

AXIOMeds Membership & Health Coaches White Paper - Practitioner Edition

Telehealth - Enabled Membership Medicine

AXIOMeds | UniteDoctors PLLC

Legal & Compliance Notice

Core Disclosures

- Membership is not insurance and may not be used for emergency care. Call 911 for emergencies.
- Availability, features, and pricing vary by state and are subject to change.
- Telehealth requires identity and location verification and informed consent prior to care.
- Prescriptions are at the clinician's judgment and may be declined or limited; controlled substances require additional safeguards and may be unavailable.
- Benefits (including medications and diagnostics) are provided per program terms and documentation and are not guaranteed for all conditions.
- No guarantee of outcomes is made; results vary by individual.
- This white paper is informational and not legal, medical, billing, or tax advice; consult qualified counsel and your compliance team.

Use within your compliance and legal guardrails. Subscription, auto - renewal, telehealth, pharmacy, and advertising rules vary by state; consult counsel. Retain E - SIGN evidence and provide click - to - cancel in the same channel.

Quality & Safety: HIPAA safeguards; identity/location checks; PDMP for controlled substances; incident reporting and CAPA; interpreter services; WCAG 2.2 AA accessibility.

Document Control

Title: AXIOMeds Membership & Health Coaches White Paper

- Practitioner

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Preface

This white paper synthesizes the original telehealth membership framework with the new practitioner and health - coach program documents.

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Executive Summary

AXIOMeds operationalizes a wellness - contingent, telehealth - enabled membership model under UniteDoctors PLLC (UD). Compensation ties to healthy, active members; it pauses in Patient Mode while treatment - including medications - is covered at no additional member cost.

Members receive unlimited, 24/7 telehealth via a licensure - matched national network, absorbing low - acuity and off - hours demand and preserving Health Coach capacity for prevention and longitudinal outcomes.

Two enabled membership models are supported: In - House (employees under a Medical Director) and External (state - registered UniteDoctors Limited Partnerships). Funding flows through the AAA/PHA/MBA architecture; WS tiers set PHA levels and govern allocation of AAA surplus to the Health Coach's Solo 401(k).

Glossary of Key Terms

UniteDoctors PLLC (UD): Medical practice organized in Wyoming with a Medical Director/Managing Partner; treatment is rendered under UD.

Health Coach: Licensed clinician (MD/DO, NP/PA, DC, ND) stewarding a member panel; focuses on prevention, early interception, and continuity.

Member Mode: Wellness state; commission active; emphasis on prevention, lifestyle medicine, behavioral support, and medication management.

Patient Mode: Illness state; commission pauses for that member; treatment (incl. medications) covered at no additional member cost until recovery.

Unlimited Telehealth: 24/7 virtual care included for members at no additional cost via ~17,000 clinicians; closed - loop handoffs to the Health Coach.

AAA - AXIOM Assurance Account: Per - member medication reserve (e.g., \$75/mo; \$900/yr) for Patient Mode and telehealth - linked prescriptions.

PHA - Preventive Health Account: Per - member monthly compensation to Health Coach (\$60 - \$100), set annually by Wellness Score (WS) tiers.

MBA - Member Benefits Account: Remainder of dues for benefits: insurance allocations, supplements, diagnostics, bill settlement, small unpaid claims, and in - person services at External clinics.

WS - Wellness Score: Annual Member:Patient ratio (Jan 1 - Dec 31). Finalized by Mar 31; sets PHA level for the next year (Apr 1 - Mar 31) and AAA surplus allocation.

Enabled Models: In - House (AXIOMeds employees under Medical Director) and External (partners via state LPs under UD; maintain independent practice).

Solo 401(k): Retirement plan optionally established at onboarding to receive AAA surplus allocations and allow practitioner (and spouse) contributions, per tax rules.

Platinum Health Plan: AXIOMeds coverage at no cost to Health Coach; extended to spouse and children (plan terms apply).

1. Industry Insights: Why a Wellness - First Model Now

- Costs rise faster than wages; purchasers demand predictable, prevention - centric models.
- Telehealth aligns to prevention cadence and early interception for non - emergent care.
- Clinicians favor hybrid/virtual roles; protocolized telehealth reduces friction and burnout risk.
- Consumers want proactive guidance with convenient diagnostics and follow - ups.

