

**THIS FORM MUST BE COMPLETED YEARLY TO UPDATE YOUR  
CHART**

**ADMINISTRATION FEE**

PLEASE **CIRCLE** ONE OF THE OPTIONS OF YOUR CHOICE BELOW:

**OPTION 1:**

ENCLOSED IS \$200/person or \$350/family ADMINISTRATION FEE  
I understand that **I will not be charged** for non-covered services.

**Insurance Non-Covered services  
And Concierge services covered by this agreement**

The term "Services," as used in this Agreement, refers to the medical/clinical services provided to you by Dr Stoici, depending on the Physician's respective scope of practice; training; certification(s); limitation(s) of licensure, if any, and experience and expertise. By entering into this Agreement, you are entitled to the following Services:

- Full Primary Care services to include Women's Care for adults and children older than 16y/o. by appointment only.**
- Blood drawing procedure at no charge on site by Dr. Stoici as many times necessary during the year with paid Administration Fee (the blood tests are charged by the lab to your insurance).**

In addition to the above-referenced clinical Services, you are entitled to the following nonmedical Services:

**1. Timely Access:** You will have access to Your Physician via a direct telephone number on a 24 hour per day/7 day per week basis. Your Physician will make every effort to provide a response as quickly as possible. As noted in the Agreement, however, there may be times when Your Physician cannot respond immediately. If Your Physician is unavailable due to vacations, illnesses, continuing medical education conferences, or any other reason, I recommend Dr. Hiten Upadhyay at Professional Urgent Care Services (727) 528- 7827. In this case, notification of Your Physician's unavailability will be provided to you when you call and through email/Fb Page, like I have done in the past.

**2. Email and Cell Phone Access:** You will have access to Your Physician by email and cell phone, and Your Physician and/or the Practice will make every effort to respond to your email as quickly as possible and manage your health complaint at **no charge.**

**3. Minimal Wait Times:** The Practice will make every effort to ensure that you are seen promptly at your appointment time or with only a minimal wait. If there is an unforeseen wait time, the Practice will contact you immediately to make you aware of the projected wait time, allowing you to adjust your schedule or to reschedule your appointment as you so choose.

**4. Same or Next Day Appointments:** In addition to being seen timely upon your arrival, the Practice will make every effort to schedule an appointment with you on the day of, or the next day following, your request for an appointment.

**5. No charge for administrative forms.**

**OPTION 2:**

I PREFER **NOT TO** CONTRIBUTE AND UNDERSTAND THAT **I WILL BE CHARGED** for non-covered services as allowed by my insurance company and as follows:

1. \$50 for each after-hours phone call/text message/email to Dr. Stoici that result in managing a medical condition.
2. \$25 for each chronic condition prescription refill requested without an appointment when it has been more than 6 months since last visit.
3. \$50 per form for physician completion of School forms, Camp forms, FMLA paperwork, life insurance forms, disabled parking form, letters for work etc. (if paper work is presented during an office visit there is no additional fee).
4. \$25 blood drawing fee- procedure done personally by Dr. Stoici (this is done only for the patient's convenience).

**My choice in no way affects the quality of my care.**

**If you believe that neither of the above choices fits your medical care needs, we will kindly continue to offer you services for 30 days since receiving this letter and ask that you find another Primary Care Doctor in the meanwhile.**

**Payment method:**

- Check made to Roxana Stoici M.D.
- Cash
- CC
- Pay on line on the website page

I have read, understand and agree to abide by the policies of the practice here and on the website ([www.drstoiciretreat.com](http://www.drstoiciretreat.com)).

**Name print and signature of person completing form:** \_\_\_\_\_

**Date:** \_\_\_\_\_