

TERMS AND CONDITIONS
PAY-AS-YOU-GO PATIENT CARE
THRIVE ADULT PRIMARY CARE, PC
02/05/2026

This is a Patient Care Agreement (hereinafter referred to as "Agreement") between Thrive Adult Primary Care, PC, a Direct Primary Care practice located at 835 West Central Street, Suite 4, Franklin, Massachusetts 02038 (hereinafter referred to as "Practice"), Mary A. Medeiros, MD, MPH (hereinafter referred to as "Physician") in her capacity as an agent of the Practice, and you (hereinafter referred to as "Patient").

Background

The Physician, who specializes in adult internal medicine, delivers care on behalf of Practice, at the address set forth above. In exchange for certain fees paid by Patient, Practice through its Physician agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement.

Terms and Conditions

1. **Patient.** A patient is defined as that person for whom the Physician shall directly provide Primary Care Medical Services. Signatory to this Agreement is Patient's medical decision-maker, which may be the Patient him/herself, Patient's designated health care proxy, or legal guardian.
2. **Services.** As used in this Agreement, the term Services shall refer to medical care offered by Practice in an episodic fashion.
 - a. Medical orders and prescriptions generated on the patient's behalf will only pertain to clinical concerns addressed within the discrete episode of care on the date of service, and are only valid for a maximum of 90 days following the date of service.
 - b. Patient is additionally aware that clinical services via text message and/or email are NOT available under the terms of this Agreement.
3. **Term.** This Agreement references medical services provided by Practice on the calendar date associated with the Patient's signature applied to this Agreement, as well as other Services provided from said date until a new Agreement is signed.
4. **Fees.** In exchange for the Services described herein, Patient agrees to pay Practice, the amount as set forth in Appendix 1, attached. It is understood that Services are rendered, or access to Services has been provided, before Patient is charged and therefore fees are non-refundable.
5. **Limited Participation in Insurance.** Patient acknowledges that Physician participates in limited health care coverage plans (Medicare Part B only). Fees paid under this Agreement are not covered by any third-party health plan applicable to the Patient. Neither the Practice nor Physician makes any representations regarding third-party insurance reimbursement of fees paid under this Agreement. The Patient shall retain full and complete responsibility for any such determination.
6. **Insurance or Other Medical Coverage.** Patient acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It does not cover hospital services, or any services not directly provided by Practice, or its Physician. Patient acknowledges that Practice has advised Patient to obtain or keep in full force such health insurance policies or plans that will cover Patient for general healthcare costs. Neither the Practice nor Physician makes any representations regarding third party insurance reimbursement of any health-related products or services not personally provided by Practice, or its Physician. Patient acknowledges that **THIS AGREEMENT IS NOT A CONTRACT THAT PROVIDES HEALTH INSURANCE**, in isolation does NOT meet the insurance requirements of the Massachusetts Mandated Health Insurance Law, and is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry.

Appendix: Fees

Primary care services are available for fees on an episodic basis as described below.

Comprehensive Medical Office Visit [<90min]	\$360	IMPORTANT NOTE: Clinical management by text, email or other forms of typed communication are <i>not</i> available within the services of this agreement. Text and email may be used to communicate with office staff for appointment management or other administrative matters.
Focused Medical Office Visit [<45min]	\$225	
Focused Telemedicine [<30min]	\$150	
Physician Home Visit	\$600 + <i>distance fee</i>	
Outside Document Processing	\$10-35	
Medical Marijuana New Certification**	\$250	
Medical Marijuana Certification Renewal**	\$150	

Home/Offsite Visit Distance Fees apply for all home or offsite visits and are based on shortest driving distance from 835 W Central St, Franklin, MA 02038 to location of visit:

0 – 5 mi	\$150
5.1 – 10 mi	\$175
10.1 – 15 mi	\$200
15.1 – 20 mi	\$250
20.1 – 25 mi	\$350
>25 mi	Please inquire

Patient understands that rates are subject to future change according to the discretion of the Practice in accordance with cost of operation. Rate updates will be provided for patient review before deciding to proceed with Services.