

Education for Future Healthcare Workers, Scientists, and Other Learners

Wonder Medicine takes pride in educating future medical assistants, lab technicians, undergraduate science majors, nurses, physicians, and other clinical providers. As such, certain students, residents, and other trainees, may be involved in your care. Wonder Medicine sincerely thanks you for participating in the education of these future providers. By signing this document, you give Wonder Medicine permission to allow trainees to be involved in your care.

Pricing, Price Changes, and Available Services

Affordable and transparent pricing is one of the cornerstones of Wonder Medicine’s philosophy. However, prices in the healthcare industry are constantly changing. Supplies, medications, and equipment often, and unpredictably, become unavailable. To account for a constantly changing environment, Wonder Medicine reserves the right to change any of its prices at any time. Such price changes will be made at the sole discretion of Wonder Medicine and are not negotiable. Any existing patients/ entity partners will be notified, in writing, at least 7 days prior to any such price change related to services to be rendered. Price changes regarding medications, labs, and other real products received, will be discussed with the patient/ entity partner immediately prior to any such transaction and may change daily. The prices listed on wondermedicine.com



are subject to change. For the most up-to-date pricing, please enquire at the time of services. Wonder Medicine reserves the right to add or remove any services, at any time, and without notice. If Wonder Medicine has agreed to provide such a service to you or your workforce, Wonder Medicine will continue to provide such a service for at least 30 days after notification of cancellation via a written letter is received from the patient/ entity.

Medical Insurance

Wonder Medicine does not accept any form of medical insurance and cannot provide services to individuals covered by Medicare or Medicaid, that these entities would otherwise pay for (per Medicare Law). In addition, Wonder Medicine does not offer any assistance with billing, processing, or collection of insurance claims. Wonder Medicine does not provide ICD or CPT codes for services, supplies, medications, or other tangible goods provided and received. Please do not expect any assistance or support from Wonder Medicine clinic and staff regarding any medical insurance, managed care plans, or other “insurance” type products. Custom service invoicing is available:

- Primary care members may have the last 3 months of records provided to them free of charge. For records more than 3 months prior, a \$50 administration fee will be charged per 3 month quarter for desired services.
- Non primary care patients/clients may have their records provided to them in 3 month quarterly batches. Each quarterly batch will require a \$50 administration fee to be charged prior to receiving the requested records.

Data and Research

Wonder Medicine is committed to continued improvement through constant learning. At all times, Wonder Medicine is tracking data, analytics, and research involving our providers, our clinic, our patients, our clients, and future patients. By signing this agreement, both patient and/or entity partner agree to allow Wonder Medicine clinic ownership of any data obtained by Wonder Medicine as a result of our relationship. However, both patients and entities have full access to their records at any time; or one final time, following termination of services with Wonder Medicine. Wonder Medicine is constantly performing research on our patients, and their outcomes, in order to improve the care of future patients. By signing this agreement, the patient and/or entity gives Wonder Medicine permission to collect personal data and use identified health information for research, clinic improvement, and medical knowledge purposes.

Wonder Medicine Clinic Responsibilities

- Provide an expert level of medical care to our patients.
- Direct patients to the appropriate care settings when their needs exceed our ability to care for them.



- Provide patients with full-cost transparency prior to any care rendered. Pricing information can be found on our website, wondermedicine.com.
- Provide patients with the risks and benefits of any intervention, prior to providing such an intervention.
- Constantly educate and better ourselves to facilitate the betterment of our patients and community.
- Advocate for noninvasive interventions whenever possible. This includes minimizing the use of medications and surgical procedures whenever possible.
- Never put financial gains or incentives above the health and well-being of the patients we hope to serve.
- Avoid partnerships with entities that put their financial gains above the health and well-being of patients in our current medical industrial complex.
- Be completely honest and transparent with patient and entity partners regarding health, prognosis, potential causes for adverse health problems, and any other parameters related to patient care.
- Agree to counsel patients and make health plans as Wonder Medicine Providers would want such health plans and counseling to be performed on our own family members and other loved ones. This allows us to balance the benefits, harms, and financial implications of any medical decision.
- No practicing defensive medicine. This means Wonder Medicine will not recommend escalation of care, additional testing, or excessive treatment solely to protect ourselves from future litigation. Wonder Medicine will do what is clinically indicated at the time and inform patients regarding any risks to the best of our ability. Medical problems and adverse health outcomes are unpredictable and occur even in the presence of optimal medical care. Wonder Medicine asks both patients and entity partners to be aware of this and have reasonable expectations regarding clinical outcomes, safety, risk, and liability.
- Help to better our patients, employees, community, and environment.

Patient Responsibilities

- I agree to pay for the care I receive at the time of service, knowing that Wonder Medicine does not accept any forms of medical insurance.
- Patients covered by Medicare and Medicaid cannot receive care at Wonder Medicine, for services which these entities would otherwise pay for. It is the patient's responsibility to confirm with Medicare and/or Medicaid regarding pay for a given service, diagnostic, lab, vaccine, medication, and/or treatment before seeking care at Wonder Medicine clinic. Patients with Medicaid or Medicare will be denied service in most instances,



except for travel health and a few other selected services, which these entities do not cover.

