



GOOD HEALTH PERFECT 10 PLAN

GENERAL MEMBERSHIP INFORMATION

For good and valuable consideration, Good Health Medical, P.C., an Arizona professional corporation d/b/a "MY DR NOW" ("GHM"), and the undersigned ("**Guarantor**"), on behalf of the individuals identified in Schedule 1 (the "**Member(s)**"), agree as follows:

GHM provides primary health care services ("**Medical Services**") to individuals at its office location(s). GHM created "The Good Health Perfect 10 Plan" (the "**Plan**") to help alleviate the high cost of health care and the administrative and clinical complexities that may prevent individuals from receiving needed medical care. Each individual who participates in the Plan (i.e., each Member) will have access to discounted Medical Services provided by GHM. Specifically, no patient will be denied coverage due to pre-existing conditions, or due to current or past medical, surgical, social, family, or genetic history. GHM is committed in providing each member with healthcare regardless of an individual's sex, race, ethnicity, national origin, age, religion, sexual orientation, or any other legally protected characteristics. GHM will provide Medical Services at significantly discounted rates set forth in the fee schedule attached as Schedule 1 (the "**Fee Schedule**"). As identified in the Fee Schedule, the rates for the office visits and the Medical Services vary, based on the type of service provider and the type of Medical Services.

Except for individuals participating in the Medicare or Medicaid (AHCCCS) Programs, all individuals and families can participate in the Plan; due to legal requirements, **individuals participating in the Medicare or Medicaid Programs may not participate in the Plan.** Individuals and families can participate in the Plan by entering into this Agreement, which sets forth the terms and conditions governing participation in the Plan. Members of the Plan pay monthly membership fees, which entitles them to receive the aforementioned office visits and Medical Services at the rates set forth in the Fee Schedule.

Guarantor understands that the Plan is not, that participation in the Plan is not a substitute for, and that GHM does not provide any kind of, health insurance. Guarantor understands that it is the Member(s) responsibility to obtain or keep in full force a health insurance policy or policies to cover the health care costs of the Member(s). Although health insurance is not a prerequisite to participate in the Plan, GHM believes the Member(s) should obtain and maintain health insurance.

Guarantor understands that health insurance plans may not (and, most likely, do not) cover the monthly membership fee(s) required to participate in the Plan or the discounted fees for office visits and Medical Services, and that GHM will not bill any health insurer or other third-party payer for office visits or Medical Services provided to the Member(s).

TERMS AND CONDITIONS

1. During the term of this Agreement: GHM will provide the Member(s) with access to primary health care services; the fees for such office visits and any Medical Services provided during such office visits will be at the rates set forth in the Fee Schedule.
2. Member must present their Perfect 10 Membership Card at the time of an office visit. Member will not have access to discounted rates as set forth in the Fee Schedule without first presenting their Perfect 10 Membership Card.
3. An "office visit" is comprised of an evaluation by a trained medical professional. Guarantor understands that it will provide all Medical Services in accordance with sound medical judgment in accordance with evidence-based medicine, based on the health care provider's sole discretion; that participation in the Plan in no way guarantees that any form of medication, treatment, referral, diagnostic study, doctor's excuse, or any other request made by the patient will be granted; and that requests for refunds or termination of the Plan, for any reason, will be denied.
4. All fees for office visits and Medical Services are due at the time of service. GHM will not bill any third-party payer for discounted Medical Services provided to the Member(s); Guarantor is solely responsible for payment of all fees for all office visits and Medical Services provided to the Member(s).
5. During the term of this Agreement, Guarantor hereby authorizes GHM to automatically charge the applicable Membership fee(s) for the Member(s)' participation in the Plan to the Guarantor's credit card on a monthly basis. Additional amounts such as office visit fees, fees for Medical Services provided, overdue balances, and any other fees or expenses will be charged as they are incurred. Guarantor understands and agrees that this authorization is non-revocable and will survive the termination of this Agreement, and all charges pursuant to this Agreement are non-refundable, non-revocable and non-contestable. Guarantor will,

Guarantor Initials

GHM Initials

from time to time and at such time as may be required, take such further actions and execute such further documents as may be reasonably required by GHM to effect the provisions of the Plan.

