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Dear Patients,

This year marks the fifteenth anniversary of opening my private office. I have so enjoyed the privilege of taking care of you and your families over these years! I left my previous employed position to establish my private office with the hope to provide more of a “physician caregiver” experience for patients by spending more time with patients. In earlier years, it was possible to accomplish. In recent years, increasing demands of the private healthcare insurances and government changes, the pressure has shifted to become more of an “administrator of care” than a “physician caregiver”. It has become increasingly difficult to balance the demands of fee-for-service insurances, address prior authorizations for medications and tests, and manage the ballooning amount of data and communications that the digital age of medical care has brought. It is becoming more typical for me to work 16 hours a day, which feels wholly unsustainable.

After much consideration, I have made the decision to depart from the “fee-for-service” care model and modify my practice to a Direct Primary Care practice. **Beginning June 1st, I will no longer be submitting claims to insurance companies for care that I provide to my patients or collecting copays for appointments.** Instead, I am establishing a model that will entail taking care of a smaller panel of patients. Currently, I care for approximately 1100 patients. In the new model, I will be taking care of approximately 600 to 700. By reducing the number of patients I care for, I plan to recapture the balance of providing more of the “physician caregiver” experience for patients and for myself. I want to proceed forward with the ability to spend more time with patients and focus on providing the best care I can give with less intrusion from private insurance companies and government entities.

The advantages of this model will include:

- No copays for appointments.
- More time that my staff and I can spend with each patient.
- More in-depth care that I can provide at every visit, reducing the need to have additional visits to address items that couldn't be managed at one visit.
- Reduced wait times at the time of your appointment (I am less likely to be backed up in the office schedule).
- For urgent needs, appointments typically same day or within 24 hours, reducing the need for going to urgent care.

- Greater ease of addressing medical conditions through telemedicine visits in ways that are not restricted by insurance rules/requirements. For example, follow up of diabetes or hypertension can often be managed through telemedicine visits and not require a trip to my office; there are plenty of other examples as well.
- Greater ability to communicate and better timeliness with communications due to the smaller panel of patients being cared for.
- Greater ability to be comprehensive with each patient's care, focusing on preventative health care, and ensuring chronic medical conditions are fully addressed.
- More time to address preventative care, focusing on wellness, fitness, nutrition and preventing illnesses.

How the model of Direct Primary Care in my office will work:

- **Patients will pay a monthly membership fee:**
 - o Patients ages birth to 40: \$55/month
 - o Patients ages 41-64: \$75/month
 - o Patients ages 65+: \$95/month
 - o Couples ages 18 to 40: \$90/month
 - o Couples ages 41 to 64: \$130/month
 - o Couples ages 65 and older: \$170/month
 - o Add 1 child: \$30/month
 - o Add 2 children: \$50/month
 - o Add 3 children: \$65/month
 - o Please note that a "couple" includes married couples and domestic partners
- **The monthly membership fee can be paid from an HSA/FSA account. HSA funds can be used up to \$150 per month for individual memberships and up to \$300 per month for family memberships.**

The monthly membership fee isn't a replacement for comprehensive health insurance. It is important to still maintain a health insurance plan! You will still need insurance to cover hospitalizations, emergency room visits, consultations with specialists, imaging studies, labs, etc. If you plan to stay in my practice in the new model, please make sure to have at least one of the following options:

- Traditional health insurance plan (has a higher monthly premium but typically just a copay for doctor's visits)
- High deductive health insurance plan (has a lower monthly premium but an annual out-of-pocket that needs to be met)
- Catastrophic health insurance plan (low monthly premiums but very high deductibles, covers major medical emergencies and preventative care such as physicals, vaccines, etc, but not specialist consultations, non-emergency operations, etc.; typically only available to patients under 30 years old)

Having an insurance plan in place helps mitigate the cost risk of any other medical care that you might need outside of my office.

My office staff and I will still work with your insurance to manage prior authorizations for medications and tests, process referrals, etc.

I understand that this will be a desirable opportunity that will work for some of my patients, although it may not work for others.

- If you wish to continue in my practice in the new Direct Primary Care model **beginning 06/01/26**, please fill out the included form **by 05/29/26**. We are working to have this form available on my website at fleigfamilymedicine.com. Requests will be considered on a first come basis (so it is important to respond sooner rather than later).
- If you don't plan to continue in my office, I will still provide care through 05/31/26, including medication refills. But it will be necessary to become established with another primary care physician by 05/31/26. Please have the new PCP's office send a release of records form to my office to allow transfer of records.

All appointments currently scheduled through 05/31/26 will be conducted in the traditional fee-for-service model, with claims submitted to your insurance companies in the same manner as before. After 05/31/26, it will be necessary to have initiated payment for the monthly membership to have appointments made in my office. If you are staying in my office after 05/31/26, any appointments already scheduled will be kept (unless my secretary has to make any adjustments to keep the goal of more time with each patient; she will reach out to you if it is necessary to adjust the time or day of future appointments).

Thank you for taking the time to read through this in-depth description. I am grateful and honored to have been your physician over these years. The issue at hand is that it is not viable to continue the volume and rate which the demands of the current fee-for-service health insurance requires. I chose not to shift to a full "concierge" medical model, as I imagined it would be out of reach for most of my current patients (concierge practices often charge \$200-400/month). My hope is that this model will be an accessible option for the majority of my patients. My goal with this shift to Direct Primary Care is to balance out the ability to provide a better overall experience for patients while regaining the ability to feel like a "physician caregiver" again. Thank you for your time and your consideration!

Regards,



Dr. Matt Fleig