

1. I understand that I am participating in **Inova VIP 360°**, which provides access to healthcare professionals in circumstances and settings that are more convenient with prompt and immediate responses. Inova VIP 360° is not a health benefit or health insurance program, and does not include payment for clinical services, or reimbursement for clinical services provided to me. For clinical services, all insurance, co-pay and/or Medicare rules for service and billing apply, as required by these entities and the Office of the Inspector General.
2. I acknowledge and agree that all healthcare services provided to me under this program are subject to the coverage and payment terms of my healthcare benefit plan, whether I have Medicare and/or coverage obtained through an employer plan, or an individual plan.
3. I understand that **Inova VIP 360°** is a component of the **Inova Institute for Individualized Medicine**, and program representatives will assign me a board-certified physician who will serve as my physician contact in Inova VIP 360°.
4. I understand that I will receive results from the health screening, and I agree to obtain follow-up evaluation, diagnosis, and treatment as may be recommended by the Inova VIP 360° physician.
5. I understand and agree that I am solely responsible for the coordination of follow-up care with my primary care physician and/or physician specialist. Inova VIP 360°, their respective staff and affiliates, and the physicians providing services under this program are in no way responsible for such follow up care or for its coordination.
6. The Subscription Medicine Access Fee will provide:
 - Same-day or next-day appointments for non-urgent care
 - 24-hour telephone access to a physician in the Subscription Medicine Program
 - Periodic extensive preventive-care physical examination at a time convenient for you
 - Prompt research information on medical questions
 - Access to physician via phone or pager
 - Individualized wellness planning at a time convenient for you
7. Should a provision of this acknowledgement or portion thereof be found invalid or void as against public policy by any court of competent jurisdiction, the remainder of this agreement shall nonetheless remain in full force and effect.
8. I agree to pay an annual Access Fee for **Inova VIP 360°** in the amount of **\$1,800**. I understand that I will receive a receipt for the Access Fee but not an itemized bill for these services. I further understand that these services are outside of my health insurance coverage and that I may not be reimbursed by my health insurer.
9. The initial term of this Agreement shall be one (1) year from the Effective Date ("Initial Term"). This agreement shall automatically renew on an annual basis thereafter, unless written notice of termination is provided by either party at least thirty (30) days prior to the end of the term.
10. I acknowledge that I have read and understand this acknowledgement and have been given the opportunity to ask any questions, and have received and understand all of the information which was provided.

In witness whereof, I have signed this Acknowledgement.

Participant's Signature: _____ **Date:** _____

Print name: _____