



H I G H L I G H T S & D E T A I L S

Enhanced Concierge Care Benefits Included as Part of the Annual Fee. These offerings are not covered by Medicare or by other insurance plans. Our practice size is smaller, which allows our office staff to provide you with the following membership benefits:

Prompt communication during office hours. When you call during office hours, you will be directly connected with us or our assistants whenever possible. If we are not available, we will return your phone call promptly. If you feel the problem is urgent, we will make every effort to speak to you at the time of your call.

Our cell phone number will be provided to you. This allows easy and direct communication for urgent medical problems that occur outside of regular office hours. We will use our reasonable and best efforts to be available when you are in need to coordinate your care. **For emergencies, however, always call 911 first.**

Convenient email communication for non-urgent health issues or questions. You will receive a prompt response from us personally (usually within 24 hours). Email communications are not always secure. Therefore, please use discretion when choosing topics to discuss with us. The most secure way to communicate medical issues is through the Patient Gateway, which is monitored regularly.

Little or no office waiting room time, and longer appointments. Office visits will start promptly. Appointments will generally be scheduled for approximately 30 minutes and a comprehensive annual health assessment will be scheduled for approximately 60 minutes. Our aim is to afford you the time to thoroughly address all your questions and concerns, regardless of the reason for your visit.

Strong focus on preventive medicine and long-term health and wellness. As part of our commitment to your long-term health and wellness, our philosophy is to educate you about the importance of fitness, weight management, healthy living and, in addition to the clinical services we already offer through our practice, we will assist you to identify and evaluate wellness providers and offerings. This will support your effort to take an active role in managing and maintaining your good health.

Personalized hospital care. If you are hospitalized, we will make ourselves available when we can to communicate with you and to serve as an advocate on your behalf. If you wish, unless hospital policy or protocol does not allow, we will do what we reasonably can to remain involved in your care by communicating with the hospitalists and attending physicians who are providing services to you.

House calls. If you are ill and unable to come to the office, but not housebound, a house call may be offered at no additional charge beyond an office visit fee. However, the need for each out-of-office visit will be determined on a case-by-case basis, at our discretion.

Adult dependent children of members are welcome. If a parent joins our personalized care practice, we will be happy to care for his or her adult dependent children ages 18 up to 26 without an additional membership fee.

Telemedicine for virtual visits and long-distance care. If you are on vacation or living some of the year in a second residence, a virtual consultation will be offered. These visits can easily be accessed through your computer or smartphone. They will be subject to applicable state and federal laws and offered on a case-by-case basis. However, if in our judgment you need to be seen by a local physician, you'll be encouraged by us to seek medical attention. We will communicate with you directly as well as with your treating physician as needed, to support the coordination of your care and health issues that may arise. Additionally, we will offer telemedicine visits if you are unable to come to the office or if you prefer to be seen in your home to minimize your risk of viral exposures.

Care for visiting relatives and friends. Should your out-of-town family or friends become ill during a visit to the Wellesley area, we will be happy to see them in our office and assist with their medical care. We will treat them as though they were a member of our practice.

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Enhanced coordination of care. With a smaller, more patient-focused practice, there will be more time to help you get a timely appointment, communicate with the specialist and advocate for you.

Quarterly newsletter on topics relevant to your health and well-being. We will provide periodic newsletters on medical subjects of interest.

Comprehensive Annual Health Assessment

In our ongoing efforts to assist you in adopting and maintaining a healthy lifestyle and optimizing your quality of life, you will be encouraged and reminded by our staff to schedule a comprehensive annual health assessment, regardless of condition or necessity, each year. This is a comprehensive annual visit, unrelated to any illness or injury. It will include a thorough examination and an appropriate array of screening tests based on age, health status and risk factors. Each person is unique and there is no one-size-fits-all approach when it comes to prevention and treatment. Depending on your particular health situation, additional tests (such as blood tests, a colonoscopy, mammogram, etc.) may be recommended. These will be billed by the performing entity, and you or your insurer will be responsible for payment of these tests. We will use the results of our exam to help you develop a plan for the year to improve health and fitness and to address any new or existing health goals. Every patient is advised to have an annual evaluation.

The membership fee does not apply to the Welcome to Medicare assessment or to any annual wellness checkup. Portions of this comprehensive annual health assessment and associated tests may be “covered” services under Medicare and other commercial insurance plans and will be billed accordingly. However, the annual membership fee applies only to non-covered components of the comprehensive annual health assessment.

Our Staff

Our staff is an important part of your experience with our office. They not only have the expertise to advocate on your behalf but will assist you in navigating through other aspects of the medical community when necessary.

Insurance Information

Commercial Insurance Patients

Office visit charges are not included in your annual fee. We intend to remain an in-network provider for many PPO and HMO insurance plans. We will bill insurance for all covered services and patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. It is our intention that no insurance-covered medical services are included in your annual fee.

As medically indicated, we will make it a priority to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations. Any services rendered by these physicians or facilities will be billed by the performing entity.

Medicare Patients

We will continue to submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. Patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are not covered by Medicare and will not be paid for or reimbursed by Medicare.

Annual Fees & Instructions

Please see the Membership Agreement form for annual fees and instructions.