6. This Agreement will commence as of the Effective Date set forth below and will continue for 1 year. Upon the expiration of the initial term, or any subsequent term, this Agreement will continue for additional 1 year terms, unless GHM receives written notice of non-renewal from Guarantor not less than 90 days prior to the expiration of the then-current term. The terms and conditions of this Agreement will continue to govern and control Guarantor's obligations under this Agreement and the Member(s)' participation in the Plan during the entire continued term. Each 1-year period under this Agreement constitutes a "contract year" for purposes of this Agreement. Guarantor may submit a written request for early termination of the Plan. Granting an early cancellation will be at the sole discretion of GHM and will require annual membership fees to be paid in full.
7. GHM may terminate this Agreement, or the participation of any Member(s) in the Plan, at any time for any of the following reasons: charges to Guarantor's credit card are denied, for any reason; Guarantor breaches any of the terms and conditions in this Agreement; GHM discontinues the Plan; any Member(s) engages in disruptive behavior, as determined by GHM in its sole and absolute discretion; for any other reason, upon providing written notice to Guarantor.
8. Guarantor and Member agree to abide by GHM's policies, procedures, rules, and regulations, including presentation of Membership card and sign-in requirements at all times. As used in this Agreement, "disruptive behavior" means any act or omission which may: interfere with the orderly conduct of GHM; interfere with the ability of others to effectively carry out their duties; interfere with patient care; undermine a patient's confidence in GHM or any employee of GHM; behavior and/or language which may be interpreted as being offensive, disrespectful, demeaning, abusive, combative, confrontational, or deemed to be inappropriate in any manner. GHM is fully committed to protecting its staff, providers, and patients against any form of disruptive behavior.
9. Upon termination of this Agreement, GHM at its sole discretion, may choose to continue to provide Medical Services to the Member(s) according to GHM's non-discounted standard fee schedule.
10. Guarantor will pay all costs and expenses incurred by GHM in collection of amounts due under this Agreement or enforcing payment hereof, including, but not limited to, reasonable attorneys' fees and collection agency fees, whether or not suit is brought, and if suit is brought, the attorneys' fees will be determined by the Court.
11. GHM will not be responsible for failure to render Medical Services. All providers associated with GHM are licensed professionals who are required to comply with existing state and federal laws and licensing regulations. Member assumes any and all risks associated with obtaining health care services. Member and Guarantor agree that GHM will not be held liable for any injury, claim, economic damage, other forms of loss, negligence, or any other act committed by staff or any health care professional associated with GHM, or through any act or conduct undertaken by any other individual present at or utilizing services at any GHM facility.
12. GHM will have no liability to any third party under any agreement that Guarantor or a Member(s) has or may have with any hospital, insurance carrier, third-party payer, governmental entity or other entity or individual (including Guarantor). Guarantor hereby releases GHM and its agents and employees from and against any and all liability resulting from or related to any improper, incorrect or unauthorized transfer. In any event GHM's maximum liability under this Agreement will be an amount equal to 1 month's monthly membership fee(s) under this Agreement. GHM will not be responsible for lost, stolen, or broken articles or goods while Member is present at a GHM facility.
13. Guarantor and Member agree that they will not be eligible to participate in other promotional programs, discounts, or giveaways.
14. Any notice, payment, demand, or communication required or permitted to be given by any provision of this Agreement will be in writing and will be delivered personally, or sent by express overnight delivery or by United States mail, addressed to the respective party's address below. Notices will be deemed received upon actual receipt. Any party may change its address for notice purposes by giving notice to the other party.
15. Unless a party is seeking injunctive relief, if a dispute arises out of or in connection with this Agreement, GHM and Guarantor will submit the dispute to mediation. Mediation hereunder will be conducted in Phoenix, Arizona by a single mediator, mutually agreeable to the parties, or if no agreement, then by a single mediator selected by the Chief Presiding Judge of the Maricopa County Superior Court. The party who first notified the other party of the dispute will be solely responsible for the costs and expenses of the mediation. GHM and Guarantor acknowledge and agree that mediation is a condition precedent for filing a claim in any court for any dispute covered by this Agreement. If mediation does not resolve the dispute, unless the parties mutually agree otherwise in writing, the parties will submit the dispute to binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, then in effect. Any such arbitration will be held in Phoenix, Arizona, and the American Arbitration Association will be requested to submit a list of prospective arbitrators. In any such arbitration, or in any proceeding commenced by either party to enforce this provision or any award, the prevailing party will be entitled to receive reasonable attorneys' fees, expert and non-expert witness fees and costs, and all other costs and expenses incurred in connection with such proceeding. The award rendered by the arbitration will be final and binding and a judgment may be entered upon it in any court of competent jurisdiction.
16. GHM reserves the right to transfer or assign this Membership Agreement or any rights or obligations contained herein without notice to Guarantor. Guarantor may not assign or transfer any right conferred through this Membership Agreement without the written authorization of GHM.

