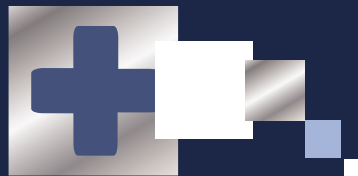


A Personal Approach to Health Care

BART PRICE, M.D.
PETRA TRAVNICEK, M.D.



CONCIERGEMEDICAL
SERVICES

1250 S Tamiami Trail, Suite 301, Sarasota, FL 34239 | 941-365-1321

OUR CONCIERGE PROGRAM

We offer a concierge program for those patients interested in a greater focus on wellness and prevention. We deliver an annual preventive exam and extended office appointment times for follow up visits.

Both older and younger patients alike have been enthusiastic about the convenience and personalized service of the concierge program. Our patients have appreciated punctual and unhurried visits. They value the time we take on the telephone with them and their families. Travelers, business professionals and students have given us high marks for service provided by telephone and e-mail when they have been far from home.

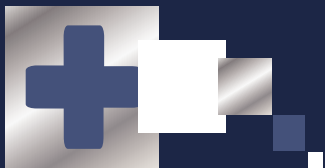
Whether you are completely healthy or have medical conditions, there is no better investment than your health. A physician that really knows you and is there for you is key to the excellent and convenient care you deserve. The annual membership fee for the program can be made payable via credit card, check, or automatic deduction. There are easy payment plans available. For details call our office at 941-365-1321.

SERVICES

Each member will receive an annual comprehensive physical examination including your bloodwork and EKG, and a breathing study. This is the only service included in the membership. Your adult children may be included at no cost from age 17-23.

- Annual Health Assessment ▪ Comprehensive annual screening examinations
 - Same day or next day appointments
 - Scheduled appointments for one or two patients per hour
 - Physician availability 24/7 by personal cell phone
- Program benefits at no additional charge for children 17-23 of member parents
 - Electronic Medical Profile Device for carrying your medical information
 - Insurance claim facilitation ▪ Physician e-mail correspondence
 - Physician-to-physician coordination of specialty referrals
 - Medical information and health counseling for medical travel
- A team approach to wellness and prevention ▪ Nutritionist Consultation.





ENHANCED COORDINATION OF REFERRALS

What happens to you medically outside the office is as important to me and my staff as it is to you. We help you coordinate your specialty care and diagnostic needs. Not only can we help you schedule these services, but we will follow up to get the results quickly and review them with you. When needed we will help you with specific specialist appointments.

CM MEDICAL PROFILE DEVICE

Members are provided a membership card with a USB port that will contain a copy of your annual physical, list of medications and allergies, and copies of your annual laboratory tests and your EKG. The card is the size of a credit card and will be updated each time you have your annual exam.

JOIN TODAY

Membership is limited. When you enroll, your membership is activated at the beginning of the month. Please let me know if I can personally answer any questions you have about the program. You may reach our office at 941-365-1321 with any questions that you may have regarding my program.

WHAT PATIENTS ARE SAYING

"I find it excellent. The care and patient interest are superb."

"I am very satisfied with Dr. Price and his staff. They are professionals!"

"This is an excellent program. I feel very confident that I am getting the best possible attention and medical care."

"I am pleased with Dr. Price's concierge program. Dr. Price is the best! He is always concerned, making your visit more pleasant."

"Great staff. I think Dr. Travnicek balances disease prevention and disease resolution, which is good."

"Dr. Price is an excellent doctor. He's a caring and attentive doctor."

"Preventive physicals are very helpful, what a good idea!"

"I have a great doctor! Dr. Travnicek is very concerned, helpful and cheerful."

"I've never had this level of care from the medical service industry. A+. Not only is Dr. Travnicek excellent, but the entire office staff is great"

"What an amazing physician, Dr. Travnicek is the best!"

