



Thank you for requesting information about Preferred Chiropractic Doctor! **Let's get started...**

PCD is America's Premier Cash Fee System!

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The Preferred Chiropractic Doctor (PCD) program is a simple, reduced cash fee system for chiropractors who want to legally offer more affordable cash fees for patients with limited or no insurance, while increasing the potential for a continuum of care through a more affordable service fee.

Since 1993, PCD has connected providers and patients through our discount membership program to ensure quality healthcare is available for everyone!

Provider Benefits

- Legally offer reduced rates to your patients
- Seamlessly transition to a cash practice with no interruption of your cash flow
- Establish maintenance & wellness programs that work
- Keep insured patients whose benefits have exhausted
- Reduce paperwork and stress levels
- Free marketing and materials
- Regain control of your practice
- Increase your access to non-insured patients
- Enhance your community image
- Improve retention, referrals and collections

Patient Benefits

- Affordable, reduced fee plan for cash patients
- Establishes a continuum of care for the insured patient when benefits exhaust
- Medicare patients may receive discounts on non-covered services, or opt out completely by waiver
- Minimum of 25% off of each visit
- No co-pays, claims, or limited visits
- Nationwide access to all participating providers with access to in-depth doctor referral information
- Plans may include a spouse & children up to age 26
- Greater discounts available for same-day, multiple-family member visits and maintenance plans
- Easy enrollment and renewal options - during visit, online, or by contacting PCD directly

Dedicated to Making Healthcare More Available for Everyone!

PCD is recommended by several leading doctors in the chiropractic profession:

- **Dr. Eric Plasker**, The Family Practice
- **Dr. Steve Hoffman**, Mastering Chiropractic
- **Dr. Ty Talcott**, Power Strategies
- **Dr. David Singer**, Singer Seminars
- **Dr. Richard Barwell**, Chiropractic Equity Offices

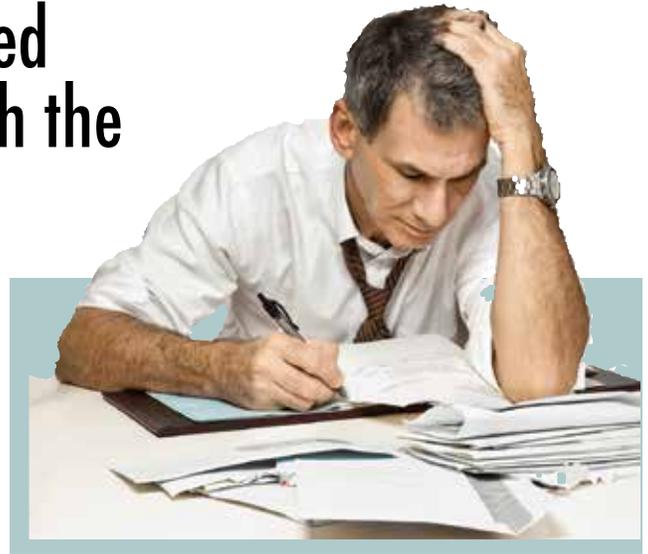
QUESTIONS? Contact us today... We're here to help!



Preferred Chiropractic Doctor, Inc.
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BeWell2.com • info@bewell2.com



Many chiropractors are frustrated when it comes to complying with the legalities of dual fee structures and are looking for a **SIMPLE SOLUTION** for managing legal, cash fees.



The PCD Cash Fee Solution

Today, there are two distinct markets that provide patients to you: the insured patient market and the cash patient market. And, what works for one doesn't necessarily work for the other. The vast majority of insured patients will utilize providers that accept their health insurance. And, if you are accepting insurance, you have to adjust your fees to reflect the additional costs of processing the insurance patient – extra staff, computers and software, reports, postage, non-collectibles, etc. With cash patients (patients with no insurance or limited benefits), you eliminate the extra costs of claims processing and the stress that goes along with it. Plus, with cash patients you have patients that are more invested in their health and their loyalty to your service.

Because you have two markets to recruit patients from, we recommend development of financial strategies that attract both market segments. The Preferred Chiropractic Doctor program gives you the ability to legally offer affordable cash fees to patients without adequate insurance, and we back up our commitment with a system that can be customized to fit virtually any practice style.

DMPO's & Compliance

Over the past 23 years, we're proud to report that PCD has never had a single adverse legal event occur. We believe our track record has much to do with the simplicity of the program, as well as the significant "due diligence" we've done to ensure that we are offering a program that dramatically reduces legal exposure for our participating providers. To further ensure your office that state compliance regulations are being met nationwide, PCD partners with DMPO agent, AccessOne Consumer Health, to provide state registration support and compliance confirmation. PCD will continue to evaluate federal issues, as well as each state, to be as confident as possible that we are offering our providers and patients a cash fee program that has a solid, legal foundation.

