



STACY L. WANEKA, M.D., INC.

Diplomate, American Board of Family Medicine
Family & Travel Medicine

Dear Patient,

It is an honor and a pleasure to be your physician. My practice has been taking care of patients since 2003, and it is my biggest professional joy to be able to provide high quality care and be accessible for all your medical needs.

As long as I have practiced medicine, I have set high standards of medical care and customer service. My core mission is to treat every patient as if he or she was a member of my family and to be available and responsive to all. To achieve this goal, I extend office hours to discuss patients' test results and advocate on patients' behalf. My staff diligently coordinates all specialist tests and referrals. My billing staff tries to take the hassle out of insurance problems. My nurses work tirelessly to take care of patients and battle on their behalf with insurance companies on authorization issues. I try to serve my patients to the best of my abilities.

In the last several years, however, I have experienced a very difficult trend in my practice. Insurance companies have made it significantly harder for patients to receive, and for doctors to be paid for, the quality of medical care to which you are accustomed. The insurers have achieved this by increasing the frequency of denials for medically necessary services and medications, significantly reducing reimbursement for services and procedures, and delaying or suspending payments for weeks. The result is that some physicians are forced to see a patient every 10 minutes (or less) in order to generate enough revenues to cover the practice.

Despite these challenges, I have not deviated from my core mission; unfortunately, my resources are depleting and I have had to explore all business options that would allow me to maintain my focus on excellent patient care.

After consulting with a number of you and exploring many of the strategies which are proliferating in the medical community, I have decided to offer a service model which would preserve access for all of my patients to the high quality medical care at the core level. I have done my best in the past to provide most amenities that are not covered by insurance at no cost to you. Given our fiscal challenges, however, continuing to offer non-covered amenities on a complimentary basis is no longer a viable option, and I have therefore made the difficult decision to implement some changes to our business model.

As outlined in the next page, beginning October 1, 2011, I will offer two service plans under which patients can continue to receive comprehensive services at my practice.

1. The "Fee For Service" Plan. Under the Fee For Service Plan, you will receive the same high quality medical care you have always enjoyed with my practice, but will be subject to a revised fee schedule for certain services as described above and set forth with more particularity in the Practice Policy on the next page.
2. The "Annual Fee" Plan. Under the Annual Fee Plan, these additional service charges are replaced by a flat fee of \$500 per patient per year, and each additional family member in the same household may be added to the Plan for \$250 per year.



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Under certain circumstances, you may be eligible for discounts when such payments are made promptly. Please see the attached Prompt Pay Discount Policy.

I sincerely hope you will understand the factors driving my difficult decision to implement these changes, which I believe will allow me to continue to provide personalized healthcare services of high quality to you and your family.

Kindly review the enclosed agreement and return with appropriate plan designation and payment. Please call my office if you have any questions.

Best regards,

Dr. Stacy L. Waneka



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PRACTICE POLICY

Subject: FEE FOR SERVICE PLAN ANNUAL FEE PLAN



FEE FOR SERVICE PLAN

Fee Schedule as of October 1, 2011:

| | |
|---|-------|
| 1. Each prescription refill | \$ 10 |
| 2. Each prior authorization (medications and/or imaging) | \$ 25 |
| 3. Each prescription for over the counter medications | \$ 10 |
| 4. Telephone consultation with treating specialists | \$ 50 |
| 5. Review and follow-up of outside records | \$ 50 |
| 6. Each email communication re: treatment of medical issue | \$ 25 |
| 7. All other medical email per communication | \$ 10 |
| 8. Phone discussion of non-urgent test results | \$ 25 |
| 9. Form completion (school forms, IZ forms, employment forms) | \$ 25 |
| 10. Acceptance of assignment and billing and collection of private insurance per office visit | \$ 10 |
| 11. Letters written on patient's behalf | \$ 50 |
| 12. Same day appointments | \$ 25 |
| 13. No show fee | \$ 25 |



ANNUAL FEE PLAN

Annual Fee of \$500 for first family member, \$250 for each additional family member. (Fees described above waived)



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PLEASE CHOOSE ONE OF THE FOLLOWING:

A.

Fee For Service Plan: I choose to participate in the Fee for Service Plan and agree to pay the service fees set forth in the above schedule when the applicable services are rendered.

Print Name: _____

Names of Additional Dependent Family Members: _____

Signature: _____ Date: _____

B.

Annual Fee Plan: I choose to participate in Annual Fee Plan and agree to pay an annual \$500 fee for the first member of my family, and \$250 for each additional member of my family.

Print Name: _____

Names of Additional Dependent Family Members: _____

Signature: _____ Date: _____

Payment Options for Annual Fee Plan:

____ Check Enclosed: Amount \$ _____

____ Credit Card: Please provide account info and sign below:

____ Visa ____ Master Card ____ American Express

Account No: _____

Expiration Date: _____ Security Code: _____

Signature: _____

** Each participant agrees that Stacy L. Waneka, M.D., Inc.'s liability to any participant for non-compliance with any aspect of these programs shall be limited to the amount of the most recent fee by the participant. Stacy L. Waneka, M.D., Inc. reserves the right to modify these programs at any time as may be required by law. Stacy L. Waneka, M.D., Inc. may also terminate these programs as necessary at its sole discretion at any time, in which event it will return a prorated portion of the participation fee paid.*



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PRACTICE POLICY

Subject: PROMPT PAYMENT DISCOUNT POLICY

Effective Date: October 1, 2011

This Practice Policy (“Policy”) sets forth the Prompt Payment Discount Policy of Dr. Stacy Waneka, Inc. (the “Practice”). This Policy may be revised at any time.

To achieve efficiencies in its administrative, billing, and collection processes, and to realize financial benefit from prompt payment, it is the policy of the Practice to offer a prompt pay discount to all patients who pay for medical services on the date of service may be eligible for a prompt payment discount.

The amount of the discount shall be at the sole discretion of the Practice. However, in no case shall a patient be charged less than the Medicare “allowed amount” for a service. If a service is not covered by Medicare, and there is no Medicare “allowed amount,” the Practice may grant the patient a discount in its sole discretion.

The Practice may quote discounted prices to patients, based on the above.

Payor Notices:

The Practice shall send written notice of this Prompt Pay Discount Policy to every payor to which the Practice submits a claim. This includes self-pay patients, government payors, commercial payors for whom the Practice is a contracted provider, and commercial payors with whom the Practice does not contract (if the Practice bills them for any services). The Practice shall retain a copy of each notice and evidence of its delivery.