



PROFESSIONAL SERVICES AGREEMENT

Name of Patient: _____

Date of Agreement: _____

This Professional Services Agreement (**Agreement**) sets forth the conditions under which ELDERCONSULT, INC., a California professional S-corporation, (**ElderConsult**) will provide primary care medical services to the individual named above (**You**).

1. **Primary Care Medical Services.** During the term of this Agreement, ElderConsult will provide primary care medical services to You through the services of Elizabeth Landsverk, M.D. and, as appropriate, through ElderConsult's other contracted medical providers (**ElderConsult Professionals**). The services will typically include those customarily performed by an internal medicine physician or nurse practitioner in an office setting. ElderConsult does not provide “ancillary services” furnished by outside providers, such as laboratory tests, x-rays, or other diagnostic services, even if ordered by an ElderConsult Professional.

2. **Patient Advocacy.** Upon request, ElderConsult will make Dr. Landsverk available to provide You with patient advocacy services. These services might include providing professional consultations to Your treating physician in an inpatient setting or otherwise helping You to interact with medical professionals and care providers to make sure Your needs are being met.

3. **Conduct of Practice.** ElderConsult Professionals and Dr. Landsverk will conduct their practice so as to:

- Combine focused knowledge of Your condition with extensive experience in care of older adults with complex care needs, integrating knowledge of Your family and of Your facility (where applicable) and other sources of information, and
- Emphasize expert geriatric care with the goal of maximizing health, quality of life, and avoiding excess medications.

4. **Availability, Scheduling, and Alternative Care Issues.**

(a) **Availability.** A primary benefit of working with ElderConsult is that we are generally available to see You within one (1) day of receiving Your call. Dr. Landsverk and ElderConsult Professionals can see You at our office or in Your residence Monday through Friday but are also available in some circumstances on Saturdays and Sundays.

(b) Appointments. To make an appointment, You should call ElderConsult at (650) 357.8834 and leave a message stating Your name, phone number, and the date You would like an appointment. If you need care in the next day or two, call the cell phone of the provider that has been to see you previously. ElderConsult will generally respond to Your message within six (6) hours. If ElderConsult does not return Your call within six (6) hours, You should call again. Do not wait for ElderConsult to return your call if you are in an emergency. Instead seek immediate medical attention by calling 911 or going to an Urgent Care center or Emergency Department.

(c) You Are Responsible for Arranging Alternative Care When ElderConsult Professionals are Unavailable. Although Dr. Landsverk or an ElderConsult Professional will generally be available to make after-hours house calls, if they are unavailable and You desire or require immediate medical attention You should seek medical care from an Urgent Care provider or hospital Emergency Department, as appropriate. For immediate, non-urgent medical care, You should seek the services of a qualified physician.

(d) No After-Hours Coverage Provided. ElderConsult does not have any professional staff affiliations with other physicians, physician groups or hospitals and does not maintain twenty-four (24) hour on-call coverage. ElderConsult, including Dr. Landsverk, does not provide any referrals to other providers of primary medical care services.

(e) ElderConsult Not Responsible for Alternate Care Obtained. You are solely responsible for arranging for your primary medical care when no ElderConsult Professional, including Dr. Landsverk, is actively providing care to You. ElderConsult and Dr. Landsverk are not responsible for the quality of care rendered to You by other providers.

(f) Hospital Privileges. Dr. Landsverk does not currently have staff privileges at any area hospitals and cannot serve as Your admitting physician. If You require hospitalization, You must obtain services from a qualified physician with hospital admitting privileges. Such services may be obtained through a physician's private practice or through a hospital Emergency Department. As noted above, ElderConsult Professionals can be available to consult with and coordinate your hospital care with the admitting physicians upon request.

5. Payment. ElderConsult will charge you on a fee-for-service basis for the services it provides to You. ElderConsult will provide a schedule of services and the fees charged for those services upon Your request. That schedule is subject to revision from time to time. Payment, by cash, check, credit card, or money order, is due at the time of service unless the parties agree to a different arrangement. Any payment made more than thirty (30) days after it is due will incur interest at the rate of five percent (5%) or the highest amount permissible under California law if that percentage is lower. ElderConsult may terminate this Agreement immediately if You are delinquent in Your account with ElderConsult. At its sole discretion, ElderConsult may employ a sliding fee scale to provide lower fees for financially distressed patients. If You schedule an appointment at Your residence, ElderConsult also may charge for mileage costs at the rate set annually by the IRS for travel reimbursement for the distance traveled between ElderConsult's offices and Your residence.

6. Insurance. Dr. Landsverk does not accept Medicare, Medi-Cal, Workers' Compensation

or any form of private insurance. You are solely responsible for payment of charges in full.

7. **Patient Medical Information.** You agree to provide Dr. Landsverk with a complete medical history and to keep Dr. Landsverk informed of any changes in Your health or medical condition. You also agree to provide Dr. Landsverk with a complete list (including contact information) of health care providers who have provided services to You, to update that information on a continuous basis, and to execute any releases necessary to insure that Dr. Landsverk has access to Your medical records maintained by other health care providers. Dr. Landsverk will comply with all applicable state and federal laws with respect to maintaining the confidentiality of Your medical records.

8. **Term.** This Agreement will be effective for one year beginning on the date first listed above. At the end of each contract year, this Agreement will automatically renew for an additional year. Either party may terminate this Agreement by giving thirty (30) days prior written notice to the other party. ElderConsult may also terminate this Agreement immediately if You fail to comply with Section 4 or 6. You are responsible for paying any outstanding charges when either party terminates this Agreement.

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By signing below, You agree to all the terms and conditions of this Agreement including that ElderConsult does not accept any form of health insurance.

ELDERCONSULT:

PATIENT:

By: Elizabeth Landsverk, M.D.

Printed Name: _____

If signed by someone other than the patient, the individual signing below represents and warrants to ElderConsult that he or she has the legal authority to execute this Agreement on the patient's behalf:

Printed Name: _____
Relationship to Patient: _____