



Up-to-the-minute medicine . . . traditional care.

MD.direct Contract

- I would like to participate in Dr. Jackson’s MD.direct program.
- I understand that Dr. Jackson generally has office hours in his Goleta office weekdays except Tuesdays.
- I understand that Dr. Jackson uses the Sansum-Santa Barbara Medical Foundation hospitalist team for all hospital admissions.
- I understand that when Dr. Jackson is out of town on business or for vacation, Dr. Douglas Cummings will be available in his stead.
- I understand that the MD.direct fee does not cover any services related to specialty care, medical testing services or actual hospital charges.
- I understand that the MD.direct fee is for services over-and-above those customarily available to Dr. Jackson’s patients and are not services covered by Medicare or any PPO or HMO insurance plan.
- I understand that the MD.direct fee will cover any co-payments for office visits as well as deductible charges and any services not covered by my insurance.
- I understand that my insurance will be billed and will be accepted as payment in full for Dr. Jackson’s services.
- I understand that the MD.direct fee applies only to services rendered by the Jackson Medical Group, Inc.
- I understand that I may withdraw from the MD.direct plan at any time without cause with 30 days notice. I further understand that Dr. Jackson may ask me to withdraw from the MD.direct plan without cause with 30 days notice as well. I understand that the pre-paid fee would be pro-rated through the 30-day notification period and the balance refunded.

I have carefully read the above and agree with these terms for enrollment in the MD.direct program.
I wish to participate in the MD.direct program and am returning this agreement with the annual fee and fee form.

Signature(s) of adult participant(s): _____
