



NON-MEMBERSHIP ACKNOWLEDGMENT

I acknowledge that I have been made aware of the benefits of membership with Summit Health Group and have chosen to waive the benefits and not pay the annual membership fee. I understand that by waiving the membership, I am required to keep a credit card on file with Summit Health Group to charge for payments owed to my account for any non-membership fees or services rendered at this office. I understand that Membership is optional and will not impact my access to any medical care.

I further acknowledge that by waiving my membership benefits, Summit Health Group will charge my credit card for any Form Fees (i.e. Sports Physical, Employer Forms, Disability Forms, etc.) and if applicable, any Medical Management **provided by phone or portal messaging** (i.e. discussion of abnormal lab results, questions or changes to medications, adverse reactions, follow up questions, etc.) prior to any services being rendered.

Complexity Level

LOW

- Short Form requiring Doctor signature only or brief call with low complexity Medical Mgmt \$50

MEDIUM

- Long Form requiring review and medical information entry or call requiring moderate complexity Medical Mgmt \$75

HIGH

- Phone Consultation requiring high complexity Medical Mgmt \$150

Signature: _____ Date: _____

Printed Name: _____