

Membership Application and Agreement

Thank you for your interest in joining the Lauren Streicher, MD Personal CareSM at Northwestern Medical Group (NMG). This Membership Application and Agreement ("Agreement") describes the terms of your membership in the Lauren Streicher, MD Personal CareSM at NMG program.

Patient covered under this agreement:

Full Name _____ Date of Birth _____ Age _____
Mailing Address _____
City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Email Address _____

Were you a patient of Dr. Streicher's at Gynecologic Specialists of Northwestern? Yes No

*By providing your personal (not shared) email address, you consent and acknowledge that we may contact you via unencrypted email and that you acknowledge and agree that we may disclose PHI to you in unencrypted email.

Agreement and authorization

By signing below, you agree to the following:

- Lauren Streicher, MD Personal CareSM at NMG has limited availability and completion of your Membership Application and Agreement does not guarantee your enrollment.
- NMG will notify you of the acceptance of your application no later than fifteen (15) days after this application is received.
- If your Membership Application and Agreement is accepted for enrollment, you authorize NMG to secure immediate payment from you, either via an enclosed check or a credit card. If your application is not accepted for enrollment, your check will be returned to you. If you select credit card, NMG will contact you by phone for your credit card number and authorization upon acceptance of the Agreement.
- You agree to the terms of the Membership Application and Agreement and the attached Terms and Conditions.

If you have provided us with an email address, by signing below, you acknowledge and accept the risk of sending or receiving your PHI via unencrypted Email, including but not limited to unauthorized access during transit, and agree to not hold NMG or any of its affiliates, employees or agents liable for any damages you may incur as a result of the transmittal of your PHI via unencrypted Email and any breach that may occur during transit.

Please sign below:

Signature _____

Printed Name _____ Date _____

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Administration: Tear here

Payment method:

You may pay the Personal Care Annual Fee via check or credit card. Please indicate your preferred care and payment method:

Enclosed check # _____ in the amount of \$ _____

Credit Card (we will contact you for your credit card number)

Return this form to **Dr. Streicher's concierge** at drstreicherappt@nm.org or mail to 250 E. Superior Street, Suite 05-2134, Chicago, IL 60611. Checks should be made out to Northwestern Medical Group.

Terms and Conditions

Enrollment term and renewal: The term of this Agreement shall begin upon acceptance of enrollment in Lauren Streicher, MD Personal CareSM at NMG and receipt of full payment of the Annual Fee (“Effective Date”). NMG will notify you of the acceptance of your application no later than fifteen (15) days after this application is received. The term shall continue from the enrollment date and will renew annually, subject to your timely payment of the Annual Fee for the renewal year.

Annual fee: The Annual Fee covers the non-clinical Lauren Streicher, MD Personal CareSM at NMG services, which are not a covered service under Medicare, Medicaid or private insurance plans. The Annual Fee is not applicable to pay for any co-pays, deductibles, or coverage denials for professional medical or clinical services. The costs of these services are your responsibility. The Annual Fee may be increased on a yearly basis. NMG shall provide you notice of any increase prior to the renewal of this Agreement.

Participation in health plans: NMG and its health care providers participate in Medicare, Medicaid, and private health insurance plans. NMG will submit claims and accept payments from your health insurance plan, Medicare or Medicaid for all professional medical services, diagnostic tests, or medications rendered to you as part of this agreement. You will be responsible for any co-pays, deductibles or coverage denials for professional medical or clinical services.

Consent to treatment: You hereby authorize NMG and its health care providers to provide you professional medical services and other treatment in accordance with your medical needs. In addition, you acknowledge and agree that, as a condition of this Agreement and your treatment by Dr. Streicher or any NMG health care provider, you will sign and abide by NMG’s then-current General Consent, which is subject to change from time-to-time. Failure to sign the General Consent will result in your care being transitioned to another physician.

Acknowledgment of privacy policy: By accepting the Agreement and these terms and conditions you acknowledge that your health care information will be governed by the NMG Privacy Practices available at nmg.nm.org and which may change from time to time.

Choice of law: This Agreement is governed by and shall be construed in accordance with the laws of the State of Illinois.

Entire successors and assigns: These Terms and Conditions are binding on you and your heirs, executors, successors and assigns.

Termination: This Agreement may be terminated by you or NMG at any time with thirty (30) days written notice.

Refund: In the event that this Agreement is terminated prior to the end of the current membership term, NMG shall refund to you a prorated amount of the unused portion of the Annual Fee.