SERVICES

Each member will receive an annual comprehensive physical examination including your bloodwork and EKG, and a breathing study. This is the only service included in the membership. Your adult children may be included at no cost from age 17-23.

COST

The cost of the membership is \$5,000 per year. The membership cost can be paid annually or we offer installment plans for semi-annual or quarterly payments. All installment plans require a form of automatic payment on file.

COMMUNICATION

We are on-call for you 24/7, 365 days per year to answer questions and you always have a physician available. After office hours we are available for you via our cell phone. We share call on weekends, holidays, or vacations with three concierge physicians, Dr. Tom Arne, Dr. Scott Elsbree, and Dr. Sean Downing.

TERMINATION OF SERVICES

The membership is for one year and may be renewed at the end of each year. If there is a termination of services for any reason during the membership year and you have received your annual comprehensive exam, there are no refunds given. If you have not received the exam you will be given a prorated portion of the membership fee based on the first six months of membership.

After six months of membership there are no refunds given.

INSURANCE

We participate with Medicare and many of the major insurance companies. When you come to the office for any visit – except your annual examination and bloodwork – we will bill the insurance company. If there is any remaining balance from a co-pay, co-insurance, or deductible you will receive a statement and will be responsible for the balance.

REIMBURSEMENT BY THIRD PARTIES

Neither Concierge Medical Services nor your Physician will seek reimbursement from anyone else for the services provided in exchange for your annual fee. In the event additional services are rendered by your Physician, you shall be responsible for the cost of same, less any applicable insurance you may have. Your Physician is obligated to collect the co-payments required by your insurer.

ENTIRE AGREEMENT

This shall constitute the sole and entire agreement between the parties, and no representations or promises not contained herein shall be binding. Any changes to this Agreement shall only be effective if they are in writing, signed by all parties to this Agreement.

NOTICES

Any communication required hereunder shall be made in writing and sent via certified mail, return receipt requested to Concierge Medical Services at the address below.

APPLICABLE LAW

Any issue or question arising from the Agreement shall be decided based upon the laws of the State of Florida.

HEADINGS

The descriptive headings of the sections of this Agreement are inserted for convenience only; and do not constitute a part of this Agreement and shall not effect, in any way, the meaning or interpretation of this agreement.

Concierge Medical Services, LLC (CM)

1250 S Tamiami Trail, Suite 301, Sarasota, FL 34239

info@conciergemedical.services | 941-365-1321 | 941-365-4071 F

This Agreement (the "Agreement") sets forth the terms and conditions under which you (the "Member") shall participate in your doctor's Concierge Medical Services, LLC (the "Program"). The agreement will become effective on the first day of the month following the date of your signature of this Agreement and payment of your membership fee (the "Effective Date").

MEMBERSHIP INFORMATION

Your Physician _____

Your Name _____ DOB _____

Signature _____ Date _____

Spouse (If Joining) _____ DOB _____

Signature _____ Date _____

Children (If Joining) _____ DOB _____

_____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Spouse Phone (Work) _____ Cell _____

Email _____

Spouse Email _____

Pay Membership at www.conciergemedical.services/payment - or pay by check, electronic debit or credit card.

Checks payable to: Concierge Medical Services, LLC Mail checks to: 1250 S Tamiami Trail, Suite 301, Sarasota, FL 34239

Number of members _____ at \$5,000 per member = total annual: _____

Fee may be paid annually or in installments. Installment plans require a form of automatic payment on file.

Please choose: Annually Semi Annually Quarterly

Electronic Debit from Checking or Savings (mail a voided check to our office)

Mailing Check Mastercard/Visa American Express Discover

Name as it appears on card: _____

Card # _____ Exp Date _____ Code _____

Billing address of this Credit Card, if different than the primary patients address:

**After you have completed this form, print, sign and email to: forms@conciergemedical.services
OR print, sign and mail to: 1250 South Tamiami Trail, Suit 301, Sarasota, FL 34239.**