



Iman Bar M.D. || 2865E. Coast Hwy. Corona Del Mar, CA 92625 || Tel:949.706.1212

Newport Concierge Medical Agreement and Policies 2020
Welcome to Newport Concierge Medical

The purpose of our concierge membership is to enable you to have personalized medical care and direct access to the Doctor any time day or night, in addition to priority appointments and scheduling. We would like for you to take a moment to read and sign our office policy when you join our practice. We are always open to new suggestion on how to serve you better. Dr Bar specializes in both Western and Functional medicine. She is able to bridge these two areas of focus to provide complete and comprehensive care.

Our Practice is a Concierge Practice: Meaning, the doctor will be available to patients every day during office hours and after hours and on weekends for house calls or video consults. The practice is limited to only a few hundred patients to ensure quality service. There will be no long wait times at the office, or for home visits. Appointments are available on weekends for your convenience. Patients may sign-up and become members of the concierge practice in order to receive full benefits. Please ask the staff to help you sign up to the most convenient plan that will be best for you.

Routine Visits / Hours: Office visits can be mostly scheduled between 10 AM & 4 PM Monday – Saturday. House-Call appointments are available daily. Office phone for appointments is: 949.706.1212

Appointments: Patients are seen by appointment only. If we are unable to reach you to confirm, it is still your responsibility to keep the appointment. For late office arrivals or last minute changes to your house call, rescheduling may be necessary if you are more than 20 minutes late for your appointment. However, we will try to work you in, if time allows. Each patient needing examination by the doctor will need an individual appointment.

After-hour / Emergency Services: For emergency after-hour requests, you may contact Dr. Bar via her Concierge Hotline. Such appointments are available for members only and are based on the Doctors discretion.

Prescriptions: Medication refills can be requested over the phone to treat stable conditions, providing the patient has been seen for the condition within the past 3 months. Please provide the staff with your pharmacy number so that we can deliver the prescriptions electronically to your pharmacy and save you time. Please allow 48 hours for routine refills to be completed.

Telephone Calls: Questions about advance appointments, referrals, refills, or other issues of a non-urgent nature should be placed during normal business hours through the office line. Enrolled members may contact the Doctor directly via her Concierge Hotline for questions that may relate to all other matters.

Office number: 949 706 1212
Clarity, Exec. Assistant 949 706 4354

Concierge Annual Membership Fees:

Single Member \$3600 per year

- Includes 24/7 access to the doctor by phone
- Unlimited phone consults including after hours.
- All medical fees are billed to PPO insurance.
- Visits are discounted at members rates as listed below
- 1 Integrative Physical Exam and nutritional assessment in office per member.
- Extra visits are discounted at members rates as listed below
- 20% wellness shots, cellular therapy and Dr. Bar’s Nutraceuticals
- Integrative medicine (Bio-identical hormones, stem cell therapy etc) offered at a discounted rate.

Extra Services fees for members:

- Office Visit Extended New Consult or Physicals: \$125 (Non-Members \$250-350)
- House Calls: \$260 (Non members \$400). Available 8 AM to 8 PM.

Additional fee may apply after hours or distance over 10 miles radius from our office

By signing here you are acknowledging that all details of this contract will be kept confidential between the members listed, their guardians and Dr Bar’s practice.

Payment: All fees are due at time of service.

We will also Bill your insurance for the routine services billable to insurance.

By signing below you acknowledge that you have read and understand the office policies, the terms of this agreement and accept financial responsibility for the selected plan below.

of members Total Fee: \$

Payment type: Cash or Zelle _____ check _____

Credit Card Information: _____ exp _____

CVV: _____ Billing Zip Code _____

Print Name : _____ D.O.B. _____

Signature: _____

*Please be advised there is a 4% processing fee for credit card transactions
Our Zelle account is 949-706-1212*

Drivers license # for each adult and please attach image:

Email address for each adult: _____

Home address: _____

Print Parent / Guardian Name (for minors): _____ Date _____

Signature (Parent/ Guardian for minors): _____ Date : _____

Insurance Information (please attach front and back image):

Plan Name:

Plan ID:

Insured Name & Relationship:

Insured DOB:

Insured Home Address:

Insured Employer's Name and Address:

Insured Deductible and Co-pay:

List all member's names and DOB:

Please provide a copy of insurance card Credit card and Drivers lic.

Please update our staff if any time you have changes in the information provided above.

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