2. The AXIOMeds Membership Model

Virtual - first, stepped - care: Telehealth for routine issues; red - flag criteria escalate to in - person diagnostics or higher - acuity settings. Each member has a Health Coach responsible for prevention, risk modification, and outcomes with protocolized follow - ups and PROs.

2.1 Member Mode vs Patient Mode

Member Mode emphasizes prevention and health promotion. Patient Mode begins when treatment is required; commissions pause and UD covers treatment - including medications - until recovery; commissions resume at return

- to - wellness.

2.2 Roles & Panel Stewardship

Typical panel sizes: 100 - 500 members per Health Coach (scalable to 800 - 1,000 with care extenders). Extenders (RNs, RDs, therapists, coaches) handle protocolized follow - ups and documentation.

2.3 Wellness Stack (Included Services)

- Annual exam and routine vaccinations; prevention templates and reminders.
- Targeted supplementation and fitness guidance with structured check - ins.
- Weight - management and behavioral coaching as indicated.
- Optional epigenomic testing with interpretation and counseling.

2.4 Unlimited Telehealth (24/7)

Included, licensure - matched, with closed - loop handoffs and scripted escalation.

3. Funding & Account Architecture (AAA - PHA - MBA)

3.1 Monthly Membership Fee Breakdown

Component	Amount (per member / mo.)	Purpose	Notes
Platform Fee (to AXIOMeds)	\$100	Administrative operations (IT, accounting, HR, marketing, servers/subscriptions, facilities)	Fixed platform support
AAA - AXIOM Assurance Account	\$75	Medication reserve for telehealth and Patient Mode episodes	Annual deposit \$900/member; surplus policy applies
PHA - Preventive Health Account	\$60 - \$100	Monthly compensation to Health Coach based on WS	WS finalized Mar 31; effective Apr 1 - Mar 31
MBA - Member Benefits Account	Remainder	Benefits: insurance allocations, supplements, diagnostics, bill settlement, small unpaid claims, in-person services at External clinics	Varies by plan and geography

3.2 Wellness Score (WS) & Timeline

Tier	WS Range	AAA Surplus <input type="checkbox"/> Solo 401(k)	PHA Range (Illustrative)
Tier 1	95 - 100%	50% of AAA surplus	\$95 - \$100
Tier 2	90 - 94%	25% of AAA surplus	\$80 - \$94
Tier 3	85 - 89%	10% of AAA surplus	\$60 - \$79
Below Tier	<=84%	0% allocation	\$60 (floor)

4. Quantitative Mechanics: Capacity & Finance

4.1 Workload Compression & External Supply (p_out, k)

Let N = panel size; h = healthy ratio; m = monthly membership fee per healthy member; c_e = expected monthly Patient - Mode cost per ill member. Let p_{out} denote the share of encounters absorbed by the external 24/7 telehealth network and k the telehealth compression factor (reducing per - encounter time). Effective in - practice encounter time: $t_{bar_in} = (1 - p_{out}) \times (w_v - t_v + w_a - t_a + w_f - t_f)$. As p_{out} ☐ or k ☐, t_{bar_in} ☐ and throughput ☐, releasing Health Coach capacity.

4.2 Revenue - Risk Identity & Break - Even h^*

m (\$/mo)	c_e (\$/mo)	$h^* = c_e / (m + c_e)$	Interpretation
60	80	57.14%	Challenging - requires high prevention efficacy
80	80	50.00%	Balanced
100	80	44.44%	Easier to sustain
100	120	54.55%	Challenging - requires high prevention efficacy
100	200	66.67%	Challenging - requires high prevention efficacy

Monthly revenue $R = m \cdot h \cdot N$; expected Patient - Mode spend $S = (1 - h) \cdot N \cdot c_e$; margin proxy $M \propto R - S$. Break - even healthy ratio: $h^* = c_e / (m + c_e)$. Telehealth and prevention reduce c_e , lowering h^* and expanding the feasible region for margin and outcomes.

4.3 Sensitivity Table and Scenario Modeling: Telehealth Absorption & Illness

4.4 Duration

If p_out rises from 0.30 to 0.60 and k improves documentation/triage efficiency by 25%, clinics typically free 20 - 35% of in - practice time, which can be redeployed to proactive outreach and complex case management - key drivers of higher h and lower c_e.

