DIRECT PRIMARY CARE EMPLOYER ENROLLMENT AGREEMENT

This Direct Primary Care Employer Enrollment Agreement ("Agreement") is entered into on [Date], by and between [Your Business Name] ("Employer") and [Southern Direct Primary Care PLLC, 1509 Dorothy Nichols Lane, Suite B, Smithville TX 78957] ("Clinic").

1. Scope of Services

Clinic agrees to provide non-fee-for-service primary care medical services ("Services") to eligible employees and their designated dependents who enroll in the clinic program ("Members"). Services include routine office visits, preventative care, basic office procedures, and direct communication access. Services are limited to primary care and do not constitute health insurance. Employer acknowledges that Clinic is not insurance and does not cover hospitalizations, emergency care, specialty care, advanced imaging, surgical procedures, or other services provided outside the Clinic. Employer is encouraged to maintain appropriate insurance coverage, health sharing ministry participation, or other financial protection for such services.

Excluded Services: The following services are not provided under this Agreement and are not included in Employer-sponsored Direct Primary Care memberships:

- Evaluation or treatment of work-related injuries or illnesses subject to workers' compensation claims
- Department of Transportation (DOT) physical examinations
- OSHA-required medical surveillance programs, including respirator clearance testing, hearing conservation programs, pulmonary function testing, hazardous materials surveillance, and other regulatory occupational health programs
- Drug and alcohol testing programs, including pre-employment, random, post-accident, and reasonable-suspicion testing
- Independent medical examinations (IMEs)
- Expert witness services, legal evaluations, or impairment ratings
- Employer-requested medical evaluations requiring specialized occupational medicine certification, reporting, or regulatory compliance

Southern Direct Primary Care may provide routine pre-employment physicals and standard return-to-work physicals when not related to workers' compensation claims, DOT requirements, litigation, disability determinations, or regulatory occupational medicine programs.

2. Employer Responsibilities

Enrollment: Employer will use the Employee Enrollment Form to provide an accurate list of eligible employees on or before the effective date.

Enrollment Updates: Employee or Enrollee additions and terminations must be submitted by the twenty-fifth (25th) day of the month and will become effective on the

first day (1st) of the following month. Employees whose employment terminates may elect to continue membership directly with Clinic at Clinic's then-current individual membership rates, subject to completion of required membership Consent Forms.
Payment: Employer agrees to pay the monthly membership fees for all active enrolled employees.
Minimum Enrollment Requirement: Employer-sponsored pricing requires a minimum of five (5) enrolled adults. If enrollment falls below five (5) enrolled adults, Clinic reserves the right to convert the group to Clinic's current, in-effect standard pricing with a 30-day written notice.
Communications Designee: Employer shall designate a primary administrative contact responsible for enrollment changes, billing matters and communication with the Clinic. Clinic may rely upon communications from the designee regarding enrollment and termination requests.
Workers' Compensation: Employer acknowledges that Southern Direct Primary Care does not serve as Employer's workers' compensation provider. Employer is responsible for maintaining an appropriate workers' compensation carrier and directing employees with work-related injuries or illnesses to the designated workers' compensation network. Clinic reserves the right to decline evaluation or treatment of conditions reasonably believed to be work-related.

3. Fees and Billing

Monthly Fee: Employer will pay per enrollee per month.
Employee (Age 18+): $65.00
Spouse of Employee (Age 18+): $65.00
Dependent Child (Under Age 18): $35.00

All enrolled family members must reside in the employee's household unless otherwise approved by Clinic.
Membership fees are not prorated. Clinic does not provide retroactive enrollment, retroactive termination or partial-month refunds.
Billing Cycle: Clinic will invoice Employer on the 1st of each month.
Payment Due Date: Payment is due within 25 days of the invoice date.
Late Fees: Any payment not received by the twenty-fifth (25th) day of the month shall incur a $50 administrative late fee.
Suspension: Accounts remaining unpaid after the last day of the month may be suspended until all outstanding balances are paid in full. During suspension, Members may not schedule appointments, receive non-emergent services, or access membership benefits.
Fee Changes: Clinic reserves the right to adjust membership fees upon sixty (60) days written notice to Employer.

4. Term and Termination

This agreement shall become effective on the Effective Date and shall continue on a month-to-month basis thereafter. Either party may terminate this Agreement without cause by providing sixty (60) day written notice to the other party. Clinic reserves the right to terminate this Agreement immediately for nonpayment, fraud, abusive behavior, misuse of services, or any material breach of this Agreement.

5. Medical Records and Privacy
Clinic will maintain patient confidentiality in accordance with HIPAA regulations. Employer will have no access to employee medical records or clinical data without explicit written patient consent.

6. Governing Law
This Agreement shall be governed by and construed in accordance with the laws of the State of Texas.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first written above.

EMPLOYER:

Authorized Signature: _____

Printed Name: _____

Title: _____

COMMUNICATIONS DESIGNEE:

Printed Name: _____

Title: _____

Phone Number: _____

Email Address: _____

CLINIC:

Authorized Signature: _____

Printed Name: _____

Title: _____