



**Marty Molina, M.D.**  
**Amanda Gay, PA-C**  
**Carey Sweet, FNP-C**

### **A letter to my patients,**

As of April 1, 2018, Texas Family Physicians will change our practice model from Traditional Fee for Service to a Medical Membership model. Medical Membership is a hybrid between Fee for Service Medicine and Concierge Medicine, the main difference being that we will continue to work with your health insurance company (BCBS, Humana, for example) including Tricare and Medicare. A Medical Membership offers enhanced services that are not covered by your insurance which will help our providers at TFP take a proactive interest in your health with high quality medicine and service.

When I opened my practice in 2008, it was my intention to build an enduring practice of medicine through “personal, high-touch medicine with a small-town feel.” Over the last 10 years with continued and increasing demands of the healthcare industry and government changes, I am directed to be more of an “administrator of care” rather than a “physician caregiver.” I am making this change to my practice to be able to continue to provide a progressive, functional and comprehensive approach to your health and wellness. As many of you know, I have explored many different aspects regarding my practice model, its growth and the type of care provided. As a physician, patient care is my highest priority, and maintaining my independence as a practitioner allows me to focus on you, the patient.

By limiting the number of patients in the membership, I plan to recapture the personal and small-town feel of my original practice. I want to better focus on establishing and reestablishing direct relationships with patients and their families, as well as provide greater access to me, as your provider, and our practice.

Upon evaluation of all the dynamics of my patients, my practice, my community involvement and my commitment to be aggressive and proactive in preventative health, the direction of TFP in the future is a Medical Membership. I want to go forward as your physician and patient advocate, utilizing progressive science and forward-minded medicine to focus on preventative measures and wellness planning. My hope is to maintain the focus of care on preventing the disease rather than treating the disease, empowering patients through education and assisting patients in reaching their optimal health. Continuing to accept and work with health insurance companies will allow all of my current patients to have the choice whether or not the Medical Membership model is right for them.

In light of our large practice and current pace, all scheduled patient appointments through March 31, 2018 will be seen and evaluated/treated and billed to insurance as before. I will have a knowledgeable member of my staff available to discuss the services, benefits and estimated costs involved in our Medical Membership in relation to your specific insurance plan prior to joining. Our Medical Membership will begin April 1, 2018 with those patients who choose to be members.

Patients will be notified in several different ways; our website will offer the most up-to-date information in addition to text, email and mail. We will also offer non-member services and options for those who decide that the Medical Membership is not for them.

In summary, I am blessed to have a large, growing and thriving practice. I am honored to have your confidence and trust as your family doctor. The issue at hand is simply that the volume and rate at which we function as a practice on a day-to-day basis is not viable as an independent doctor with the complexities of current healthcare environment. I chose not to commit to a full Concierge practice (cash pay, no insurance) as personally and professionally I find it too limiting for my current and future patients.

The Medical Membership will allow me and my practice to work with your insurance and the policies which health insurance services utilize. By staying in network with many health insurance companies, our practice will continue to be able to provide the referrals and authorizations that are required by several plans. Most importantly, limiting the size of the practice will provide an improved quality of time as well as an improved setting and services to more effectively communicate with my patients at the highest level.

I understand that a Medical Membership may not be for everyone. Please know that my effort and decision is such that this change will embrace and support the great majority of my current patients.

Sincerely,

Marty Molina, MD

6618 Sitio Del Rio Blvd., Bldg. B-101, Ste. 101, Austin, TX 78730  
Ph. 512.524.2336 ★ Fax 512.372.8525 ★ [www.texasfp.com](http://www.texasfp.com)



## Medical Membership

**It's not healthcare for everyone; it's healthcare for you.**

Our Providers at Texas Family Physicians strive to provide high-touch medicine with a small-town feel, using a functional approach with open-minded perspective centered on preventing the disease rather than treating the disease, empowering patients through education and assisting patients in reaching their optimal health. We will focus on establishing and reestablishing direct relationships with you and your family, as well as providing greater access to our practice.

MEMBERSHIP FEATURES	BENEFITS	EXAMPLES
Service	Enhanced abilities and infrastructure to provide high quality medicine	You will have access to your provider and office staff by telephone, email, our patient portal and virtual appointment improving the communication with our office.
Functional Approach	Advanced genetic testing, nutritional analysis and lifestyle assessments	Our providers will use a combination of functional testing to provide a complete and comprehensive personalized lifestyle plan to achieve goals like weight loss.
Direct Access to your Provider	24/7 direct access via email, text or telephone	You can text the provider cell phone late at night if needed for urgent matters and get immediate advice potentially avoiding an Urgent Care or Emergency Room visit.
Continuity of Care	Providers know you, your medical history and your family	Our providers will continue to care for your college age child by telephone, text and email providing counseling, treatments and/or medications as appropriate.
Time Convenience	Same day appointments, longer appointments and alternative appointment options with limited wait time	You can see your provider with a limited wait; convenience of same-day appointments for you or your family, we can also schedule a telephone or virtual appointment for schedule conflicts and follow up appointments if appropriate.
Our providers participate in most bill insurance for services provided. available for individuals without	PPO and HMO plans and will Cash payment options are also accepted plans	<p style="text-align: center;"><b>EASY TO JOIN</b></p> <p><b>Please call 512.524.2336 to schedule a time to discuss our Medical Membership with Stephanie Martin, RN,BSN, our practice manager.</b></p>