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17. This Agreement will be construed and enforced according to the laws of the State of Arizona applicable to agreements made and to be performed wholly within Arizona. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter of this Agreement. This Agreement may be executed in one or more counterparts, each of which will constitute an original, but all of which together will constitute one instrument. If any provision of this Agreement is found to be invalid or unenforceable by any court or arbitral tribunal, only that provision will be ineffective.
18. Guarantor represents and warrants to GHM that Guarantor has the authority to enter into this Agreement and, once executed, this Agreement will be a valid and binding obligation of Guarantor. GHM reserves the right to revise, amend, or alter the Terms and Conditions without notice to Guarantor or Member, or to discontinue service at any time, and such changes will become effective immediately without further action required on the part of GHM.

Guarantor acknowledges that neither GHM, nor anyone else, has made any representation to induce Guarantor or Member to become a Member or participate in the Perfect 10 Plan. By signing below Guarantor acknowledges that they have read this Agreement in its entirety, has had the opportunity to discuss same with a member of GHM's staff and fully understands, accepts all Guarantor obligations, rights, responsibilities, liabilities, and waivers.



Printed Guarantor Name (First, Middle Initial, Last)		Date of Birth	
Mailing Address			
City		State	Zip Code
Cell Phone	/	Work Phone	/ Home Phone
Email Address			
Guarantor Signature		Date	
Printed GHM Staff Name (First, Last)	GHM Staff Signature	Date	



Good Health Medical PC
 4600 South Mill Ave. #280, Tempe, AZ 85282
 480-677-8282

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MEMBERSHIP TERMS

Your Membership Term Begins on _____ 20 _____ And Expires on _____ 20 _____

You Have Elected To Pay For Your Membership In Full On A Monthly Basis

Your Total Amount Due Today Is \$ _____

Your Total Reoccurring Monthly Membership Cost Is \$ _____

_____ *Initials* GHM will charge the Guarantors credit card on or after the _____ day of each month until the Guarantors membership status has been terminated. If the day of the month falls outside normal business hours the charge may be processed one day before or after the specified day.

_____ *Initials* Additional costs for services provided, will be charged automatically to Guarantors credit card as they are incurred.

Guarantor Credit Card Information

Exact Name on Card _____ Expiration Date _____

Card Holder Signature _____

MasterCard Visa Discover

American Express

3 digit number on back _____

4 digit number on front _____

Grid for 3 digit number on back

Grid for 4 digit number on front

_____ Billing Address _____

_____ City _____ State _____ Zip Code _____

_____ / _____ / _____
Cell Phone Work Phone Home Phone

_____ Printed GHM Staff Name (First, Last) _____ GHM Staff Signature _____ Date _____

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SCHEDULE 1

NAME AND DATE OF BIRTH OF PARTICIPATING MEMBERS

1.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
2.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
3.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
4.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
5.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
6.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
7.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
8.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
9.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY
10.	Member Name-Printed - Last Name, First	Date of Birth – MM/DD/YY

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SCHEDULE 2

**GOOD HEALTH PERFECT 10 PLAN
FEE SCHEDULE**

PERFECT 10 PLAN MONTHLY MEMBERSHIP FEES

Single Member	\$40 Per Month
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OFFICE VISITS

Nurse Visits	\$5 Per Visit
PCP Office Visits	\$10 Per Visit

ANCILLARY SERVICES

Audiometry	\$50
Blood Sugar (Accu-check) Testing	\$10
EKG / ECG	\$30
Hemoccult	\$20
Orthostatic Blood Pressure Testing	\$20
Peak Flow Testing	\$20
Rapid INR	\$15
Rapid Strep. Testing	\$20
Spirometry / Pulmonary Function Testing	\$25
SVN / Nebulizer Breathing Treatments	\$25 Per Treatment
Tympanometry	\$0
Urinalysis	\$15
Urine Pregnancy Test	\$15
Visual Acuity	\$0

