



Enhanced Concierge Care Benefits Included as Part of the Annual Fee

These offerings are not covered by Medicare or by other insurance plans. My practice size is smaller which allows me and my office staff to provide you with the following membership benefits:

Improved communications. My goal is to provide support, at any age or stage of health, in understanding personal values, life goals, and preferences regarding current and future medical care.

- **During business hours.** When you call my office during office hours there will be no recordings to navigate - only real people to take your call, with a real concern for your health and well-being. In the event that you need to leave a message, your phone call will be returned promptly. If you deem your problem "urgent" I will make every effort to speak to you at the time of your call.
- **My personal cell phone number will be provided to you.** This allows easy and direct communications for urgent problems that occur outside of my regular office hours. I will use my reasonable best efforts to be available to you when you are ill or injured to assist in your care. **However, for emergencies, always call 911 first.**
- **Convenient email and text communication for non-urgent health issues or questions.** For non-urgent questions or for follow up to a visit, you can email me directly, and you will receive a response promptly (usually within 24 hours). Alternatively, you may send a text message if a brief communication is appropriate. Please note because email and text communication are not always secure, you should use discretion when choosing topics to discuss via these platforms, as the information may be accessed by an unauthorized third party. Your patient portal is the best way to communicate securely and confidentially.

Little or no office waiting room time, and longer appointments. Office visits will start promptly minimizing exposure to sick patients. Appointments will generally be scheduled for approximately 30 minutes, but some appointments (for example, a comprehensive annual health assessment) will be scheduled for approximately 60 minutes. My aim is to provide you with ample time to thoroughly address all your questions and concerns, regardless of the reason for your visit.

Extended office hours. Office visits are best scheduled when the full complement of staff is available. However, should you require an occasional visit outside of my usual office hours, I will certainly do my best to reasonably accommodate you.

Strong focus on preventive medicine and long-term health and wellness. As part of my commitment to your long-term health and wellness, my philosophy is to educate you about the importance of fitness, weight management, and healthy living. In addition to the clinical services I already offer through my practice, I will assist you to identify and evaluate wellness providers and offerings. This will support your effort to take an active role in managing and maintaining your good health.

Personalized hospital care. Should you need to be hospitalized, I will make myself available when I can to communicate with you and to serve as an advocate on your behalf. If you wish, unless hospital policy or protocol does not allow, I will do what I reasonably can to remain involved in your care, by making courtesy visits and/or communicating with the hospitalists or other attending physician who is providing services to you.

Adult dependent children of members are welcome. If a parent opts to join my personalized care practice, I will be happy to care for his/her adult dependent children between the ages of 18 up to 26 without an additional membership fee.

With rare exceptions you will always be seen by me. Unlike traditional primary care practices where you may need to schedule an appointment with the first available doctor, you will always be seen by me. During my occasional absence from the office, a trusted colleague will be available for urgent issues.

Independent or skilled facility care. For patients in an independent or skilled nursing facility, on a temporary or permanent basis, I will make myself available when I can to be involved with your care, through periodic site visits and/or communication with those involved with your care, on a case-by-case basis. I will also make myself available to your family to address any concerns and offer counsel.

House calls. If you are ill and unable to come to the office, but not homebound, a house call may be offered at no additional charge beyond an office visit fee. However, the need for each out-of-office visit will be determined on a case-by-case basis, at my discretion.

“Virtual” consultations and long-distance care. Whether you are on a brief vacation, living some of the year in a second residence, or otherwise unable to come to the office, I will offer a “virtual” consultation as determined on a case-by-case basis, at my discretion and subject to applicable state law requirements. However, if in my judgment you need to be seen by a local physician, you will be encouraged by me to seek medical attention. I will communicate with you directly, as well as with your treating physician as needed, to support the coordination of your care on health issues that may arise.

Hearing screening. As part of my commitment to preventive care, I will provide you with an annual hearing screening exam, excluding diagnostic hearing and balance exams, regardless of any reported symptoms. I believe that regular hearing screenings are an important tool for early detection of hearing loss.