- The patient agrees to pay the \$50 (\$150 for New Patient Consultations, Ketamine Consultations, Provider Visits, FAA Physicals) “No Show” fee should they schedule an appointment and fail to cancel at least 24 hours before the appointment or arrive more than 10 minutes after their scheduled appointment.
- The patient agrees to disclose any and all health or health related issues they have to the extent of their knowledge.
- The patient agrees to provide any relevant past issues and outside medical records regarding their care. It is not Wonder Medicine’s responsibility to acquire the patient’s past medical records.
- The patient takes responsibility for their records and their care. It is their responsibility to access and provide their records to those outside of Wonder Medicine providing care for them.
- The patient is committed to understanding their medical problems and plans of care.
- The patient agrees to know and understand all of the medications which they are taking and what they are for. This includes prescription and over the counter medications as well as supplements, vitamins, minerals, and other non-prescription medicinal therapies.
- The patient agrees to follow the care plans provided to them and to be honest with the medical staff when they have deviated from the plan.
- The patient’s understanding of their own health is paramount, and they understand that failure to do so will result in suboptimal care at Wonder Medicine and outside health facilities.
- Any harm done to the patient, as a result of their failure to provide accurate health information, is the fault of the patient. They will not seek retaliation against or remuneration from Wonder Medicine following such harm.
- It is the patient’s responsibility to keep Wonder Medicine updated on their personal and emergency contact information.
- It is the patient’s responsibility to provide accurate payment information. Late payments over 30 days will accrue a 10% interest fee per month for all outstanding balances. If we do not receive payment within 60 days, membership will be up for termination and outstanding balances may be turned over to collections. Patients with late payments will not be eligible for appointments with providers until appropriate payment has been collected.
- The patient gives Wonder Medicine permission to collect late payment via any means necessary and available.
- The patient understands that if they are dissatisfied with their care for any reason, they



should contact the medical director, by contacting Wonder Medicine during scheduled clinic hours.

- The patient understands that the Wonder Medicine staff reserves the right to refuse any service at any time.
- The patient understands that the products listed on the Wonder Medicine website are for informational purposes only and are not intended to diagnose, treat, cure, or prevent any disease or illness.

Occupational and Other Entity Partner Responsibilities

- Care deeply about the health and wellness of your employees, contractors, and workforce.
- Supply your workers with ample protective equipment and work environments that will not endanger their long and short-term safety.
- Agree to follow the surveillance protocols recommended by Wonder Medicine and agree to disclose whenever failure to meet surveillance protocols occurs.
- Agree to follow regulations as set forth by OSHA (Occupational Safety and Health Administration).
- Pay Wonder Medicine as negotiated, within 30 days of being invoiced. If payment is not received, a late fee will be assessed. Unpaid invoices will continue to accrue interest.
- If payment occurs on a recurring basis or by due date and payment is missed by > 1 week, a late fee will be assessed. Unpaid fees will accrue interest.
- The patient agrees to pay the \$100 “No Show” fee should they schedule an appointment and fail to cancel at least 24 hours before the appointment or arrive more than 10 minutes after their scheduled appointment.

Primary Care Membership Agreement

- Each membership must be paid monthly or annually. Any payment missed will result in a late fee and unpaid fees will accrue interest. In the event that 2 payments are missed, Wonder Medicine reserves the right to remove the patient’s membership privileges.
- Members may cancel their membership at any time. In order to cancel, the “Membership Cancellation Form” must be filled, signed, and returned to Wonder Medicine clinic. Payment and canceling policies also apply to the Infusion Membership. Any recurring membership payments made before the date of termination/date on which termination paperwork is received are non-refundable.
- Membership provides around-the-clock access to medical care. If a patient abuses access by not participating in their own care, contacting the clinic or its providers unnecessarily and repeatedly (per the “How to Member Phone”, being dishonest with



providers, missing more than 2 appointments without notification, engaging in rude or inappropriate behavior to the staff at Wonder Medicine, or any other offense that could be seen as abusive to the clinic or its providers, such patient will lose their membership and any privileges associated with membership.

- Contacting providers, between the hours of 7 PM and 7 AM, is for urgent matters and emergencies only. If care cannot wait until the following morning, or if the patient is considering visiting the emergency department, please call the on-call provider. Patients who contact providers between 7 PM and 7 AM more than 2 times for non-emergent problems, may lose their membership at the full discretion of Wonder Medicine clinic.
- Wonder Medicine reserves the right to deny any patient membership for any reason, based on the sole discretion of the providers.
- The patient agrees to inform Wonder Medicine immediately if the clinic or its providers have caused them harm or dissatisfaction in any way. We pride ourselves on constant improvement. If you are unhappy with your membership, please let us know why so that we can improve your experience in the future.

