

UNITY CARE MEMBERSHIP AGREEMENT

Unity Urgent Care & Pharmacy

3065 W. Bancroft Street

Toledo, Ohio 43606

Phone: (419) 720-CARE (2273)

Website: uucpohio.com

UNITY CARE MEMBERSHIP AGREEMENT

This Membership Agreement ("Agreement") is entered into between **Unity Urgent Care & Pharmacy, LLC ("Unity")** and the individual identified below ("Member").

By signing this Agreement, the Member acknowledges that they have read, understood, and agree to all of the terms and conditions contained herein.

This Agreement governs participation in the Unity Care Membership Program. Membership benefits are described in the Unity Care Membership brochure.

1. Purpose of Membership

The Unity Care Membership is a voluntary healthcare savings membership program that provides eligible members with access to select healthcare services and discounts offered by Unity Urgent Care & Pharmacy.

This program is intended to make routine urgent care services more affordable and accessible for individuals and families.

2. IMPORTANT NOTICE

THIS MEMBERSHIP IS NOT HEALTH INSURANCE.

The Member understands and agrees that:

- This membership is **NOT health insurance.**
- This membership is **NOT a health benefit plan.**
- This membership **DOES NOT** satisfy any federal or state requirement to maintain health insurance.
- This membership **DOES NOT** pay claims submitted by hospitals, specialists, physicians, pharmacies, or any healthcare provider.
- This membership **DOES NOT** cover hospitalization or emergency medical care.
- This membership **DOES NOT** replace comprehensive health insurance.
- Members are strongly encouraged to maintain traditional health insurance for emergency care, hospitalization, surgery, specialty care, maternity care, and catastrophic illnesses.
- Membership only provides access to the specific services and discounts described in this Agreement.

3. Membership Benefits

While membership remains active and all membership fees are current, Members are eligible for the following benefits, subject to medical necessity and provider discretion.

Included Benefits

Telehealth

- Up to **two (2) telehealth visits per month**

Urgent Care Visits

- Up to **eight (8) in-person urgent care visits per membership year**

Basic Point-of-Care Testing (When Medically Necessary)

Includes:

- COVID-19
- Influenza
- RSV
- Rapid Strep
- Pregnancy Test
- Urinalysis
- Fingerstick Glucose

Routine Vaccinations

- Up to **two (2) select routine vaccines per member annually**

(Vaccine availability may vary.)

Basic X-Rays

- Up to **four (4) medically necessary x-rays per member annually**

Additional medically necessary x-rays:

\$20 each

Member Discounts

Members receive:

- 10% discount on eligible cash-pay prescription medications
- 20% discount on qualifying laboratory testing
- 20% discount on school physicals
- 20% discount on sports physicals
- Priority same-day scheduling when available

Benefits are subject to change upon notice by Unity.

4. Location of Services

The Unity Care Membership is valid **ONLY** for healthcare services provided by:

Unity Urgent Care & Pharmacy

3065 W. Bancroft Street

Toledo, Ohio 43606

Membership benefits are **not valid** at:

- Hospitals
- Emergency Departments
- Independent physician offices
- Specialist offices
- Independent laboratories
- Imaging centers
- Other urgent care centers
- Other pharmacies
- Any healthcare provider or facility not owned or operated by Unity

Telehealth services are only covered when performed through Unity's approved telehealth platform by Unity providers.

Any healthcare services obtained outside Unity Urgent Care & Pharmacy are solely the Member's financial responsibility.

Membership benefits:

- cannot be transferred,
- cannot be redeemed for cash,
- cannot be used at another healthcare facility.

5. Services Not Included

Membership does not include:

- Emergency Room visits
- Hospital admissions
- Surgery
- Ambulance transportation
- Specialist consultations
- Durable Medical Equipment
- MRI
- CT Scans
- Ultrasound
- PET scans
- Physical therapy
- Occupational therapy
- Home healthcare

- Behavioral health counseling
- Infusion medications
- Specialty medications
- Controlled substances
- Advanced laboratory testing unless specifically discounted
- Services not specifically listed as included

Additional services may be available at Unity's standard cash pricing.

6. Medical Necessity

All healthcare services are provided only when determined medically appropriate by the treating provider.

Unity providers maintain complete independent medical judgment.

Membership does not guarantee:

- Treatment
- Prescriptions
- Antibiotics
- Imaging
- Laboratory testing
- Vaccinations
- Referrals
- Medical clearance

Providers may determine that no treatment is medically indicated.

7. Provider Discretion

The treating provider may determine that:

- No treatment is necessary.
- Additional testing is needed.
- Referral to a specialist is appropriate.
- Referral to an emergency department is necessary.
- Hospital evaluation is required.

Membership does not influence or alter medical decision-making.

8. Emergency Medical Conditions

This membership should **NEVER** be used for emergency medical conditions.

If experiencing:

- Chest pain
- Difficulty breathing

- Stroke symptoms
- Severe trauma
- Heavy bleeding
- Loss of consciousness
- Seizures
- Any life-threatening emergency

Call **911** immediately or proceed to the nearest Emergency Department.

Emergency services are **NOT** covered under this membership.