Quarterly newsletter on topics relevant to your health and well-being. I will provide seasonal newsletters on medical subjects of interest.

Travel medicine consultation. I will offer guidance on CDC recommended inoculations and/or precautions to be taken while traveling.

Comprehensive Annual Health Assessment

In my ongoing efforts to assist you in adopting and maintaining a healthy lifestyle and optimizing your quality of life, you will be encouraged and reminded by my staff to schedule a comprehensive annual health assessment, regardless of condition or necessity, each year. This is a comprehensive annual visit, unrelated to any illness or injury. It will include a thorough examination and an appropriate array of screening tests based on age, health status and risk factors. Each person is unique and there is no one-size-fits-all approach when it comes to prevention and treatment. Depending on your particular health situation, additional tests (such as blood tests, a colonoscopy, mammogram, etc.) may be recommended. These will be billed by the performing entity, and you or your insurer will be responsible for payment of these tests. I will use the results of our exam to help you develop a plan for the year to improve health and fitness and to address any new or existing health goals. Every patient is advised to have an annual evaluation.

The membership fee does not apply to the Welcome to Medicare assessment or to any annual wellness checkup. Portions of this comprehensive annual health assessment and associated tests may be “covered” services under Medicare and other commercial insurance plans and will be billed accordingly. The annual membership fee applies only to non-covered components of the comprehensive annual health assessment.

My Staff

My staff is an important part of your experience with my office. They not only have the expertise to advocate on your behalf but will assist you in navigating through other aspects of the medical community when necessary.

Insurance Information

Commercial Insurance Patients

Office visit charges are not included in your annual fee. I intend to remain an in-network provider for many PPO insurance plans. I will bill insurance for all covered services and patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. It is my intention that no insurance-covered medical services are included in your annual fee.

As medically indicated, I will make it a priority to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations. Any services rendered by these physicians or facilities will be billed by the performing entity.

Medicare Patients

I will continue to submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. Patients will be responsible for deductibles, co-pays and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are **not covered** by Medicare and **will not be paid for or reimbursed** by Medicare.

Annual Fees & Instructions

Please see the Membership Agreement form for annual fees and instructions.



Michael Golden MD

Personalized Medicine



What is the mission of your practice?

My goal is to provide the highest-quality medical care with an emphasis on patient safety and comfort, and a proactive, comprehensive approach to both disease prevention and wellness. I strive to provide excellence in care that is both compassionate and truly patient-focused. From the moment you call my office, I want you to be completely satisfied with every aspect of your care.

How is the practice different from a traditional medical practice?

I have intentionally limited the size of my practice in order to devote more time to each patient's care and individual needs. I also offer patients certain non-covered amenities and benefits designed to personalize and enhance their health care experience. In-office appointments will start promptly, with little or no waiting time; virtual visits via telemedicine will be offered as an option upon patient request. This practice model also enables me to schedule longer patient appointments (approximately 30 minutes for routine appointments and approximately 60 minutes for the comprehensive annual health assessment) that they, or I, feel they need. If an issue requires extra time for evaluation or discussion, I will accommodate patients to the best of my ability. Also, you will be able to contact me on my personal patient-dedicated cell phone and email, making it easier than ever to communicate.

What services are provided as a part of my annual fee?

Please see the Highlights & Details document for a complete list of amenities and benefits provided to my personalized care patients. Your annual fee pays for those non-clinical, non-covered services. Professional services that are covered by Medicare or a commercial insurance plan will be billed separately, and you will continue to be responsible for any applicable co-pays or deductibles relating to those services.

Where is your personalized care practice located?

My office is located at 48 Dunham Rd., Suite 3500, Beverly, MA 01915

At which hospitals are you on staff?

All the local hospitals now utilize hospitalists which means I no longer admit to any hospital. However, I am affiliated with world-renowned tertiary care hospitals and use the same Electronic Medical Record System (EPIC) as MGH, B&W, Salem Hospital, and all Partners (now "Mass General Brigham") Network. EPIC is also integrated with Lahey and Beverly Hospitals.

Who will cover for you when you are not available?

