

Services of Platinum Medical Care:

1. Contact with your personal physician
24 / 7 / 365 by office appointment,
telephone, private beeper/cell phone,
E-mail (Note: E-mail limited only to
NON-urgent or NON-Emergency Problems)
2. Same day appointments for routine office visits
(but not for complete physical exams) during
office hours with limited to no waiting room
time (unless physician occupied with another
patient at time of arrival or physician with
urgent/emergency issue)
3. House Calls if circumstances warrant.
Note: Not all medical problems can be
appropriately and safely managed at home
4. Personalized Medical Recommendations regarding
Exercise Programs, Diet/Nutritional
Information, Vitamin Supplementation,
Cardiovascular Risk Factor and Cancer Risk
Factor Reduction
5. Special contacts with value added Health
Professionals and Specialists to aid you in
reaching a new level of Wellness for the
present and the future..
These Professionals will have their own
personal charges not covered under
payment for this plan.
6. Additional time spent with your physician,
with personal attention and discussions
regarding results of blood tests, ECG,
BPI/Holter Monitoring, Spirometry or
other tests/procedures/consults.



Personalized E-mail Contact to **YOUR** Physician
through a dedicated **Web Site** and **E-mailbox**

Platinum Care Medicine
means your personal
physician is taking the
EXTRA time and additional
effort necessary to specialize
in you and your family.



High Ridge Family Practice, LLC

Alan T. Falkoff, M.D., D.A.B.F.M.

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Stamford, CT 06905

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Email:
ATFalkoff@HRFP.net



*Platinum Medical Care:
Care Beyond the Usual
and Customary*

**Platinum
Medical
Care**

offered at

High Ridge Family Practice, LLC



Alan T. Falkoff, M.D., D.A.B.F.M.

*Board Certified Family Physicians
with over 20+ years of Family
Medical Practice Experience
providing the highest level and
quality of Family Practice Medical
care in Stamford*

Telephone: 203-322-7070

Platinum Medical Care Costs and Agreements

The cost for these personalized medical services, that are beyond the usual and customary in any medical office, is

\$ 3,000.00 annually per person. Family plans are available at the cost of \$ 3,000 for each adult, \$ 3,000 for each child (up to 18 years of age) to 2 children and all additional children will be covered at \$ 2,000 per child.

These fees are **NOT COVERED** by Medicare and **NOT COVERED** by Insurance companies and HMOs, as these services are beyond the usual and customary level of care and

With Platinum Medical Care your Personal Physician is working for you always when you need him.

services offered in this or other medical practices in this geographic area.

These fees are NON-Refundable, with NO EXCEPTIONS.

These fees are payable in full at the time of signing this contract.

The fees for this plan entitles you to the Services of Platinum Medical Care mentioned elsewhere in this brochure and agreement. Additional services may be added to this agreement in future with mutual agreement.

The fees for this plan do not cover any provision of services that would be paid for by Medicare, Insurance, HMOs or other organizations that would otherwise be paid as per provision of those plans. The patient is still responsible for co-payments, deductibles and any non-covered medical services not otherwise listed in this agreement.



Agreement:

Between patient noted below and physician:

Alan T. Falkoff, M.D., D.A.B.F.M. []

Costs:

Patient being covered by Platinum Medical Care

1. _____ \$ 3,000.00

Print Name

Signature

Date

2. _____ \$ 3,000.00

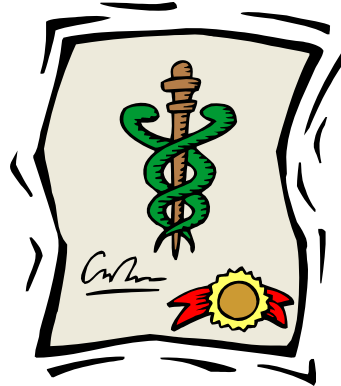
Print Name

Signature

Date

Other family members to be covered:

Total : _____



Copy of Agreement Provided to Patient and Chosen Physician

Patient Initials

Physician Initials

Date

Sign on to get a Level of Medical Care beyond the Usual and Customary. Get your PERSONAL physician to provide that Ultimate Level of Specialization. Medical Care Specializing in YOU!

Personal Phone Numbers to reach your Personal Physician:

Personal E-mail Address to reach your Personal Physician: (E-mail is ONLY to be used for NON-Urgent, NON-Emergency issues and problems) E-mails will be checked by your Physician a Minimum of 3 times per week.

Physician's E-mail Address

Patient's E-mail Address

Disclaimer: The high level of the professional quality of medical care previously provided at High Ridge Family Practice will not change regardless of participation in this program. This program is meant only as a significant and valuable supplement to the usual and customary medical care provided by High Ridge Family Practice, LLC from Dr. Falkoff.

The patient(s) participating in this plan recognize that Dr. Falkoff may not be available physically at all times due to vacations and other potential occasions that may find that physician out of town. In those cases, your personal physician will still be involved in your care by your direct phone, but the covering physician may be the physician to actually see the patient..



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Patient's Personal ID (Identifying patient as participating in Platinum Medical Care at High Ridge Family Practice: _____)