Archangel Michael Health

Direct Primary Care Service Agreement

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 10, 2026

This Agreement is a binding written contract between you (the patient, or the patient's legal representative) and **Archangel Michael Health, PA** (the "Practice"), a Florida professional association, through its physician **Christopher L. Bray, MD, PhD, CPE, FACP**. Please review the following terms carefully. This Agreement takes effect only when it has been signed by both the Practice and the patient (or the patient's legal representative).

1. Who This Agreement Applies To — Members and Non-Members

Members enroll in the Practice's monthly Direct Primary Care (DPC) subscription and receive the full Scope of Services described in Section 2 while their membership is active and paid.

Non-members may receive one-time consultative services (such as a single 30- or 60-minute visit or a record review) without enrolling in a membership. Non-members receive care under the same consent terms in this Agreement and the same financial terms described in the companion *Financial Agreement & Payment Policies*; the membership-specific provisions (monthly fees, automatic renewal, 30-day termination) apply to members only.

- ☐ I am engaging with the Practice as a **Member** (monthly DPC subscription)
- ☐ I am engaging with the Practice as a **Non-Member** (one-time consultative services)

2. Scope of Services (Membership)

By enrolling in and maintaining an active, paid membership, you are entitled to the following services, provided directly by Dr. Bray:

- **Comprehensive Primary & Integrative Care:** Management of a wide range of common acute and chronic health conditions typically addressed in internal medicine, primary care, and integrative medicine settings. This includes diagnosis, ongoing treatment, medical advice, preventive care recommendations, and patient education.
- **Ordering & Management:** Ordering and interpretation of laboratory tests and imaging studies as medically necessary. Management and coordination of referrals to specialists when required.

- **Prescribing:** Electronic prescribing (e-prescribing) of medications as appropriate for your condition, managed through our Athena Health electronic health record. *Note: we do not typically manage or prescribe chronic controlled substances.*
- **Record Review:** Review of pertinent previous medical records to inform current care plans.
- **Unlimited Telehealth Visits:** Unlimited scheduled telehealth consultations (video/audio) during regular business hours for covered medical needs.
- **Direct Communication:** Unlimited secure messaging via the Athena Health patient portal, email, or text for non-urgent clinical questions or administrative needs. Responses are typically provided within 48 business hours.
- **House Calls:** In-person house-call visits in **Alachua County, Florida** when an in-person evaluation is deemed medically appropriate by Dr. Bray and mutually agreed upon.

The Practice is a telehealth-first practice serving patients in Florida, Georgia, Texas, Arizona, North Carolina, Tennessee, and New Hampshire; you must be physically located in one of these states at the time of each visit. The Practice does not provide emergency or urgent care. Access to the services listed above is contingent upon your DPC membership subscription being current and paid in full according to the terms in the *Financial Agreement & Payment Policies*.

3. Fees — and What the Monthly Fee Does Not Cover

The monthly membership fee for each membership category is set by the **Membership Fee Schedule** in the companion *Financial Agreement & Payment Policies* (version v2026.07.02), which is **incorporated into this Agreement by reference** and forms part of it. That document also states the membership reinstatement fee, non-member (one-time visit) fees, prepayment discounts, and all payment policies.

The monthly membership fee covers only the services described in Section 2, provided directly by Dr. Bray. It does **not** cover, and the Practice does not provide or bill for:

- Laboratory tests and imaging studies (billed separately by the laboratory or imaging facility);
- Prescription medications themselves (billed separately by the pharmacy);
- Specialist care, emergency room visits, hospital care, and surgery (billed separately by those providers and facilities);
- Any other third-party fees or charges.

These non-covered services are billed separately by the respective third parties at their own rates, potentially utilizing your health insurance if applicable.

4. Duration and Automatic Renewal

Membership under this Agreement is **month-to-month**. The Agreement begins on the date both parties have signed it and your first monthly fee is paid, and it **automatically renews each month** for successive one-month periods until terminated by either party as described in Section 5.

5. Termination and Refunds

5.1 Termination Without Cause (Either Party, 30 Days' Notice)

Either party — you or the Practice — may terminate this Agreement at any time, for any reason or no reason, by providing a minimum of **30 days' written notice**. You may provide notice via secure portal message, email, or certified mail. Services continue through the end of the paid monthly cycle or the 30-day notice period, whichever is later.