My goal is to be available to my patients 24 hours a day, 7 days a week. However, there will be occasions when I am out of town or otherwise unavailable. In these situations, a trusted colleague will serve as my covering physician.

Do I still need health insurance if I enroll with you?

Yes. Your annual fee only pays for the non-clinical, non-covered amenities and benefits that are described in the Highlights & Details document. Neither the fee nor the amenities take the place of general health insurance coverage. You are advised to continue your Medicare or other health insurance program coverage.

Will you be a provider on my insurance plan?

I intend to remain an in-network provider for most major PPO insurance plans and will bill your insurance directly for professional services that are covered by those plans. (Professional services are not covered by your annual fee.) If the terms of your insurance plan require a co-pay, I am obligated to request payment at the time of service. Even if I am not a provider for your insurance plan, I will attempt to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations as medically indicated. Those services will likely be covered by your insurance plan.

Will my private insurance reimburse my annual fee?

The annual fee is not reimbursable by your insurance plan.

Will you be a participating provider for Medicare?

Yes. My office will file your claims with Medicare as well as with your supplemental insurer on your behalf, as required by law. Office visit fees that are not reimbursed by insurance will be the responsibility of the patient.

Do you bill Medicare for my annual fee?

No. The annual fee only includes services and benefits described in the Highlights & Details document that are not covered by Medicare (or any other payer) and that will not be paid for or reimbursed by Medicare.

Is the annual fee tax deductible or reimbursable through my HSA or FSA?

In some instances, the annual fee, or part of the fee, may be payable through your HSA. You are advised to consult with your HSA or FSA plan administrator, employer, HR representative or tax adviser to clarify qualification in your particular circumstance.

What are my annual fee payment options?

Your annual fee may be paid in full by check to: **Michael Golden, MD**, or may be paid annually, semiannually or quarterly by credit card. If you opt to pay by credit card, the first payment will be charged to the credit card you indicate on your Membership Agreement form upon receipt of your executed membership enrollment form. The remaining balance of your annual membership/enrollment fee (if any) will be charged automatically to your credit card in installments after your start date, accordingly. Until we hear otherwise, payments will be processed continually.

What about labs, X-rays, specialists' fees and hospitalization?

Your annual fee pays for membership in the practice and for many other non-covered benefits. All medical procedures and services, whether performed in my office or by other providers or health care facilities, will be billed by the performing physician and/or entity.

Will I be required to pay my annual fee even if I do not use your services?

Yes. Paying your annual fee allows you to be a member of my practice and to be in touch with me whether you are sick or well. I strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your well-being.

What happens if I move out of the area and need to terminate after I enroll?

Your membership agreement can be terminated upon 30 days' written notice to me/my practice. If you move and wish to secure a new physician, the annual fee will be refunded on a prorated basis.

What if I have an emergency?

Please know that you can contact me at any time. However, if you have a life-threatening emergency, **call 911 immediately**. You can then call me or ask the hospital personnel to contact me so I may assist in your care. If you have a non-urgent problem, feel free to contact me first.

What should I do if I become ill while traveling or away on an extended vacation?

If the problem is minor, call me first. However, if you have a life-threatening emergency, **call 911 immediately** - then you can call me. With the exception of controlled substances, I will seek to accommodate your prescription requests if state/local law allows. If you seek care at an emergency room or urgent care center out of my area, you should feel free to ask the doctor seeing you to call me for coordination of your care. I will be readily available for phone consultation with you and/or other health care personnel. If you should require hospitalization while away, at your request, I will attempt to establish regular phone communication with you and your attending physician(s) to ensure continuity of care.

What if I need to see a specialist or a surgeon?

Should you desire, I am available to help you decide which specialist to see and to coordinate such consultations. This will ensure the most appropriate resource is used, the earliest arrangements are made, and your applicable medical information is sent in advance of your specialist visit.

What if I have questions about my concierge enrollment or membership?

Please call my Patient Information Line at (978) 595-2400 to be connected with Specialdocs Consultants, LLC, the outstanding company long respected for its expertise in membership medicine, who assists with the membership aspect of my practice. They can help answer your questions related to enrollment, membership billing and renewals.