

EXHIBIT 1

COVERED SERVICES

The term "Services," as used in this Agreement, refers to the medical/clinical services provided to You by Your Physician and/or other clinical staff employed by the Practice, depending on the Physician's and the clinical staff'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:

- Comprehensive Wellness Examine, including a urinalysis. An EKG is also included for patients over the age of 40;
- Unlimited medically necessary office visits;
- Lesion removal;
- Laceration repair;
- Toenail removal;
- Lesion biopsies;
- Finger stick glucose testing;
- Rapid strep test;
- Urine pregnancy test; and
- Ear wax removal.

In addition to the above-referenced clinical Services, You are entitled to the following non-medical Services:

- 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, another Physician or another clinical professional designated by the Practice, will cover Your Physician's calls and will respond to You as quickly as possible. In that case, notification of Your Physician's unavailability will be provided to You when You call, and You will have the option, if You choose, to be seen by, or consult with, the covering Physician and/or other clinical staff member of the Practice.
- Email Access: If You completed and executed the Authorization for Communication by Email, You will have access to Your Physician and/or the Practice via email, and Your Physician and/or the Practice will make every effort to respond to Your email as quickly as possible.

- 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.
- 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.
- Home or Office Visits: You may request that Your Physician see You in Your home or at the Practice. In situations in which Your Physician considers a home visit reasonable and appropriate and/or is able to accommodate such a request, Your Physician will make every reasonable effort to accommodate the request for a home visit.

The above-referenced Services are the only Services provided under this Agreement. Any referrals to other providers are not covered by Your fees. If You have any questions about the Services covered, You are encouraged to speak with the Physician directly.

EXHIBIT 2

CONTROLLED SUBSTANCES ACKNOWLEDGEMENT FORM

Your Physician may prescribe certain controlled substances for You from time to time as she deems medically appropriate. However, Your Physician does not treat chronic pain and does not provide chronic pain management. As such, any controlled substances that may be prescribed to You will be prescribed on a limited, short-term basis. Should You require long-term, chronic pain management, Your Physician will refer You to a provider to treat Your chronic pain and/or will assist You in transferring Your care and treatment to the provider of Your choice.

By signing below, You understand and acknowledge that neither Your Physician nor the Practice provides long-term pain management/treatment services and that You will not be prescribed any controlled substances on a long-term basis. You further agree to inform Your Physician of all controlled substances that are prescribed to You by any other provider and acknowledge that this is an on-going obligation on Your part as a Patient of the Practice.

Patient/Legal Representative Signature

Date: _____

Print Patient Name

Print Legal Representative Name

Relationship to Patient

Patient/Legal Representative Signature

Date: _____

Print Patient Name

Print Legal Representative Name

Relationship to Patient