## Non-Member Services

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We will continue our “Acute Care Walk-In Clinic” for non-members. (Hours may vary - please see our website for updated times.) For those patients choosing to be seen as a walk-in acute care patient, your visit will be limited to treatment of your acute issue. (See below for examples.) Dr. Molina will continue to work with area schools and community programs to provide acute care to non-member athletes, coaches and school employees. Appointments will be made for these patients as availability allows.

NON MEMBER	SERVICES	EXAMPLES
Access to acute care for illness	Management and treatment of acute illness	Walk in during specified times for treatment of strep, flu, allergies, etc.
Access to care for acute injury	Management and treatment of acute injury	Walk in during specified times for acute injury due to sports, concussion, trauma
Walk in for same day care No appointment necessary	Patients will be seen the same day for acute issues	Patients are seen on a first come, first served basis.
School and Community Athletes, Coaches, School Employees	Management and treatment of acute illness, injury or concussion	Walk in during our Acute Care Walk-In Clinic times and be seen for acute illness or injury. Appointments will be accepted based on availability.

## MOST INSURANCES ACCEPTED/PRIVATE PAY RATES

Co-pays and outstanding balances are required to be paid prior to being seen by a provider. Valid insurance card must be presented for submission to your insurance company. Patient is responsible for any unpaid balance. Private pay patients will be required to pay \$125.00 prior to being seen by a provider.



2018 MEMBERSHIP RATE	TIME	ACCESS	FUNCTIONAL APPROACH	SERVICES (Included In Membership)
<p>\$100 Individual/Month</p> <p>Or</p> <p>\$200 Family/Month</p> <p>Discounts Available for Aging Parents</p> <p>Family Is Defined as Head of Household and Dependents</p>	<p>Improved Quality and Use of Time</p> <p>Limited Practice Size</p> <p>No or Limited Wait Time</p> <p>Longer Appointments and More Time with Your Provider</p> <p>Improved and Faster Response Time (Patient Callbacks, RX Refills, Referrals and Prior Authorizations)</p> <p>Focused Effort on Accommodating Your Schedule</p>	<p>Access to Your Provider Via Text, Phone Or Email 24/7 Decreasing The Need for Urgent Care And ER Visits</p> <p>Health Information and Results Available Online Through The Patient Portal</p> <p>Virtual Appointment and Phone Consultations for Patients Traveling Out of Town And College Age Patients</p> <p>Access for Out-of-Town Family or Friends</p>	<p>Proactive and Forward Thinking to Better Implement</p> <p>Preventative Measures and Better Predict Outcomes</p> <p>Progressive Medicine Focusing on Preventing the Disease Rather Than Treating the Disease</p> <p>Personalized Approach to Review Medical History, Genetics, Nutrition And Environment To Be Specific With Health and Wellness Goals (i.e. Weight Loss, Decreasing Medication, Etc.)</p> <p>Empower and Educate The Patient</p> <p>Evolving Methods And Research</p>	<p>Optimized Screening Cardio-Metabolic Stress Test</p> <p>Advanced Cardio-Metabolic Laboratory Panels</p> <p>CT Calcium Score (Heart CT)</p> <p>Screening Pulmonary Function Tests</p> <p>Nutritional Analysis: Amino Acid and Heavy Metal Evaluation For Optimal Neurocognition and Musculoskeletal Health</p> <p>Personalized Nutrition Plan and Access To An Onsite Nutritionist</p>



### ACUTE CARE WALK-IN CLINIC

Texas Family Physicians at River Place will have walk-in hours for acute/sick visits for non-members, we will continue to accept and bill your health insurance or provide a discounted private pay flat fee rate of \$125.00 (lab work, outside procedures or testing are not included in flat fee.) Visits will be limited to acute/sick issues and will be first-come, first-served, no appointments will be scheduled. Non-members will be required to pay their co-pay and any outstanding balance prior to being seen.

### COMMUNITY AND SPORTS MEDICINE

Dr. Molina will continue to work within the schools and community as a team doctor to Vandegrift High School (and surrounding 4 points schools), Lake Travis High School and Concordia University. He will also continue to serve on LISD concussion committee and other boards related to concussion care and treatment.