IMMUNIZATIONS – PEDIATRIC (18 AND UNDER)

All Pediatric Immunizations	\$15 Per Immun.
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**IMMUNIZATIONS/INJECTIONS
ADULT (19 AND OVER)**

Gardasil	\$200 Per Immun.
Hepatitis A	\$75 Per Immun.
Hepatitis B	\$75 Per Immun.
MCV4	\$150 Per Immun.
MMR	\$75 Per Immun.
Pneumonia	\$55 Per Immun.
Shingles	\$250 Per Immun.
Td (Tetnus)	\$40 Per Immun.
Tdap	\$80 Per Immun.
Varicella	\$125 Per Immun.
Depo-Provera	\$80 Per Injection
Diphenhydramine (Benedryl)	\$20 Per Injection
Epinepherine	\$50 Per Injection
Kenalog	\$20 Per Injection
PPD	\$25 Per Test
Promethazine	\$20 Per Injection
Rocephin	\$25 Per Injection
Solu-Medrol	\$20 Per Injection
Toradol	\$20 Per Injection
Vitamin B-12	\$25 Per Injection

IN OFFICE PROCEDURES

Abscess Incision & Drainage	\$95
Anoscopy	\$70
Bladder Catherization	\$60
Reduction Nurse Maids Elbow	\$100
Cyst Removal	\$105
Destruction Lesion / Skin Tag First Lesion / Skin Tag Each Additional	\$60 for First \$15 Each Additional
Ear Wax Removal	\$45
Fiberglass Splinting	\$65
Fluorescein Staining	\$48
Foreign Body Removal	\$120
Incision Thrombosed Hemorrhoid	\$150
Joint Injections	\$70 Per Joint
Lacerations	
1-5 CM	\$135
6-10 CM	\$160
11-15 CM	\$200
Greater than 16 CM	\$250
Nail Removal	\$85
Subungal Hematoma Evacuation	\$40
Wart Removal	\$110
Wound Repacking and/or Care	\$40

X-RAYS

All X-Rays	\$30 Per Exam
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ADMINISTRATIVE & MISCELLANEOUS FEES

Disability and FMLA Fee	\$25 Per Form
Forms Fee	\$25 Per Form
Narrative Report / Physician Letter	\$100 Per Letter
New Member Card	\$25 Per Card
No Show or Late Cancellation Fee	\$25 Per Incident



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SCHEDULE 3



MY DR NOW is your “Medical Home”, where you can be seen for all of your medical needs. Feel free to just walk in or make an appointment in advance. We are here whenever you need us. Providing you with superior healthcare is our number one priority. **This packet is a one-time form which will allow us to know you better. Please carefully fill in the forms as completely and accurately as possible, all blank or unanswered questions/spaces imply a negative response. We ask you to please bring your insurance card and ID to each visit.** Thank you for choosing MY DR NOW. We look forward to serving you!

Overview: MY DR NOW is your medical home. We strive to provide you with all of your Family Practice, Internal Medicine, Pediatric, Orthopaedic Surgery, Sports Medicine, and Urgent Care needs. However, with certain HMO and Medicaid (AHCCCS) plans, we can only provide services if MY DR NOW is designated as your medical home. In other words, if you have an HMO or Medicaid (AHCCCS) plan, MY DR NOW needs to be designated as your primary care physician’s office, in order for you to take advantage of all the services we provide.

Refills & Prescriptions: Medication errors involving prescription drugs account for 1.5 million injuries and deaths per year according to the esteemed Institute of Medicine. Of this number, 400,000 cases of medication errors are **preventable**. In order to minimize preventable medication errors and provide the highest quality care, medication refills are best addressed at the time of your visit with your provider; please bring all of your medications with you at the time of every office visit. Once an ailment or disease process is stable or controlled, you may receive a 3-6 month supply of medication. Prior to running out, we ask that you return to the clinic for re-evaluation and to obtain refills, as they will not be refilled over the phone or via facsimile. As customary with industry standards, multiple refills will not be granted for patients seen on an emergent basis, in the urgent care, or as walk-ins. Refills on antibiotics and narcotics are strictly prohibited. Please note that lost prescriptions will not be refilled and will require a new office visit (this includes self pay patients.) Please also note that the providers at MY DR NOW are unable to see, evaluate, examine, or diagnose patients who are not officially being seen in the clinic.