5. Practitioner Compensation & Incentives

PHA: \$60 - \$100 per member per month, set annually based on WS as of March 31; effective Apr 1 for 12 months.

AAA: \$75 per member per month (\$900/year) reserve for medications; year - end surplus allocated to 401(k) per WS tier; remainder can roll forward.

MBA: remainder of dues funding benefits - insurance allocations, supplements, diagnostic labs, bill settlement support, and small unpaid claims.

WS: annual Member/Patient ratio defining both PHA level and AAA surplus allocation.

6. Comparative Analysis: Episodic FFS vs AXIOMeds

Dimension	Episodic FFS	AXIOMeds Membership (Enabled Models)
Orientation	Visit/symptom driven	Wellness - first; prevention - led; WS - aligned incentives
Access	Office - centric	Unlimited 24/7 telehealth; hybrid escalation to in - person
Incentives	Volume increases revenue	Healthy ratio increases compensation; AAA surplus to Solo 401(k) by WS tier
Medication Costs	Member/payer exposure	AAA funds Patient - Mode medications; surplus policy
Continuity	Fragmented	Health Coach stewardship; PRO tracking; closed - loop handoffs
Transparency	Variable	Explicit dues architecture: Platform + AAA + PHA + MBA

7. Quality, Safety & Compliance (Overview)

- HIPAA: BAAs, minimum - necessary access, encryption at rest/in transit, audit trails.
- Licensure & Scope: Document Member vs Patient Mode; PDMP checks as applicable; scope/supervision rules.
- Clinical Governance: Evidence - based protocols; peer review; incident/near - miss reporting; safety - netting in dispositions.
- Measurement: PROs, prevention adherence, time - to - recovery, ED diversion, documentation fidelity, WS auditability.
- Financial Controls: AAA reserve policy; stop - loss thresholds; formulary/procurement for Patient - Mode medications.

8. Implementation Roadmap (In - House & External)

In - House Track

- Recruit under Medical Director; set panel targets (100 - 250 per Coach).
- Stand up CRM pipelines; configure telehealth intake and documentation templates.
- Codify triage trees, escalation triggers, return - to - wellness checkpoints; train safety - netting scripts.
- Activate AAA/PHA/MBA accounting; publish WS calendar; set KPI/PRO dashboards.

External Track

- Register UD LPs; align licensure/scope; PC - MSO where required.
- Configure referral pathways with In - House teams; MBA billing SOPs for in - person services.
- Standardize documentation for MBA settlement; quarterly quality reviews.

9. Key Performance Indicators (KPIs)

- Healthy Ratio (h) and WS distribution
- Time - to - Recovery (days in Patient Mode)
- Avoidable ED/urgent care utilization
- Medication spend per Patient - Mode episode (AAA)
- Member experience (NPS/satisfaction) and retention
- Clinician workload indices; documentation fidelity

10. Evaluation Design & Endpoints

Stepped - wedge cluster rollout with difference - in - differences versus historical controls. Primary endpoints: h, time - to - recovery, avoidable ED/urgent care utilization. Secondary: PRO improvement, prevention adherence, Patient - Mode medication exposure, clinician workload indices. Economic: PMPM net of Patient - Mode costs; sensitivity on c_e and p_out; AAA surplus volatility; MBA settlement timeliness.

11. F&A; - Frequently Asked Questions

Q: How do In - House and External models differ?

A: In - House Coaches are AXIOMeds employees under a Medical Director with access to marketing, CRM, and internal leads. External Coaches partner via UD LPs, manage AXIOMeds members part - time while maintaining an independent practice, and can scale across states.

Q: Can I expand to multiple states?

A: Yes. UD supports state LP registration matching your licensure (e.g., UniteDoctors IL II, LLP; UniteDoctors MI IV, LLP).

Q: Who pays for in - person services after a referral?

A: AXIOMeds funds eligible in - person services from the MBA account per program terms and documentation. Q: How does the Wellness Score affect compensation?

A: WS determines your PHA level for the next plan year (Apr 1 - Mar 31) and the proportion of AAA surplus allocated to your Solo 401(k).

Q: Is telehealth truly unlimited and 24/7 for members?

A: Yes - unlimited, 24/7 telehealth is included at no additional member cost via a ~17,000 -

clinician network, with closed - loop handoffs to Health Coaches.

