

# A Woman's Wellspring: Dr. Stephanie Taylor, MD

## 2023 Participation Agreement

### A woman's' personalized medical practice supporting your unfolding into the vital woman you were meant to become

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Billing Address (must match billing address on credit card)

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_

This Participation Agreement summarizes the terms and conditions under which Stephanie Taylor, M.D., Ph.D. will provide services as outlined below to the participant,  
\_\_\_\_\_ (Participant's printed name)

#### **All patients must be vaccinated against COVID19 or have a letter from their physician clarifying the reason to avoid vaccination.**

• **Medical Services.** Dr. Taylor has no plans to retire. Dr. Taylor promises to give ample advance warning for any retirement plans, except for emergencies. Dr. Taylor will provide specialty consulting services to the participant during the term of the Participation Agreement. **The annual membership fee is non-refundable** and does not include office visits, Telehealth, laboratory testing or radiology services. Telehealth & office visits will be paid at the time of service. Laboratory and radiology services are billable to your insurance contract by the providing institution.

• **Conduct of Practice.** Dr. Taylor provides both integrative medical care services as well as office based gynecology.

• **Annual Fee.** The participant agrees to pay a yearly sum, which may be paid annually or quarterly. **Quarterly payments will be charged automatically with a credit card.**

The fee structure for the coming year is:

Age 26-74 years = \$450.00\* (\$120.00/ Quarter)

Family Plan (Mothers and Daughters)=\$550.00\* (\$140.00/ Quarter)

Age less than or equal to 25 years of age =\$250.00\* NO QUARTERLY

Age more than or equal to 75 years of age =\$250.00\* NO QUARTERLY

More than or equal to 85 years of age =\$150.00\* NO QUARTERLY

\* See late fee policy below.

• **Rights and Responsibilities.** Dr. Taylor's Medical Practice is neither a health insurance nor a health benefit plan. Your participation is voluntary. You will continue to be responsible for all medical expenses covered in your health insurance plan.

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All payments for office visits are due at the time service is rendered.

• **After hours coverage.** Services are normally rendered during office hours, 8 AM-5PM Monday-Thursday. Prescription refills require 48 hours advance notice.

• **Term** this participation agreement is effective from January 1-December 31 yearly. It will renew automatically unless cancelled by either the participant or Dr. Taylor in writing. Members who join on or after October 1 will pay that year's quarterly annual fee at the time of first visit, and then will be billed the full annual fee that December for the upcoming year.

**Mini-Medical School-** Mini-Medical School is included in your annual fee. Education is an essential component of good health care, especially in these uncertain times. Dr. Taylor presents six Zoom seminars each year on topics that are chosen by the patients in an annual survey.

**I wish to receive the newsletter** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Invoices mailed early December with a due date Jan 1.**

**LATE FEES:** Late fee is 10% of the annual fee. Credit Card payments will be processed on the first day of the Quarter. There is a \$10.00 fee if card is declined+\$20 late fee of payment not made by the first of the month.

**I wish to participate in Dr. Taylor's Community Supported Medical Practice.**

**I agree to the terms of the practice described above.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Stephanie Taylor

\_\_\_\_\_  
Date

**MAKE RENEWAL PAYMENT** Visa, MasterCard, discover, cash or check

• Fill out, sign and return to Dr. Taylor: [drtaylor@womanswellspring.com](mailto:drtaylor@womanswellspring.com)

**OR**

• Fill out and sign in writing and return to

**Dr. Taylor**

**P.O. BOX 222605**

**Carmel, CA 93922**