



Concierge Services Program Agreement

This Agreement describes the terms of membership in the Psychology VIP Concierge Services Program offered by Dr. Susan Mendelsohn, P.A. (“Dr. Susie”), d/b/a Fort Lauderdale Psychology Group.

I. Concierge Service Amenities

The Psychology VIP Concierge Services Program provides premier access to Dr. Susie and associated amenities. The program amenities are listed on the attached Summary of Amenities, which may change from time to time.

II. Fees

The current annual fee is \$2850.00 if paid in full upon execution of this Agreement. Alternatively, patients can choose to pay \$3000.00, which may be paid in two separate installments of \$1500.00. The first payment is due upon execution of the Agreement, and the second is due within ninety (90) days thereafter. The Psychology VIP Concierge Services Program reserves the right to increase the annual fee in its sole discretion.

The current six (6) month fee is \$1650.00 if paid in full upon execution of this Agreement. Alternatively, patients can choose to pay \$1800.00, which may be paid in two separate installments of \$900.00. The first payment is due upon execution of the Agreement, and the second is due within ninety (90) days thereafter. The Psychology VIP Concierge Services Program reserves the right to increase the six (6) month fee in its sole discretion.

III. Payment of Fees

The annual fee covers a twelve (12) month membership, which is renewable annually upon payment of the Annual Fee. The six (6) month fee covers a six (6) month membership, which is renewable semi-annually upon payment of the six (6) month fee.

IV. Co-Payments and Non-Covered Services

Medicare and private insurance companies require Psychology VIP to collect applicable co-payments and other charges from patients for health care services. Therefore, you will be financially responsible for the following charges, which are not part of the Annual Fee: (1) Co-payments, co-insurance, or deductibles for any health care services received; and (2) Charges for health care services not covered by health insurance. Dr. Susie will provide a SuperBill to any VIP client who requests one, which the client may in turn submit to their insurer for potential reimbursement. Please note that the discount provided by the VIP Concierge Services Program

must be disclosed on the SuperBill under Florida law. Please also note that regardless of whether a patient intends to submit a claim for potential reimbursement to their insurer, full payment to Dr. Susie is due at the time services are rendered.

V. Termination

Psychology VIP may terminate this Agreement and your participation in the Program upon 30 days prior written notice to you – if any of the following occur: (1) you fail to pay the Fees or charges for health care services when due, or (2) you fail to abide by the policies of Dr. Susie and/or the Psychology VIP Concierge Program, or (3) if Dr. Susie refers you to an alternative provider. A copy of Dr. Susie's policies and ethical disclosures are available on Dr. Susie's website under Forms.

The Fee(s) paid to participate in the VIP Concierge Services Program are non-refundable.

VI. Program Modification/Discontinuation

Dr. Susie may modify the Psychology VIP Concierge Program at any time, including adding or elimination of service amenities. In the event that you no longer wish to participate in the Psychology VIP Concierge Program *after any such modification*, you may terminate your participation in accordance with Section 5. In addition, Dr. Susie may discontinue the Psychology VIP Concierge Program at any time. In the event Dr. Susie discontinues the Psychology VIP Concierge Program, you will receive a refund of a pro-rated portion of the Annual Fee based on the number of days that you have participated in the Psychology VIP Concierge Program.

VII. Entire Agreement

This Agreement contains the complete, full and exclusive understanding of the parties' agreement and supersedes any and all other oral or written agreements between the parties hereto with respect to this subject matter.

VII. Governing Law

This Agreement shall be construed and enforced pursuant to the laws of the State of Florida without giving effect to Florida's choice of law provisions, and if any provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions held invalid or unenforceable shall substantially impair the benefits of the remaining portions of this Agreement.



VIII. Non-Assignable

This Agreement is not assignable (by operation of law or otherwise) by either party without the other party's prior written consent, which can be withheld in such party's sole and absolute discretion. Any assignment, or attempted assignment, in violation of the foregoing shall be null and void.

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Summary of Amenities

- VIP patients are entitled to a 25% discount on all psychological services offered by Dr. Susie;
- VIP patients will enjoy access to Dr. Susie within 18 hours of making a request;
- VIP patients will enjoy a shorter, 24 hour cancellation policy without a fee without penalty;
- VIP patients will enjoy priority peak time scheduling (6-9:30 PM);
- VIP patients will enjoy (virtual) access to Dr. Susie on Fridays & Saturdays (by request only) and Sundays for emergencies (additional \$25) usually via tele-health platform.
- VIP patients can communicate with Dr. Susie via text message and emails between regularly scheduled appointments up to three separate times; understanding that therapy cannot be engaged in via texts;
- VIP patients can, upon request, be provided with a SuperBill to submit to their insurer for reimbursement (PPO insurance only);
- VIP patients will have access to Dr. Susie while she is traveling domestically; however, this is limited when Dr. Susie has a family emergency, she is out ill, or traveling internationally.



PATIENT ACCEPTANCE OF AGREEMENT
& CREDIT CARD PERMISSION FORM

I have read and understand the foregoing and wish to enroll in the VIP Concierge Services Program as a:

(CHECK ONE)

- annual (\$2850 in full); OR
- annual (2 payments of \$1500 within 3 months). OR
- six month member (\$1650 in full) OR
- six month (2 payments of \$900 within 3 months)

Name of client: _____ Date: _____

Name of person on the credit card: _____

Type of card you would like to use:

American Express: _____ Discover: _____ MasterCard: _____ Visa: _____

Account #: _____

Expiration date on card _____ CVV Code _____

Credit Card Holder's Phone Number: _____

Credit Card Holder's Email: _____

Billing address on credit card: _____
(Street address)

(City) (State) (Zip code)

Signature of cardholder.