PCD patients are ensured they will receive a minimum reduction of 25% from your regular service fee when paying cash at the time of service. However, if you want to give a greater discount for a wellness/maintenance or hardship patient, you can offer greater discounts, too. PCD also works great for patients whose insurance has exhausted. Offering them a reduced fee allows for continued care at a price they can afford.

Setting up your PCD patient fee is simple! We don't set fee schedules for your office because we realize that demographics vary too much place to place! We allow our providers the flexibility of establishing any fee they choose, so long as they're offering their PCD patients the guaranteed minimum 25% off of their regular fee.

Let us help you simplify your life, improve your collections and increase your visibility in your community with America's Premiere Cash Fee System, PCD.

Enroll online at www.BeWell2.com, or call (800) 239-3552.

OVERVIEW OF THE PCD FEE SYSTEM:

Participating patients receive a minimum reduction of 25% on services including exams, adjustments, x-rays, and therapies rendered by participating providers. Providers may elect to offer reduction for other services and supplies such as nutritional items and orthopedic devices.

PCD is void in conjunction with insurance. PCD cannot be used to meet insurance deductibles. PCD CAN be used after a patient's insurance benefits have exhausted for the year, or if the patient chooses NOT to file with insurance or Medicare, or if you are treating the patient for a non-covered service that you will not file a claim on. Make sure to express to patients that they cannot file PCD claims with third parties.

BECOME A PROVIDER:

Provider membership is FREE! **Return the application by fax to (888) 755-9005** or go online to www.BeWell2.com.

No hoops to jump through, or waiting periods! We send out training materials and free patient supplies immediately. You'll be ready to implement the program & offer legally reduced rates to your patients in just a few days! If you have further questions, please feel free to call (800) 239-3552. We're here to help!

More About PCD

The PCD Brand Enhances Patient Loyalty

Patients love the PCD program and the affordable annual fee. It's easy for them to understand that their cost of membership is an investment that very often pays for itself in a single visit or two. Value is a very easy component of the program that patients understand, and that value translates into a perception that they can better afford and continue their care.

Over the years, we've also learned from our doctor and patient members that there are other valuable aspects of the program. For example, when a patient is offered membership in PCD, the vast majority of those patients perceive that membership as special treatment in your office. They are no longer simply patients. Now, they are exclusive members of the special "club" that Dr. Soandso makes available to a select group of patients. They are preferred buyers. You might not think that's a significant factor, but I'd ask you to look in your wallet and see how many branded/loyalty cards you have in it. I'll bet that you shop those brands more than the competing brands. Why? Because you're a special, preferred member that gets unique membership privileges as a benefit of your membership. The same perception happens with PCD patients. It's a bigger deal than you might imagine.

PCD also gives you the latitude to accommodate virtually any practice style and is very adaptable to almost any practice situation that exists. From the pain-relief practice to the totally wellness-based practice, PCD can be tailored to fit virtually any situation. For those that want to continue to service the insured segment and expand a more stable base of cash patients, there's no better system than the PCD system. For those who are fed up with the third-party world, there's no better way to transition your office to a cash-based office, through a systematic, painless transition process that builds an ever-increasing base of cash patients until the need for the third-party component is no longer there.

In these times of financial uncertainty, PCD is the premiere vehicle to help you maintain and increase your profitability by providing a

real fee solution to the burgeoning number of American citizens that are adversely affected by the state of our economy, but who continue to need your services, and will be better equipped to afford those services when they choose to visit a participating PCD provider office.

PCD is Simple and Effective

One of the great things about PCD is that it doesn't cost you, as a provider, anything to participate. Additionally, we supply you with all the materials and live support you need to make the PCD program a big hit in your practice. We even train your staff to effectively implement the program.

Plus, there are many other things we provide to you such as free participation in our referral program, a selection of free advertisements, electronic and hard copy account access and reporting, and a variety of practice-building programs and ideas, to mention a few of the additional benefits. We're not only here to help increase access to your services, but we're also here to help promote the chiropractic profession. After all, we're chiropractors too, and our intention is to serve as many folks as we possibly can to help make this world a better place.

It's easy to implement the program in your office, especially with the assistance of our outstanding training specialists. It's easy to conduct the program in your office and it takes very little time away from your other critical practice functions. And, if there was ever a time when a program like PCD was needed, it's certainly today, because PCD gives you the advantage of being able to optimally serve the two available markets that you have access to.