Office Visits: Based on a report from the National Academy of Sciences’ Institute of Medicine, preventable medical errors cause over 98,000 fatalities each year. As we strive to provide the highest quality care to our patients, MY DR NOW has implemented policies to help ensure optimal care. Therefore, the providers at MY DR NOW cannot treat, evaluate, or change the treatment modalities of anyone who is not officially being seen as a patient in the clinic. This policy extends to giving medical advice or changing treatment modalities over the phone. We are always happy to serve our patients, so if there are ever any questions or concerns in regards to your healthcare, please don’t hesitate to come in for an office visit and be seen for further evaluation. Clinic policy states that all patients who visit MY DR NOW for any type of care or assistance are required to have a full set of vitals completed at the time of visit.

Cancellation Policy: As a courtesy to other patients, we ask that you provide us with at least 24 hours notice if you need to cancel or reschedule your appointment. MY DR NOW reserves the right to charge a \$25 fee to all patients who are in violation of this policy.

Co-Pays: All co-pays are due at the time of service; this includes follow-ups, nurse visits and blood draws. All fees, co-pays, and outstanding balances are due at the time of service; failure to collect such balances as a result of oversight or misinformation provided by the payer does not void or negate balances due and may be subject to additional late and collection fees. A \$10 convenience fee will be charged for all uncollected co-pays.

Preventative Medicine: Preventative medicine (such as physicals, well woman exams, and well child checks) is the part of medicine engaged with preventing disease rather than treating it. For the sake of thoroughness, during a preventative office visit, the providers at MY DR NOW prefer to defer treatment of other ailments or disease processes for a later office visit. **If other non-preventative issues are addressed at the time of a preventative visit, the applicable co-pays will need to be collected prior to being discharged from the facility. Preventative visits are only exempt from co-pays when the focus of the encounter is strictly preventative and does not in any manner address non-preventative complaints, concerns, issues, or refills.**

Office Visit Basics: An office visit is comprised of an evaluation by a trained medical professional. An office visit in no way guarantees that any form of medication, treatment, referral, diagnostic study, doctor’s excuse, or any other request made by the patient will be granted. It is at the sole discretion of the provider to consider what is most prudent and requests for refunds will not be taken into consideration. MY DR NOW allows for a platform in which patient-provider interactions may occur; differing, conflicting, opposing, contradictory, inaccurate opinions and/or diagnoses do not negate or void balances due.

Lab & Study Results: In order to minimize miscommunication of study results, details will be addressed with our patients during the time of an office visit. Specific details of lab and study results will not be discussed over the phone. In the event of an abnormal result, we ask our patients to come in for an office visit for interpretation of results, further evaluation, and to discuss the abnormal findings and treatment plan with a provider. You will receive a call from our office to provide you with instructions on when you should return. If you have questions or concerns about normal study results we invite you to come in for an office visit and have a provider interpret the results & discuss any remaining questions and/or concerns which you may have. There will be a charge for these visits.

Food & Eating: With the exception of bottled water, food is prohibited within the office.

Referrals & Prior Authorizations: The healthcare industry standard for the processing of referrals and prior authorizations is 14 days. At MY DR NOW we strive to beat industry standards in every aspect. Please allow 7-14 days for the processing of referrals and prior authorizations. We are our patient's biggest advocates, and we believe in attacking ailments and disease processes aggressively. The providers and staff at MY DR NOW work diligently to get approval for the studies and referrals we believe our patients need. Sometimes this process may take longer than we like, but please be patient as we work with your insurance company to get you the superior healthcare you deserve. Please also remember we are prohibited from completing referrals and prior authorizations on ailments for which you have never been seen and/or evaluated for here at MY DR NOW.

Phone Messages: A MY DR NOW patient representative will contact you within 24-48 hours of your office visit to ensure that all questions and concerns have been adequately addressed. We encourage and request that our patients ask questions and provide feedback; we also request that our patients contact us anytime they have questions or concerns about their care. Please allow 24-48 hours for a return call from one of our office staff when leaving messages. Please also remember that the providers at MY DR NOW are not able to refill medications, give any medical advice, or make changes to any treatment modalities over the phone. If your needs must be addressed sooner, please feel free to come in for an office visit any time during office hours.