Occupational and Travel Medicine

Keeping individuals and patients healthy and safe in potentially dangerous or foreign environments is Wonder Medicine's principle goal with regard to occupational and travel health. Any time a person enters a hazardous or unknown environment, considerable risks are inherent and often unavoidable. Workers, travelers, and entity representatives must accept these risks, any subsequent harms incurred, or any other unforeseen effects (positive, negative, or life ending) in their entirety. By signing this form, both the patient and any entity representing them agrees to disclose all potentially hazardous exposures, working environments, working practices, activities, travel plans, adventure plans, and/or any other potentially dangerous people, places, or things that could affect the safety of the worker or traveler. Failure to fully disclose potential hazards will result in suboptimal care. Workers, travelers, entity representatives, and anyone else signing this form, take responsibility for any dangerous hazards encountered. Wonder Medicine will try to minimize dangers and provide surveillance regarding adverse health effects as a result of such dangerous hazards, to the best of our ability. These hazards and any subsequent health effects, including death, loss of limb, life changing illness, or disease - both physical and mental, are the sole responsibility of the individuals and/or entities signing this form.

Consent to Receive Vaccination, Laboratory Testing, Infusion Therapy, Medical Therapy, or Procedural Therapy Provided in Clinic, or Outside the Clinic, on Wonder Medicine's Behalf

Wonder Medicine provides diagnostic testing, body fluid acquisition for laboratory testing,



medications, infusions, vaccinations, and procedural care to its patients. Any time any diagnostic or treatment is administered to a patient, inherent risks are present. Wonder Medicine will do everything we can to minimize risk and adequately inform patients of such risks. Wonder Medicine will utilize medications, infusions, vaccinations, and procedures known to provide benefit, for which risks are acceptable both to providers and patients. By signing this form, the patient agrees to accept all of the benefits, risks, and adverse outcomes associated with any diagnostics, medications, infusions, injections, vaccinations, procedures, or other hands-on care received while at or under the care of Wonder Medicine which can include but is not limited to: dizziness, bleeding, damage to internal organs or other body tissues, nausea, bruising, headache, fever, swelling, and/or infection. If the patient develops any symptoms at any time following their care at Wonder Medicine, they agree to contact their primary care provider or present to the hospital.

Payment Agreement

At Wonder Medicine we pride ourselves as being as transparent, fair, and affordable as possible. We welcome people from all walks of life to be a member of our practice. We agree to keep the patient informed at all times of price changes and are willing to work with them to make healthcare affordable. All credit card information will be kept confidential and no one will have access to the patient's account but the medical staff at Wonder Medicine.

- The patient understands that Wonder Medicine does not accept any insurance, including Medicare and Medicaid, or bill out to any third party.
- If there is a payment decline, the patient will be contacted by Wonder Medicine staff via phone and email. The patient will have 60 days after their initial payment decline to update their payment method. If there is no response after 60 days, the patient's membership will be terminated.
- The patient understands that updated billing information received after 60 days and membership has been terminated, full payment will be required with an additional 10% interest fee in order to renew membership.
- The patient understands that all payments are due at the time of service. If payment method declined more than 2 times in a 6 month period, there will be a \$20 billing fee charged per subsequent declined payment.
- The patient understands that they will not be eligible for appointments with our providers until there is an accurate payment method in their profile.
- The patient agrees to pay the \$50 (\$100 for Occupational Physicals) "No Show" fee should they schedule an appointment and fail to cancel at least 24 hours ahead of time or arrive more than 10 minutes after their scheduled appointment. A second missed appointment will result in a \$50 "second No Show" fee. Three missed appointments will



most often result in termination of membership. If a patient who is not a member misses 3 or more appointments they will no longer be allowed to schedule visits at Wonder Medicine.

- You may request a free copy of your medical records within 30 days of the Membership Cancellation effective date or within 30 days of your last appointment at Wonder Medicine clinic. After 30 days, there is a \$25 fee for each additional copy of your medical records.



Conclusion and Agreement Statement

By signing this document, I, the patient, legal guardian of the patient, or the entity I represent, understand and agree to adhere to all of the information outlined in the **Wonder Medicine Notice of Privacy Practices** and **Wonder Medicine Consent for Patient Care** found on the Wonder Medicine website. I authorize Wonder Medicine and the medical staff to provide care for me and/or my workforce. I give my consent for any preventative care, diagnosis, treatment, or other interventions, rendered by Wonder Medicine. I agree to pay for these services at the time of service. I understand that medical care has risks, and I accept responsibility for such risks. I will not attempt or seek retaliation against, or remuneration from, Wonder Medicine or its medical staff, except in the case of gross negligence, intentional harm, or breach of the responsibilities as outlined in this agreement. Additionally, the Consent for Patient Care and the Notice of Privacy Practices will be updated from time to time, as needed, by Wonder Medicine Clinic. By signing this form, the patient, patients representative, or entity representative agrees to the terms and

Patient Name: _____

Patient Signature: _____

Entity Name: _____

Entity Representative Signature: _____

Wonder Medicine Provider Signature: _____

Date and Time: _____