Q: Do Health Coaches receive benefits?

A: Yes - coverage under the AXIOMeds Platinum Health Plan at no cost to the Health Coach, extended to spouse and children (plan terms apply).

Q: Can this support early retirement or practice conversion?

A: Yes - the External LP pathway allows a gradual shift toward wellness - focused, lower - stress practice, with the option to convert fully to AXIOMeds.

12. Wellness Ecosystem & the 4Health Movement

The 4Health Movement is a non - profit initiative promoting Wellness - First concepts in the U.S. and abroad. It provides clinicians with a forum to share prevention - focused methods with peers and communities - without anti - industry rhetoric - and to build constructive partnerships aimed at a single goal: "Make World Healthy Again."

Appendix E. ClinOps SOPs (Intake to CAPA)

AXIOMeds SOP Pack - Clinical Operations (ClinOps) Operationalizing the Clinician - Coach Compact Scope

This SOP governs day - to - day clinical operations: intake, documentation, escalation, labs, pharmacy coordination, accessibility, and incidents.

SOP - C1: Intake & Baseline Verify identity and location; obtain telehealth consent.

Capture history, physical, vitals, 96 - panel labs; offer epigenomic test with counseling. Stratify risk; assign Health Coach; set 90 - day goals and metrics.

SOP - C2: Documentation & Templates Use the standard SOAP template and Coach Note template. Log consent types; attach GFE where applicable; record accommodation provided. Close the loop on abnormal labs within SLA; document plan changes.

SOP - C3: Escalation Matrix Apply domain - specific soft/hard/ER triggers (see matrix).

Message clinician on soft triggers within 24h; schedule visit within 7 days. Immediate clinician review for hard triggers; 911/ER for emergencies.

SOP - C4: Labs & Diagnostics Order to CLIA - certified labs; confirm specimen handling; track results to closure. Use LDTs only via compliant labs; follow FDA phase - out milestones.

Critical results callback within 1 hour; recheck scheduling as indicated. SOP - C5: Medications & Supplements

PDMP checks per policy before controlled substances.

Pharmacist counseling prompts for high - risk meds; document side - effect education. Supplements: DSHEA disclaimers; interaction checks; adverse event reporting.

SOP - C6: Accessibility, Language, and Equity Offer auxiliary aids; interpreter services; document accommodation fulfillment. Audit for equal access across tiers; escalate barriers to access within 2 business days.

SOP - C7: Incidents & CAPA Intake incidents via unified channel; triage by severity; notify leadership as required. Root - cause analysis; corrective/preventive actions; verify effectiveness within 30 days.

Maintain incident register; learnings reviewed in QA committee.

Appendix F. Legal & Compliance - Integrated

AXIOMeds SOP Pack - Legal & Compliance Subscriptions, Anti - Discrimination, Advertising, Telehealth, Labs/Pharmacy Scope

This SOP prescribes controls for consumer - protection, subscriptions, anti - discrimination, privacy, and regulated operations.

SOP - L1: Subscription & ARL Compliance Present key terms proximate to consent; no pre - checked boxes; separate auto - renew checkbox. Capture express consent; store evidence package (screens, terms, IP/device, timestamp).

Provide click - to - cancel in the same channel; send confirmations and renewal reminders per state.

SOP - L2: E - SIGN & Records Obtain e - delivery consent; furnish copies of terms; retain records 3 years or longer as required.

Quarterly audit of consent logs; reconcile with billing to detect anomalies. SOP - L3: Anti - Discrimination & Accessibility §1557 programmatic review (telehealth + algorithm bias); ADA/Title III accessible ICT (WCAG 2.2 AA). Language access plan; interpreter vendor SLA 95% coverage; complaint intake and response within 15 days. SOP - L4: Marketing & Health Claims Maintain claim - substantiation dossiers; require legal pre - clear for new claims. Supplements: DSHEA structure/function with disclaimer; avoid disease claims. SOP - L5: CPOM, Telehealth, Prescribing Maintain PC - MSO documentation; FMV analyses; no volume - based compensation. Licensure mapping by state; prescribing policies for controlled substances; PDMP compliance. SOP - L6: Labs & Pharmacy Vendor diligence for CLIA and CAP; LDT oversight timeline alignment; labeling/IFU reviews. Pharmacy licensure; pharmacist - in - charge designation; counseling and privacy policies. SOP - L7: Good - Faith Estimates (GFE) Automate GFE issuance for self - pay/uninsured; retain estimates; handle dispute - resolution workflow. Audit variance against final bills; corrective action for outliers.

