

**DR. LORNE S. STITSKY**  
**4601 Military Trail, Suite 209**  
**Jupiter, Florida 33458**  
**(561) 779 - 1520**

## **Personal Choice Family Practice Membership Agreement**

This agreement specifies the terms and conditions under which the undersigned member, may participate in the Personal Choice Family Practice of Jupiter, LLC membership program. This agreement will become effective as of the date set forth at the end of this agreement.

### **Membership Plan Benefits**

- \* **Personalized Healthcare**
- \* **24/7 contact with Dr. Stitsky**
- \* **Minimal to no waiting time for appointments**
- \* **Same-day appointments**
- \* **Private living room with cable TV, food and drink**
- \* **Assistance in handling medical needs while traveling**
- \* **Blood draws in the office**
- \* **Prescription services**

**The member acknowledges that these amenities are not covered by insurance plans are not reimbursed for by the member's insurance and/or other health plans.**

### **Renewals and termination of membership**

The annual membership fee covers a period of one year (12 months) from the time and date of the signed agreement between you, the member and Dr. Lorne Stitsky, owner of Personal Choice Family Practice of Jupiter LLC. Failure to pay the renewal of your annual membership fee within 45 days of the anniversaries of the expiration date, will result in automatic termination of the membership of the program and lost benefits associated with his plans. If the membership is paid up front and in full, and canceled within the first six months of the initial start date; there will be a \$500 per member cancellation fee assessed. The members/members will also be charged for any office visits for services rendered up to the date of cancellation. After six months of the initial start date, the member/members will be reimbursed for any unused portion of their membership. If the membership is paid monthly; the first and last month will be the property of Personal Choice Family Practice of Jupiter LLC and the membership will be canceled on the 15<sup>th</sup> of the month of that members signed cancellation agreement.

Upon receipt of this agreement and the payment of the membership fee, Dr. Lorne Stitsky will have the option, and his sole and absolute discretion, to not accept this agreement and to return your payment to you

### **Excluded Medical Services:**

The annual membership fee covers only the previously defined amenities stated above. Only the services listed in this agreement will be covered under this contract. In the case where healthcare services excluded from the annual membership fee are provided by Dr. Lorne Stitsky, the member and/or the members insurance carrier will be financially responsible for these charges including co-payments and deductibles.

### **Notices:**

Any communication required or permitted to be sent under this membership agreement shall be in writing and send via fax or via certified mail, return receipt requested, to the address set forth below. Any change in address shall be communicated with the provisions of this section. If the member wishes to send e-mail communications to and receive e-mail responses from Dr. Lorne Stitsky; and members should be aware that e-mail is not a secure medium for sending or receiving sensitive personal health information. Although Dr. Stitsky will take steps to keep your communications confidential and secure, the confidentiality of e-mail communication cannot be assured or guaranteed in. The member acknowledges and understands that, at the discretion of Dr. Stitsky, e-mail may become part of the members permanent medical record.

### **Governing Law:**

If there is a change of any state or federal law, regulation, or rule that affects this agreement or the activities of either party under this agreement, or any change in the judicial or administrative interpretation of any such law or regulation or rule and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights or obligations under this agreement. That party may upon written notice, require other party to enter into good faith negotiations to renegotiate the terms of this agreement.

If the parties are unable to reach an agreement concerning the modification of this agreement within the earlier of 45 days after the date of the notice seeking renegotiation or the effective date of the change, or if the change is effective immediately, then either party may immediately terminate this agreement by written notice to the other party.

This membership agreement shall be governed by and in accordance with the laws of the State of Florida.



Should a member need to be admitted to a hospital and Dr. Lorne Stitsky is on vacation, arrangements have been made with local physicians to cover his “membership patient” admissions at Jupiter Medical Center, Palm Beach Gardens Medical Center and Columbia Hospital in Palm Beach County, Florida. All contact information for Dr. Lorne Stitsky is listed on each member’s “Personal Choice” membership card.

**House Call Demographics:**

The following cities will be included in the Personal Choice Family Practice of Jupiter LLC “House call” program:

- Abacoa
- Juno Beach
- Jupiter (not including Jupiter Farms)
- Jupiter Island
- North Palm Beach
- Palm Beach Gardens
- Palm Beach Shores
- Singer Island
- Tequesta.

**Annual “Personal Choice Membership Plan” Fee:**

- \$1,500 per individual
- \$2,500 per couple
- \$3,000 per family of three (couple with one child under the age of 18)
- \$3,500 per family of four (couple with two children under the age of 18)  
(\$500 per year for each additional child under the age of 18)

**Annual “Platinum Choice Membership Plan” Fee**

- \$3,000 per individual
- \$5,000 per couple
- \$6,000 per family of three (couple with one child under the age of 18)
- \$7,000 per family of four (couple with two children under the age of 18)  
(\$1000 per year for each additional child under the age of 18)

**Annual membership fee payable to “Personal Choice Family Practice of Jupiter”.**

Only those benefits listed in the above contract will be covered under this agreement. Patients will still be responsible for any additional fees incurred or any services not rendered under the above membership plan. i.e. blood work, diagnostic testing, specialist appointments, injectable medications, prescriptions and hospitalizations or surgeries.

**PAYMENT OPTIONS:** check one

\_\_\_\_\_ check, credit or debit card for full payment of annual membership.

\_\_\_\_\_ Payment plan Option: (first and last month down with remainder of balance paid over the next 10 months.)

Circle one:      Visa / Master Card / American Express / Discover / Debit

Card Number: \_\_\_\_\_

CID (located on the back of card) \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Accepted by Lorne Stitsky, D.O., President  
Personal Choice Family Practice of Jupiter, LLC.**

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Lorne S. Stitsky, D.O.

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Effective Date