

## First Coast Neurosciences Wellness Plan

### **No Insurance or out-of-network??? No Worries!!**

The FCN Wellness Plan provides affordable access to FCN health care and is designed for individuals where one or more of the following applies:

- You have no health care insurance
- You are not on Medicare or Tricare
- You have insurance but the insurance company restricts the doctors you can see and does not cover FCN providers
- You have an insurance plan that is not accepted at FCN

**For a nominal \$49 annual membership fee, you can save 15-35% off of the regular self-pay costs. Enrollment is easy: you can sign up on the same day of service and save enough to cover the annual fee in addition to extra savings.**

**For example:**

*Mary has a high deductible health care insurance plan that does not include FCN doctors. Based on her doctor's recommendation, she has decided to schedule a visit at FCN even though she knows that she will pay out-of-pocket. She sees an FCN provider as a new patient and at the end of the office visit, she signs up for the FCN Wellness Plan at a cost of \$49 and saves \$114.14 on the new visit for a total of \$114.14 - \$49 = **\$65.14 saved that day!** Her subsequent testing and follow up visit are all done at a significant discount on the plan as shown in the sample table below.\**

Plan Participation	New Patient Visit Cost	Follow Up Visit Cost	Carotid Doppler Test Cost	EMG per extremity
Not on plan	\$334.14	\$145.76	\$417.34	\$114.84
Plan member	<b>\$220.00</b>	<b>\$140.00</b>	<b>\$320.00</b>	<b>\$90.00</b>
Money Saved	\$114.14	\$5.76	\$97.34	\$24.84
% discount	34%	4%	23%	22%

*\* Rates as of 1/26/2018 and may vary depending on the type of visit. Check FCN for current rates.*

**THE FCN Wellness Plan IS NOT INSURANCE and is not intended to replace health insurance.** This plan is not a Qualified Health Plan under the Affordable Care Act. **THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. The FCN Wellness Plan DOES provide access to First Coast Neurosciences health care providers at a negotiated discount for patients who are not otherwise covered by a negotiated insurance contract.** The range of discounts will vary depending on the type of service. Plan members are obligated to pay in full for all health care services rendered at the time of service by credit/debit cards, cash or money order (no personal checks). (Enrollment Form On Back)

## FCN Wellness Plan Enrollment Form

*Complete this enrollment form and present it at the our office on the day of your appointment.*

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### Plan Eligibility Checklist:

1. Are you presently enrolled in Medicare or Tricare?  Yes  No
2. Do you have private insurance  Yes Insurance Co: \_\_\_\_\_  
 Plan Number: \_\_\_\_\_  
 No Private Insurance
3. Is your plan accepted at First Coast Neurosciences (ask if in doubt)?  Yes  No

**If you answered NO to all of the above, you are eligible to enroll in the FCN Wellness Plan and may enroll by printing your name and signing below**

**I \_\_\_\_\_ understand that the FCN WELLNESS PLAN IS NOT INSURANCE AND IS NOT INTENDED TO REPLACE HEALTH INSURANCE.** This plan is not a Qualified Health Plan under the Affordable Care Act and this is not a prescription drug plan. **The FCN Wellness Plan DOES provide access to First Coast Neurosciences health care providers at a negotiated discount for patients who are not otherwise covered by a negotiated insurance contract.** The range of discounts will vary depending on the type of service. Plan members are obligated to pay in full for all health care services rendered at the time of service using credit/debit cards, cash or money orders (**NO personal checks**).

**Annual enrollment in plan is \$49 per year. Membership expires one year from Enrollment Date.**

Print Name [First MI Last]: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[FCN Staff Only Beneath Line]

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### 3 Steps to Complete:

1. Confirm patient demographics entered in EMR.
2. Confirm receipt of enrollment fee and sign.
3. Scan Enrollment Form and annotate FCN Wellness Plan Membership in patient EMR.

Staff Signature: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_