9. Pharmacy Discounts

Prescription discounts:

- apply only to eligible cash-paying prescriptions filled at Unity Urgent Care & Pharmacy,
- cannot be combined with insurance,
- cannot be combined with manufacturer coupons where prohibited,
- exclude medications prohibited by law or Unity policy,
- may exclude specialty medications and controlled substances.

Medication prices may change without notice.

10. Membership Fees

Current Monthly Pricing

Individual

\$49/month

Two Adults (Same Household)

\$79/month

Children

\$29/month per child

Pricing may change with thirty (30) days written notice.

11. Billing & Automatic Payments

Membership is billed monthly.

By signing this Agreement, the Member authorizes Unity Urgent Care & Pharmacy to automatically charge the payment method on file for recurring monthly membership fees until membership is cancelled.

Failure of payment may result in immediate suspension or termination of membership benefits.

12. Family Membership Enrollment

Family Memberships are available only for individuals residing in the same household.

The Primary Member accepts financial responsibility for all enrolled family members. Each enrolled family member is individually eligible for the benefits described in this Agreement.

Benefits may not be transferred between family members.

Primary Member

Name: _____

Additional Adult Household Member

Name	Date of Birth	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Children

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Membership Terms

- All enrolled members must reside in the same household.
- Benefits apply separately to each enrolled member.
- Family members may only be added or removed by the Primary Member.
- Membership fees will be adjusted according to current pricing.
- New members become eligible after enrollment and payment.
- Children must generally be under age 18 unless otherwise approved by Unity.

- The Primary Member agrees to notify Unity within 30 days of any changes affecting eligibility.

13. Cancellation

Membership may be cancelled at any time by either party.

Cancellation becomes effective at the end of the current billing cycle.

Membership fees already paid are:

- Non-refundable
- Non-transferable

Unused benefits have no cash value.

14. Non-Transferability

Membership:

- may not be assigned,
- may not be transferred,
- may not be shared,
- may only be used by enrolled members.

Identity verification may be required before services are provided.

15. Availability of Services

Appointments remain subject to:

- Provider availability
- Office hours
- Staffing
- Equipment availability
- Medical necessity
- Weather
- Operational interruptions

Priority scheduling does not guarantee immediate appointments.

16. Changes to Membership

Unity reserves the right to modify:

- Membership benefits
- Pricing
- Covered services
- Policies
- Office procedures

Members will receive at least thirty (30) days advance notice of material changes.

17. Termination by Unity

Unity may terminate membership immediately for:

- Fraud
- Misrepresentation
- Non-payment
- Threatening or abusive behavior
- Misuse of membership benefits
- Violation of clinic policies
- Illegal activity occurring on clinic property

18. Privacy

Unity Urgent Care & Pharmacy maintains all medical records in accordance with:

- HIPAA
- Ohio law
- Applicable federal privacy regulations

19. Limitation of Liability

Membership does not guarantee medical outcomes.

Unity Urgent Care & Pharmacy shall not be liable for indirect, incidental, special, or consequential damages arising from participation in the Membership Program, except as required by applicable law.

20. Governing Law

This Agreement shall be governed by the laws of the State of Ohio.

Any disputes shall be resolved in the appropriate courts located in Lucas County, Ohio.

21. Entire Agreement

This Agreement represents the complete understanding between Unity Urgent Care & Pharmacy and the Member.

No verbal promises or statements modify this Agreement.

If any provision is found unenforceable, the remaining provisions shall remain in full force and effect.

MEMBER ACKNOWLEDGMENT

By signing below, I certify that:

- I have read and understand this Membership Agreement.
- I understand that **Unity Care Membership is NOT health insurance.**
- I understand that **Unity Care Membership does NOT replace health insurance.**
- I understand emergency medical services are NOT included.
- I understand all services are subject to provider evaluation and medical necessity.

- I understand that my membership benefits are valid **ONLY at Unity Urgent Care & Pharmacy**, including Unity-authorized telehealth services.
- I understand that membership fees are non-refundable.
- I agree to comply with all terms and conditions of this Agreement.

MEMBER INFORMATION

Primary Member Name: _____

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

PAYMENT INFORMATION

- Credit Card
- Debit Card
- ACH

I authorize Unity Urgent Care & Pharmacy to automatically charge my payment method on file for recurring monthly membership fees until cancelled in accordance with this Agreement.

Cardholder Name:

Signature:

Date:

FAMILY MEMBERSHIP AUTHORIZATION

I certify that all family members listed in this Agreement are eligible for enrollment, reside in my household (unless otherwise approved by Unity), and I accept financial responsibility for all membership fees associated with their enrollment.

Primary Member Signature:

Date:

UNITY REPRESENTATIVE

Representative Name:

Signature:

Date:

Disclaimer: This Membership Agreement is intended to establish the terms of participation in the Unity Care Membership Program. It is not an insurance contract, health maintenance organization (HMO) agreement, or other regulated health benefit plan. Because this agreement involves recurring payments and healthcare services in Ohio, it should be reviewed by legal counsel before implementation to ensure compliance with all applicable federal and Ohio laws and regulations.