



Concierge Primary Care Packages

Platinum Package - \$200 / Month - \$2400 / Annual

Package includes unlimited primary care visits, including preventative and acute care. Unlimited access to your physician for off hours questions or consultations by text, phone, email, or video visit. Included is all phlebotomy required, and any in office procedure offered if appropriate. Home visits will be offered at no additional fee.

Lotus Package - \$100 / Month - \$1200/Annual

Package includes a maximum of 8 office visits per year. Also included in this package is access to your physician via text, phone, email, or video visit for acute care needs. Procedures will be charged according to listed rates. Phlebotomy charges will be set at \$15.00. Home visits will be charged a \$25.00 travel fee

Children - \$50 / Month - \$600/Annual (when included with a parent package above)

Package includes all well child visits, school/camp physicals, and necessary sick visits and followups, up to maximum of 8 office visits per year. Also included in this package is access to your physician via text, phone, email, or video visit.

Acute Care / Walk - in Visits -

\$100 for up to 30 min visit / \$200 for 31-60 min visit

Additional Information:

Any visits above and beyond the above listed maximums will be charged at the Acute Care / Walk in visit rate. Phlebotomy charge will be \$25 Dollars. Please see procedure list for detailed prices, which will be in addition to the the visit fee if performed during the same visit.

Prices are subject to change at any time and all registered Primary Care patients will be notified of price changes. Price list is available for review at any time.

We will not file any claims to your insurance provider. You are welcome to submit a claim to your insurance company for any acute care / walk in care appointment or procedure that you receive. A receipt will be provided upon request. Your insurance company will not reimburse for any monthly/annual primary care fee.

I hereby agree to participate in the above package of services as offered by Lotus Medical and Aesthetics LLC at a level of _____. I agree to have my credit card charged the above listed fee on the 1st day of each calendar month, starting the next month after my signature below.

_____(Signature)

_____(Date)