Non-member athletes, coaches and school employees will be seen for acute care appointments (sick or injury including concussion) on an as needed basis. We will continue to bill your health insurance or provide a discounted private pay rate of \$125.00 (lab work, outside procedures or testing are not included in the flat fee.) Visits will be limited to the acute issue, appointments can be scheduled based on availability. Co-pays and outstanding balances will be required to be paid prior to being seen unless alternative arrangements have been made.



## MEDICAL MEMBERSHIP AGREEMENT

**THIS MEDICAL MEMBERSHIP AGREEMENT** (this “membership agreement”) is made effective of \_\_\_\_\_ by and between the undersigned member (“Member”) and Martin C Molina, MD PA DBA Texas Family Physicians (“Medical Group”); together the “Parties”. In consideration of the mutual promises and undertakings set forth below and for other valuable consideration, receipt and sufficiency of which are hereby acknowledged by the Parties, and intending to be legally bound, the Parties hereby mutually agree, as follows:

- 1) **Terms of Services; Program Services.** The Terms and Conditions attached hereto as Exhibit A (the “Terms”) are incorporated herein and made a part of this Membership Agreement by this reference (collectively referred to as the “Agreement”). The Parties have read and agree to fully comply with the in the Terms. In consideration of the Membership Fee (as defined below), Medical Group agrees to provide Member with services and amenities described in the Terms (the “Program Services”) in accordance with and as provided by this Agreement and the Terms.
- 2) **Member Information.** Member represents and warrants that his/her information set forth below is accurate and complete, and agrees to promptly notify Medical Group.

### MEMBER INFORMATION

Last Name	First Name	Middle Initial
Home Address	City, State	Zip Code
Date of Birth	E-Mail Address	
Emergency Contact Name		Emergency Contact Phone Number
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact Preference <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> E-Mail	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Pharmacy Name	City, State	Phone
Billing Contact Name (If Different than above)		Billing Contact Phone Number

- 3) **HIPAA Release/Consent.** Member agrees, consents and authorizes Medical Group to disclose all of his/her protected medical information to Texas Family Physicians in accordance with the Authorization Form accompanying this Agreement as Exhibit 3 (the “Authorization”), in order to facilitate and administer the Medical Membership Practice (as defined in Exhibit 1 of Exhibit A hereto) and Program Services. Simultaneously with execution of this Agreement, Member will sign and deliver the Authorization to Medical Group.
- 4) **Membership Fees.** Member hereby selects the payment terms for the Program Services (“Membership Fee”) as indicated below and shall pay Membership Fees in full in accordance with the Terms. No part of the Membership Fee paid by Member hereunder is being paid in consideration for any medical services covered by Member’s insurer, health plan or by any governmental program, including Medicare.



**2018 MEMBERSHIP RATE**

INDIVIDUAL	\$100 /Month
FAMILY*	\$200 /Month
AGING PARENTS**	50% Off Monthly rate

\*Family: The Social unit/group of persons who form a household under one head including parents and children. Children must be legal dependents of the parent unit. \*\* Aging Parents: An Individual or Family with a Medical Membership as primary caregiver for parents and/or other family members

5) **Payment Authorization; Execution.** Member either (i) tenders together with this Agreement the Membership Fees, or (ii) hereby authorizes Texas Family Physicians to bill one-twelfth (1/12) of the Membership Fee (that is \$\_\_\_\_\_) per calendar month payable in advance.

**CREDIT CARD INFORMATION**

VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/>
CARDHOLDER'S NAME
CARD NUMBER
EXPIRATION DATE

**CONVENIENCE OPTION**

In addition to Membership Fees, I agree to have Texas Family Physicians automatically debit my Credit/Bank Card for any fees related to the provision of medical services. Texas Family Physicians will contact the member via phone call or E-Mail to provide a description of fees. This Agreement will remain in effect until I notify Texas Family Physicians in writing at:

Texas Family Physicians  
6618 Sitio Del Rio, Ste B101  
Austin, Texas 78730

\_\_\_\_\_Initial

**PATIENT ELIGIBILITY WAIVER**

I hereby attest that I am an eligible member of the health plan indicated on the attached insurance card. I authorize the release of information to my insurance company, as necessary.

OR

I hereby attest that I have read and fully understood the insurance opt-out agreement provided to me by Texas Family Physicians and that I have executed that insurance opt-out agreement with full knowledge and awareness that even though my insurance may cover certain services provided by Medical Group, I shall pay any and all fees and costs to Medical Group out of pocket, without the aid of any insurance.

\_\_\_\_\_Initial





**Member understands** that credit card payments will be processed by Texas Family Physicians.

**Member agrees** to make payments by check payable to Texas Family Physicians.

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Signature

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Date

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Printed Name