We know there are a lot of chiropractors that would relish creating a practice that consisted of more cash paying, committed patients. I'm positive that most chiropractors are looking for strategies to help them flourish in these challenging economic times. PCD can be the answer for you. Fully implement the program in your office today and start creating a practice that can weather our current financial storm.

Fast Facts:

- **PCD has served the chiropractic community since 1993 with a mission of being dedicated to making quality chiropractic care more available and affordable to patients across the nation.**
- PCD is a registered Discount Medical Plan Organization (DMPO) through AccessOne Consumer Health. As a PCD provider, you can be assured that compliance regulations are being met to legally offer more affordable cash fees to your limited and non-insured patients.
- **The discount we ensure our patients is a minimum of 25% off of your regular fees. We don't mandate fee schedules for providers.**
- We don't charge patients a monthly fee like many other discount programs. We offer an affordable annual membership fee of \$37, which may include a spouse and children up to age 26.
- **We provide all of the PCD patient notification and enrollment materials you'll need to promote the plan in your office free of charge.**
- As a PCD provider, you will be included in our nationwide Doctor Locator service.
- **There is absolutely NO FEE for providers to join the PCD program.**

Enroll Today



Complete the PCD Provider Application and return by fax to (888) 755-9005.

You can also enroll online at www.BeWell2.com



PCD PROVIDER APPLICATION

Preferred Chiropractic Doctor, Inc. • 507 2nd Avenue South • Clanton, AL 35045
Phone: (800) 239-3552 Fax: (888) 755-9005 / (205) 755-7663
www.BeWell2.com • info@bewell2.com

To Be Completed By PCD:

Provider # _____

Received: ___/___/___

Effective: ___/___/___

First Name _____ MI _____ Last Name _____

Clinic Name _____

Street Address _____

City _____ ST _____ Zip Code _____

Mailing Address _____

City _____ ST _____ Zip Code _____ Birth date _____

Phone _____ Fax _____

Clinic Email Address _____

Website _____

Hours of Operation _____

Which Chiropractic college did you attend? _____ Graduation Year _____

Please note additional doctors at your clinic for multi-doctor memberships:

1. First Name _____ MI _____ Last Name _____

2. First Name _____ MI _____ Last Name _____

3. First Name _____ MI _____ Last Name _____

Do you have multiple clinic locations you would like to enroll in PCD? Yes No

How did you hear about PCD? Doctor Referral

Patient Referral

Internet Search Direct Mail Advertisement Seminar Webinar Other

Licensure and Malpractice Insurance:

Tax ID _____ ST License # _____

Malpractice Insurance Carrier _____

Policy Number _____ Limits of Liability _____

YES, I HAVE READ AND AGREE TO THE TERMS OF MEMBERSHIP AS STATED ON THE BACK OF THIS FORM AND AGREE TO ENROLL AS A PROVIDER IN THE PCD NETWORK.

DOCTOR
SIGNATURE

Date

PARTICIPATING PROVIDER AGREEMENT

THIS AGREEMENT, effective upon acceptance by PCD, is entered into by and between Preferred Chiropractic Doctor, Inc., (PCD), with principal office located at 507 2nd Avenue South, Clanton, AL 35045, and the Provider whose signature and principal address appear on front page of this Agreement.

WHEREAS, on behalf of the Discount Medical Plan Organization (DMPO), AccessOne (Client), who administers self-pay programs, self-insured programs, high deductible fully-insured programs, and other such payment arrangements for members and/or consumers (Participants), PCD has established a network of Providers who have agreed to render professional chiropractic care services to Participants in exchange for reimbursement at discounted, negotiated rates at the time of service; and

WHEREAS, PCD, on behalf of its Participants, wants to establish a provider relationship with Provider, and Provider wants to provide professional services in accordance with the terms of this Agreement;

THEREFORE, in consideration of the foregoing and of the mutual covenants, promises and undertakings herein, and intending to be legally bound hereby, the parties agree as follows:

A. DEFINITIONS

1. **Benefit Plan or Benefit Program:** A contract, policy, or other written agreement between the Client and PCD which describes the benefits, including the negotiated price for services to be made available to Participants by PCD for its Providers.
2. **Client:** An employer, insurance carrier, marketing company, association, discount medical plan organization, or other entity that administers, as applicable, one or more Benefit Plans and which has contracted with PCD on behalf of one or more such Benefit Plans to enable Participants to have access to healthcare providers at a reduced fee in exchange for payment at the time of service.
3. **Contract Rates:** The rates of reimbursement for professional chiropractic care services rendered to Participants as set forth in Exhibit I and Exhibit II of this Agreement shown below.
4. **Participant (Eligible Person):** A person who is entitled to the contracted rate given by the Provider under this Agreement and who has satisfied the eligibility requirements under the Client's Program and who presents to the Provider, at time of service, an identification card indicating the person or person's eligible dependant is an active Participant in the Plan or Program.
5. **Billed Charge:** The current, active, prevailing fee charged by the Provider for the chiropractic care service rendered and which is no different than the billed amount charged to any Participant seeking the same or similar service in the absence of any existing negotiated agreement with a third-party payer.

B. RIGHTS AND OBLIGATIONS OF THE PROVIDER

1. Application and Credentials

- a. Provider shall comply with all laws relating to furnishing professional services to Participants and maintain in effect all licenses, registrations, permits, and other governmental requirements which may from time to time be necessary for that purpose.
- b. Provider agrees to notify PCD within five business days of any material change in Provider's credentials, including but not limited to knowledge of the occurrence of any of the following:
 - (i) The revocation, restriction, termination, or voluntary relinquishment of any of the licenses, certifications, or accreditations required to practice your profession; or
 - (ii) The imposition of any disciplinary action, including censure and reprimand, by any State licensing board; or
 - (iii) Any final disposition or settlement of any legal action against Provider for professional negligence; or
 - (iv) Any conviction for any felony charge; or
 - (v) Any lapse, termination or material change in the liability insurance coverage required by this Agreement; or
 - (vi) Any restriction, suspension, revocation, or voluntary relinquishment of staff membership or clinical privileges at any healthcare facility; or
 - (vii) The existence of an impairment of the Provider's ability to provide professional services caused by alcohol, drugs, or physical or mental disability; or
 - (viii) Conduct which has harmed or endangers the health or welfare of the Participant.

2. Provision of Services

- a. Provider shall be solely responsible for the professional advice and treatment rendered to Participants pursuant to this Agreement, and PCD disclaims any liability with respect to such matters.
- b. Provider shall provide covered professional services to all presenting Participants in accordance with community standards, consistent with Provider's training and expertise, and within the manner which services are provided by Provider to other Participants, without discrimination based upon participation in the Program, source of payment, age, sex, race, ethnicity, religion, marital status, sexual orientation, health status, or disability.
- c. Provider is under no obligation to provide professional services except during normal business hours of operation. If Provider has after-hours emergency contact information, such information will be provided to Participants or clearly posted in Provider's office.

3. **Insurance:** Provider shall maintain professional liability insurance covering the Provider against claims arising out of the services to be performed hereunder in the minimum amounts required by law. Provider shall provide policy information including company name, policy number, and limits of liability within this Provider application. Provider agrees to notify PCD in writing within no less than ten days of any cancellation, nonrenewal, or material change in such coverage.

4. **Grievance Procedures:** Provider shall cooperate with any grievance procedures or programs sponsored by PCD, Clients, or their designees. Provider shall notify PCD promptly upon knowledge of any dispute, complaint, or grievance relating to Participant care or other disputes involving PCD, its Clients, their designees, or Participants.

C. RIGHTS AND OBLIGATIONS OF PCD

1. Limitations

- a. PCD's duties are limited to those specifically set forth herein. PCD does not determine benefit availability for Participants under Clients' Benefit Programs, and does not exercise any control with respect to Clients' Benefit Programs assets, policies, practices, procedures, or payment of claims. PCD is not liable for reimbursement of Provider for services rendered pursuant to this Agreement, and does not pay Provider for chiropractic care services provided to Participants. PCD may not accept money from a Participant for payment to a Provider for specific chiropractic care services furnished or to be furnished to the Participant.
- b. PCD will provide all Participant notification and enrollment materials free of charge with live support and training for Provider staff to implement Program, directory listing, a selection of free advertisements,

electronic and hard copy Program account access and reporting, and other practice-building ideas.

2. Right to Suspend and Remove

PCD reserves the right to immediately suspend and remove from its directories any Provider to whom any of the events described in Section B (1.b) of this Agreement has occurred, or is alleged to have occurred and is under investigation. PCD shall notify Provider of the suspension and/or removal.