Appendix G. Product & Engineering (Compliance by Design) - Integrated

AXIOMeds SOP Pack - Product & Engineering

Compliance by Design for Enrollment, Telehealth,
and Evidence Scope

This SOP converts legal and clinical standards into shippable product requirements
and evidence logging. SOP - P1: Enrollment UX & Consent

State - aware ARL engine drives disclosure strings, consent ceremony, renewal reminders,
and cancel flow. Explicit auto - renew checkbox; button copy references recurring charge;
show cadence and price adjacent to CTA.

Post - enrollment receipt with terms and cancel link; retain evidence package (HTML, terms
version, checkbox text, IP/device, timestamps).

SOP - P2: Cancellation & Refunds

One - click cancel in same channel; immediate confirmation; pro - rated
refunds where required. Log cancellation latency KPI; alert on failures > 10
minutes.

SOP - P3: Accessibility & Internationalization

WCAG 2.2 AA components; keyboard operability; alt text; captions for live/pre -
recorded telehealth. i18n frameworks; language selector; accommodate right - to -
left scripts if needed.

SOP - P4: Telehealth & Prescribing Data

Capture identity and location; modality; clinician license state; PDMP check indicator;
prescribing rationale. Hard - stops for controlled substances without required criteria;
audit logs for overrides.

SOP - P5: Evidence & Auditability

Immutable evidence stores; versioned policies; training attestations; incident and complaint logs.

Dashboards: consent completion, cancellation latency, renewal reminders, accessibility SLA,
bias metrics, CAPA closure.

Appendix H. State Addenda (Multi - State Guardrails) - Integrated

AXIOMeds State Addenda - Expanded Edition

California - New York - Colorado - Texas - Florida - Illinois - Massachusetts - Washington -
New Jersey - Virginia - District of Columbia - Arizona - Georgia

This document orients practitioners and operators to conservative, best - practice guardrails by state. It is educational, not legal advice; confirm specifics with counsel.

California Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check state Prescription Drug Monitoring Program (PDMP) per policy before controlled substances.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

New York Addendum

A. Professional Structure & Compensation

B. Operate via compliant professional structures (e.g., PC/MSO where applicable).
Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

C. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

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F. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Colorado Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check state Prescription Drug Monitoring Program (PDMP) per policy before controlled substances.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

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D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Texas Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check Texas PMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured

and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Florida Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check E - FORCSE (FL PDMP) before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

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D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling

prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Illinois Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check IL PMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Massachusetts Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check MassPAT before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

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Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Washington Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check WA PMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

New Jersey Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check NJPMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Virginia Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check VA PMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling

prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

District of Columbia Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check DC PDMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for

All” policy; audit for disparate impact.

Arizona Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check AZ CSPMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Georgia Addendum

A. Professional Structure & Compensation

Operate via compliant professional structures (e.g., PC/MSO where applicable). Preserve independent clinical judgment.

Compensation at fair - market value; avoid volume - or value - based arrangements; review marketing/affiliate deals.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; verify identity and location; obtain telehealth consent.

Document modality (video/phone) and clinical justification; apply standard - of - care parity for telehealth visits. Check GA PDMP before prescribing controlled substances per policy; log query and rationale.

Weight - management and hormone therapies: baseline labs, contraindication screening, informed consent, and follow - ups.

C. Subscriptions & Consumer Communications

Auto - renewal terms are clear and conspicuous; no pre - checked boxes; affirmative consent captured and retained.

Online click - to - cancel in the same channel; send confirmations; provide renewal reminders for long - term plans where required.

E - SIGN compliant records (screens, terms versions, checkbox text, IP/device, timestamps) retained per policy.

D. Pharmacy & Labs

Maintain pharmacy licensure and pharmacist - in - charge oversight as applicable; counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; clear labeling and counseling for epigenomic tests.

E. Accessibility, Language, and Equity

WCAG - conformant web and telehealth; auxiliary aids on request; interpreter services with tracked SLAs.

