

Employer - DPC Membership Agreement

Practice	Arche Health
Employer	[Employer Legal Name]
Effective Date	[Effective Date]
Practice Contact	mohanmuvvala@archelife.com (505) 605-3286
Address	8232 Louisiana Blvd NE STE A, Albuquerque, NM 87113

This Employer Membership Agreement ("Agreement") is entered into by and between **Arche Health** ("Practice") and **[Employer Legal Name]** ("Employer"), effective as of **[Effective Date]**.

1. Employer-Practice Relationship

By signing this Agreement, Employer voluntarily enrolls eligible employees and, if elected by Employer, eligible dependents in Arche Health's membership program pursuant to the terms of this Agreement.

Minimum of 5 employees (separate from dependants) to be enrolled. Arche Health agrees to make available the services described in this Agreement to enrolled employees and enrolled dependents, subject to applicable policies, clinical judgment, operational limits, and the terms set forth herein.

Employer acknowledges that this Agreement establishes a membership arrangement for access to certain primary care and related services and does not create health insurance coverage or replace comprehensive medical insurance.

2. Services

During the term of this Agreement, enrolled members shall be eligible to receive the primary care, preventive care, and urgent care services generally offered by Arche Health and described in its current service materials and practice policies, as updated from time to time.

- Annual wellness and preventive care visits
- Office visits within the applicable membership structure
- Telehealth visits when clinically appropriate
- Portal, phone, and text-based communication as offered by the Practice
- Chronic condition management and care coordination
- Select in-office procedures, excluding supply costs where applicable

Non-covered services include, but are not limited to, specialist care, hospital services, emergency department care, surgery, advanced imaging, outside laboratory charges, medication costs, and any service not expressly included within the membership structure.

3. Fees and Payment

Employer shall pay Arche Health the membership fees set forth below for enrolled members. Employer is responsible for all amounts due under this Agreement regardless of whether Employer uses payroll deductions, employee contributions, or any internal allocation method.

Member Category	Monthly Rate	Annual Prepay (10% Off)	Equivalent Monthly Rate	Notes
Employee	\$199.00	\$2,149.20	\$179.10	Per enrolled employee
Adult Dependent	\$179.00	\$1,933.20	\$161.10	Per enrolled adult dependent
Child Under 18	\$0.00	\$0.00	\$0.00	Included at no additional monthly charge

3.1 One-Time Onboarding Fee

Employer shall pay a one-time onboarding fee of \$150.00/employee; \$300.00/family at enrollment. This fee is intended to simplify implementation and onboarding and is charged separately from recurring membership fees.

3.2 Annual Prepayment

Employer may elect annual prepayment for enrolled members. A 10% discount shall apply to annually pre-paid memberships. Unless otherwise required by law or expressly agreed in writing, fees paid are non-refundable once collected.

3.3 Invoicing and Past Due Amounts

Invoices are due within [15/30] days of invoice date unless otherwise agreed in writing. Declined payments, failed transactions, or returned payments may be subject to a \$25 administrative fee per occurrence. Arche Health may suspend new enrollments or terminate this Agreement for non-payment after notice and opportunity to cure, subject to professional and legal obligations.

4. Enrollment and Eligibility

Employer shall provide Arche Health with complete and accurate enrollment information for eligible employees and dependents in the format reasonably requested by Arche Health. Employer is responsible for timely updates regarding new enrollments, terminations, dependent changes, and eligibility status changes.

Children under 18 may be enrolled as eligible dependents and are included at no additional monthly charge under this pricing structure. Arche Health may require intake forms, acknowledgments, consents, and patient registration documents for each enrolled member before services begin.

5. Member Medical Information and Privacy

Arche Health will maintain member medical records in accordance with applicable law, including HIPAA where applicable. Employer understands and agrees that individual employee and dependent medical information is confidential and will not be disclosed merely because Employer is paying membership fees under this Agreement.

Arche Health may disclose limited administrative information reasonably necessary for enrollment, eligibility verification, invoicing, and plan administration, consistent with applicable law.

6. Digital Communications Risks and Conditions

Employer acknowledges that Arche Health may communicate with members through phone, secure messaging, email, text, or other electronic means, subject to Practice policy. Employer understands that

such communications may carry privacy and security risks, are not intended for emergencies, and may not be continuously monitored.

- Electronic communications are not intended for emergencies.
- Members should call 911 or go to the nearest emergency room for emergency care.
- Response times may vary based on timing, volume, and clinical circumstances.

7. Term and Termination

This Agreement begins on the Effective Date and continues for an initial term of one (1) year unless earlier terminated in accordance with this Section. This Agreement shall automatically renew for successive one-year terms unless either party gives at least ninety (90) days' prior written notice of non-renewal before the end of the then-current term.

- Employer may terminate within the first thirty (30) days after the Effective Date, in which case Employer remains responsible only for fees accrued for the first month and any onboarding fee already incurred.
- Employer may otherwise terminate upon at least ninety (90) days' written notice to Arche Health.
- Arche Health may terminate this Agreement for non-payment, material breach, inaccurate enrollment data, or operational impracticability, subject to legal and professional obligations.

Upon termination, Employer remains responsible for all fees accrued through the effective termination date, and member access to membership services ends as of the effective termination date except as otherwise required by law or professional obligations.

8. Additional Terms

- Arche Health does not provide health insurance coverage, and this Agreement is not a contract for insurance.
- Employer is encouraged to maintain appropriate health insurance coverage for hospitalization, specialty care, emergency services, and other services not included in membership.
- This Agreement is non-transferable except with Arche Health's prior written consent.
- If any provision of this Agreement is held unenforceable, the remaining provisions shall remain in full force and effect.
- This Agreement shall be governed by the laws of New Mexico in which the Arche Health physician office is located.
- Any dispute arising out of or relating to this Agreement shall be resolved by neutral binding arbitration except where prohibited by law.

Exhibit A - Pricing Schedule

The pricing schedule below is incorporated into and made part of this Agreement.

Category	Monthly	Annual Prepay (10% Off)	Equivalent Monthly
Employee	\$199.00	\$2,149.20	\$179.10
Adult Dependent	\$179.00	\$1,933.20	\$161.10
Child Under 18	\$0.00	\$0.00	\$0.00
One-Time Onboarding Fee	\$150.00	N/A	N/A

Exhibit B - Monthly Savings at Current Proposed Rates

Category	Current Rate	Proposed Monthly Rate	Monthly Savings	Annual Savings	Savings %
Member	\$250.00	\$199.00	\$51.00	\$612.00	20.4%
Adult Dependent	\$225.00	\$179.00	\$46.00	\$552.00	20.4%
Under 18	\$99.00	\$0.00	\$99.00	\$1,188.00	100.0%

Exhibit C - Savings with Annual Prepayment


The table below compares the current benchmark rates to Arche Health's discounted equivalent monthly rates after applying the 10% annual prepayment discount.


Category	Current Rate	Discounted Equivalent Monthly	Monthly Savings	Annual Savings	Savings %
Member	\$250.00	\$179.10	\$70.90	\$850.80	28.4%
Adult Dependent	\$225.00	\$161.10	\$63.90	\$766.80	28.4%
Under 18	\$99.00	\$0.00	\$99.00	\$1,188.00	100.0%

Signature Page


ARCHE HEALTH	[EMPLOYER LEGAL NAME]
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

DR. MOHAN MUVVALA, DO/MBA
BOARD CERTIFIED FAMILY MEDICINE

 (505)605-3286

 (505)439-7139

 mohanmuvvala@archelife.com

 8232 Louisiana Blvd NE, Ste A
(Inside Royal Medical Health)

www.archelife.com