Treatment of Minors: It is generally preferred that a parent or guardian accompany a minor at any office visit. There are however exceptions to this rule. Delivery of care will not be delayed while waiting for consent when evaluating a minor with an emergency condition. A minor is also allowed to give consent for the diagnosis and treatment of drug and alcohol related issues, contraceptive services, and for the treatment of sexually transmitted diseases. When appropriate, minor ailments may also be treated without the presence of a parent. Once again, written or oral consent is preferred, but not mandatory, and this will be left up to the discretion of the office. Sports physicals, however, require written consent when the parent is unable to accompany the child to the office.

Copies of Records: We are happy to provide you with copies of any and all of your medical records upon your request, we hope that you will be happy to know that we are a paperless office and eliminate waste whenever possible. To aid in this effort, we provide our patients with a personal electronic copy within 3 business days (72 hours) for a fee of \$25. A personal electronic copy may be expedited within one business day (24 hours) for a \$50 fee.

Forms & Letters: In order to provide patients with requested forms and letters in a timely manner, a charge to complete each individual and separately identifiable form will be assessed. If a provider must write a letter or fill out forms and documents on behalf of the patient, a flat fee will be required to complete the request. Please allow 3 business days (72 hours) for this process to be completed. All fees are due at the time of request.

- Forms \$25
- Disability & FMLA paperwork \$25
- Narrative Report \$100

Medical & Doctor's Excuse of Absence: An excuse of absence will be granted by the provider based on medical necessity. If an extension is required for an excuse of absence, the patient will need to be re-evaluated with an additional office visit. An excuse of absence or an extension for an excuse of absence cannot be granted without an evaluation by a provider during an office visit.

Cell Phones: In consideration of the medical equipment which is used in the clinic, and other patients, we ask that you either turn off cell phones and pagers or use the vibrate setting when visiting MY DR NOW. **Please do not answer or talk on your cell phone while in the exam room.** This does interfere with the accuracy of EKG's performed in the office.

Pain Management: Pain is costly for individuals and society; an adult experiencing pain loses an average of 23 days of productivity per year. Moreover, pain can significantly affect the quality of life of an individual and cause disruptions in sleep, eating, mobility, and overall functional status. Furthermore, millions of Americans live with pain, and since pain management is an integral and important part of medicine, the providers at MY DR NOW believe *acute* pain should be managed appropriately. However, in order for our patient population to receive the best care possible, we recommend a pain specialist be utilized for the evaluation, management and treatment of chronic pain. To reiterate, we **do not** treat chronic pain at MY DR NOW.

Acute pain is defined as pain that has a recent onset, has a duration of less than 3 months, and subsides as healing occurs. **Chronic pain** is defined as pain that persists or progresses over a 3 month period, is often resistant to medical treatments, and may require a consistent dose of medication in order for the patient to remain functional. Please be aware that standard medical protocol states that pain management after surgery is best handled by the surgeon's office and not a primary care doctor. Some of the medications that MY DR NOW does not write for include, but are not limited to: Fentanyl, Dilaudid, OxyContin, Oxycodone, Methadone, and Suboxone.

Disruptive Behavior & the MY DR NOW Code of Conduct: MY DR NOW's Code of Conduct defines disruptive behavior as anything that an individual might do which may (A) interfere with the orderly conduct of the clinic (B) interfere with the ability of others to effectively carry out their duties (C) interfere with patient care (D) undermine a patient's confidence in the facility or any member of the healthcare team (E) be interpreted as offensive, disrespectful, demeaning, abusive, combative, confrontational, including any behavior and/or language which may be deemed to be inappropriate in any manner. MY DR NOW is fully committed to protecting its staff, providers, and patients against any form of disruptive behavior, and once the cornerstone of the doctor patient relationship is eroded the facility reserves the right to discharge the patient from the clinic permanently. MY DR NOW will aggressively pursue and litigate against any disparaging statements and/or behavior which may be deemed as defamatory, libelous, or slanderous.

Pregnancy Tests: Please note that when urine studies are ordered by a provider, a pregnancy test will automatically be performed on all female patients of childbearing age regardless of past Gynecological, Obstetric, or surgical history.