Ensure equal access to all tiers (including concierge pathways) under the “Same Premium for All” policy; audit for disparate impact.

Appendix I. Practitioner Programs & Benefits - Integrated

AXIOMeds State Addenda

California - New York - Colorado (Practitioner & Ops Edition)

This document orients practitioners and operators to conservative, best - practice guardrails by state. It is educational, not legal advice; confirm specifics with counsel.

California Addendum

Regulatory posture: treat California as the strictest baseline for subscriptions, accessibility, and advertising.

A. Corporate Practice, MSO, Fee - Splitting

Use friendly - PC/MSO structure; preserve independent clinical judgment; MSO fees at fair - market value (not volume or value of referrals).

Marketing and promotions reviewed for inducement/fee - splitting risk; no contingent compensation tied to clinical volume.

B. Telehealth, Prescribing, and PDMP

License where the patient is located; document identity and location; consent for telehealth.

Controlled substances: comply with federal rules and California PDMP (CURES) checks per policy; document modality and clinical justification.

Weight - management/hormone therapies: baseline labs and follow - ups; decision support and informed consent.

C. Online Pharmacy and Labs

Maintain required pharmacy oversight and credentials; pharmacist counseling prompts for high - risk meds.

Route testing to CLIA - certified labs; align with FDA LDT phase - out milestones; label epigenomic testing with limitations and counseling.

D. Subscriptions & Consumer Protections

Automatic - renewal: clear and conspicuous terms proximate to consent; no pre - checked boxes; email/SMS confirmation; online click - to - cancel in same channel.

Annual or longer terms: pre - renewal reminder with how - to - cancel instructions; retain consent and reminder proofs.

E - SIGN consent captured and stored with retrievable copies of terms at the time of enrollment.

E. Accessibility & Anti - Discrimination

WCAG - conformant web/telehealth; auxiliary aids on request; language access and accommodations workflow. Equal access to tiers and services under the “Same Premium for All” policy; monitor for disparate impact.

New York Addendum

A. Corporate Practice & Professional Oversight

Operate through a professional entity; avoid corporate practice conflicts; maintain independent medical judgment.

Strict fee - splitting sensitivity; review marketing/affiliate arrangements; FMV compensation.

B. Telehealth, e - Prescribing, and PDMP

Licensure where patient resides; telehealth consent and documentation.

Electronic prescribing is the norm; document exceptions; PDMP (state program) checks per policy before controlled substances.

C. Subscriptions & ARL

Clear terms, affirmative consent, online cancellation via same channel; renewal reminders for annual terms. Retention of evidence packages (screens/checkboxes/IP) and acknowledgment notices.

D. Accessibility & Nondiscrimination

Accessible web/telehealth; interpreter services; accommodation logs and SLAs.

Ensure "Same Premium for All" is reflected in equal access to scheduling and services. Colorado Addendum

Professional Independence & Compensation

Professional judgment remains with licensed clinicians; use compliant entity structures; no volume - based compensation.

Disclose membership is not insurance; avoid risk - pooling language.

Telehealth & Prescribing

Licensure and standard - of - care parity for telehealth; identity/location verification; informed consent.

PDMP queries per state expectations; conservative guardrails for controlled substances; document decision pathways.

Subscriptions & Consumer Communications

Auto - renewal terms presented clearly; express consent; cancel online; reminder notices for long - term plans. Maintain E - SIGN - compliant records and accessible copies of terms.

Accessibility, Language, and Equity

WCAG - conformant platforms; auxiliary aids; language access; track accommodation request fulfillment. Audit for equal access to concierge channels under uniform pricing.

Endnotes

- Automatic Renewal Laws (ARL): Clear, conspicuous terms proximate to consent; separate auto - renew checkbox; confirmations and reminders; click - to - cancel in the same channel; retain evidence of consent.
- E - SIGN Consent & Records: Obtain e - delivery consent; furnish copies of terms; retain consent records for statutory periods; audit quarterly.
- DSHEA Guidance: Structure/function claims with required disclaimers; avoid disease claims; maintain substantiation dossiers.
- CPOM & PC - MSO: Preserve independent clinical judgment; fair - market - value compensation; avoid volume/value - based arrangements.
- PDMP: Query state PDMPs before prescribing controlled substances per policy; document rationale and exceptions.