D. COMPENSATION

1. Provider shall reduce total charge for any services rendered in the Provider's office to that listed on PCD's Fee Schedule (Exhibit II*), but in no event less than 25% of the then prevailing fee for such service, for services or products that are required to be available at a reduced fee.
2. Participant must pay 100% of the reduced charge at the time of service. If the Participant is unwilling or unable to pay 100% of the reduced charges at the time of service, the charges may revert to the Provider's billed charges. The Provider, at his or her option, may make other payment arrangements with the Participant.
3. Provider shall furnish all information reasonably required by Client to verify Provider's services rendered and the charges for such services.
4. Provider shall not balance bill the Participant for the difference between the billed amount and the discount or reduced fee applicable under this Agreement. Provider understands that the Participant is only responsible for payment of the reduced fee at the time of service. Provider may not charge Participant more than the discounted rates.
5. With respect to services rendered during the term of this Agreement, the rights and obligations set forth in this Section shall survive the termination of the Agreement.

E. TERM AND TERMINATION

1. Term: This Agreement shall be effective for one year from the Effective Date indicated on application, and thereafter shall renew automatically for consecutive one-year terms until cancelled by either party.
2. Termination
 - a. Either party may terminate this Agreement at the end of a term that is in progress by giving the other party written notice of the termination at least 120 days prior to the end of the term in progress, and such termination shall be effective on the first day of the first month following the end of the term then in progress.
 - b. Either party may terminate the Agreement for cause due to material breach by giving 90 days advance written notice. The notice of termination for cause will not be effective if the breaching party cures the breach within the 30-day notice period.

3. Effect of Termination

Upon termination of the Agreement by either party, if the Provider has non-expired PCD Participants in their patient population, the Provider will be required to honor the contracted Agreement with those Participants until their respective expiration dates. In the event the Agreement has been terminated due to the occurrence of issues listed in Section B (1.b), and the Provider no longer has the ability to provide services to Participants, Provider may be liable to reimburse to PCD the Participant's membership fee on a pro-rated basis, which will be refunded to the Participant by PCD, if a reimbursement is requested by Participant from PCD.

F. NOTICE

Any notice required or given under this Agreement shall be in writing and delivered in person, sent by certified or registered mail, return receipt requested, or next-day mail or courier, and addressed to the other party at the address set forth below, or at such other address as the party may designate in writing. Notices delivered in person or sent by next-day mail or courier shall be deemed to have been given on the day actually received. Notices sent by registered or certified mail shall be deemed to have been given on the earlier of the third day after the date such notice was sent or the day actually received; provided, however, that if such day falls on a weekend or legal holiday, receipt shall be deemed to occur on the business day following such weekend or legal holiday.

G. ASSIGNMENT

The rights and duties of either party shall not be transferred or assigned in whole or in part without the prior written consent of the other; provided, however, that either party may assign this Agreement to a present or future affiliate, subsidiary or successor in interest who succeeds to all or substantially all of the assets and operations of such party. Such consent shall not be reasonably withheld.

H. FORCE MAJEURE

Neither party shall be responsible for delays or failures of performance resulting from acts beyond the control of such party. Such acts include, but are not limited to, acts of God, strikes, lockouts, riots, acts of war, epidemics, government regulations imposed after the effective date hereof, fire, communication line failures, power failures, earthquakes, or other disasters.

I. COUNTERPARTS

This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which taken together shall constitute one and the same instrument.

J. SEVERABILITY

Should any provision of this Agreement be adjudged unlawful or invalid by any court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

K. ATTORNEY'S FEES

In the event of any action or threatened action between the parties to enforce the terms of this Agreement, in addition to any other relief it may be awarded, the prevailing party shall be entitled to be reimbursed by the other party for the prevailing party's costs incurred in connection therewith, including but not limited to legal and expert witness fees.

L. GOVERNING LAW

This Agreement shall be governed by laws of the state of Alabama.

M. ARTICLE HEADINGS

The Article headings included in this Agreement are for the convenience of the parties only and shall not affect the construction or interpretation of this Agreement.

EXHIBIT I: Preferred Chiropractic Doctor, Inc., (PCD), requires all participating DMPO Program Providers to ensure Participants receive a minimum reduction of 25% on services including exams, adjustments, x-rays, and therapies rendered by participating providers. Providers may elect to offer reduction for other services and supplies such as nutritional items and orthopedic devices.

*** EXHIBIT II: Preferred Chiropractic Doctor, Inc., (PCD), requires all participating DMPO Program Providers to offer a discount of at least 25% of the then prevailing fees for all regular professional services rendered to all registered persons (Participants) and any eligible dependants in the Program. Participants must pay 100% of reduced fees at the time of visit, unless Providers choose to make other payment arrangements with Participants. Providers may offer a greater discount for a wellness/maintenance or hardship patient at Providers' discretion.**