5.2 Immediate Termination For Cause

The Practice may terminate this Agreement immediately, without the 30-day notice period, if: (a) you engage in abusive, threatening, or harassing conduct toward Dr. Bray or staff as described in the Practice Policies; (b) you commit fraud or material misrepresentation (for example, in payment, identity, or prescription matters); or (c) continuing the relationship would create a safety risk to you, the physician, or staff. You may likewise terminate immediately if the Practice materially breaches this Agreement.

5.3 Refunds on Termination

On termination by either party for any reason — with or without cause — any prepaid fees for services not rendered beyond the effective termination date (for example, the unused portion of an annual or two-year prepayment) will be refunded on a **pro-rata** basis. Monthly fees already charged for the current month are generally non-refundable, but services continue through the end of that paid month. There is no cancellation fee and no term commitment (no 3-month, 6-month, or 1-year contract); this Agreement runs month-to-month. Cancelling the recurring subscription through the Stripe billing portal is accepted as written notice of termination under this section.

5.4 Non-Members

If a non-member cancels a prepaid one-time service or package, any fees paid for services not yet rendered will be refunded on a pro-rata basis, per the *Financial Agreement & Payment Policies*.

6. If the Practice Ceases to Offer Services

If the Practice ceases to offer services under this Agreement for any reason — including closure of the practice, the physician's retirement, death, disability, loss of licensure, or relocation — all prepaid fees attributable to the period after the date services cease will be **refunded to you on a pro-rata basis**. This applies to monthly, annual, and two-year prepayments alike.

7. This Agreement Is Not Health Insurance

This agreement is not health insurance and the health care provider will not file any claims against the patient's health insurance policy or plan for reimbursement of any health care services covered by the agreement. This agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not workers' compensation insurance and does not replace an employer's obligations under chapter 440.

The services provided under this Agreement are offered as a private-pay membership arrangement and are not intended to substitute for comprehensive health insurance coverage. **You are advised to obtain and maintain comprehensive health insurance** to cover services outside this Agreement — such as emergency care, hospitalization, specialist care, surgery, laboratory tests, imaging, and medications.

8. Medicare Beneficiaries

Dr. Bray formally **opted out of Medicare** in early 2025; the opt-out renews automatically every two years. Medicare beneficiaries are welcome to become members or one-time patients of the Practice. However, **federal law requires every Medicare beneficiary to sign the Practice's separate** *Medicare Private Contract* **(42 C.F.R. § 405.415) before receiving any service**. Under that contract, no claim will be submitted to Medicare for the Practice's services, and Medicare and Medigap (Medicare supplement) plans will not pay or reimburse any amount for them. See the *Financial Agreement & Payment Policies*, Section 2, for details, including how prescriptions and outside labs, imaging, and specialists are handled.

9. Notification Regarding Malpractice Insurance

> Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

10. Governing Law and Dispute Resolution

This Agreement is governed by the laws of the State of Florida. Before pursuing any formal legal action, the parties agree to first attempt in good faith to resolve any dispute arising from this Agreement directly with one another. Venue for any legal action arising from this Agreement shall be in **Alachua County, Florida**.

11. ACKNOWLEDGMENT AND SIGNATURES

By signing below, I confirm that I have read, understand, and agree to all terms of this Direct Primary Care Service Agreement, including the Scope of Services (Section 2), the fee terms and the incorporated *Financial Agreement & Payment Policies* (Section 3), the Duration and Automatic Renewal terms (Section 4), the Termination and Refund terms (Sections 5–6), the mandatory disclaimer that this Agreement is not health insurance (Section 7), the Medicare provisions (Section 8), and the Notification Regarding Malpractice Insurance (Section 9).

PATIENT NAME (PRINT) _____ DATE OF BIRTH _____

PATIENT SIGNATURE _____ DATE _____

LEGAL REPRESENTATIVE / PARENT / GUARDIAN SIGNATURE (IF APPLICABLE) _____ RELATIONSHIP TO PATIENT _____

PROVIDER SIGNATURE — CHRISTOPHER L. BRAY, MD, PHD, FOR ARCHANGEL MICHAEL HEALTH, PA _____ DATE _____

For office use only · Received by (staff): _____ Date received: _____

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