FOUNDING MEMBER FAQ · SEPTEMBER 2026

Your questions, answered

CONFIDENTIAL · DRAFT

Plain answers about the move to a practitioner-owned cooperative. If your question isn't here, ask Jess directly.

Q What exactly is a cooperative?

A business owned by the people who use it. Here, that business is the clinic's shared services: space, front desk, software, supplies. You pay your share of real costs instead of an owner's profit margin. One member, one vote.

Q Who bills my patients?

You do. Same as today. Receipts stay in your practice. The co-op invoices you for shared costs. It does not collect your clinical fees, pay you a wage, or take a percentage of your billings.

Q Why are we changing now?

The current split model routes a large cut to ownership beyond the clinic's actual operating cost. The co-op removes that layer so more of what you generate stays with you.

Q What will I actually pay?

A monthly invoice for your tier's share of real overhead: rent, front desk, software, utilities, insurance, and fees. Not a percentage of your billings. The illustrative FT share is ~$2,000/mo against the $10k average you collect yourself. A PT share is about one-third (~$670). Both numbers are placeholders. The real model comes before you commit, and it may be higher.

Q What does full-time versus part-time change?

The buy-in and the monthly cost share. FT is **$3,333**. PT is **$1,111**. PT pays about one-third of the FT cost share. The vote does not change. One member, one vote.

Q Is my buy-in safe? Can I get it back?

It is **equity, not a fee**. It is recorded in your capital account at the tier you bought ($3,333 or $1,111). If you leave in good standing, the co-op repurchases that share at face value, subject to the bylaws and the co-op's cash position. It is not a guaranteed instant cash-out.

Q Do I get a check at the end of the year?

Not a bonus, and not a cut of your patient fees. Those stay in your practice all year. The only year-end money is a refund if the monthly clinic bills were higher than actual costs. It comes back in proportion to what you paid. If the bills were right, the refund is zero. The legal name is a patronage dividend. At least 20% of any refund is cash. The clinic may hold the rest as your money until you leave, and you owe tax on that held part too.

Q What are my obligations beyond seeing patients?

Join one operating committee (~2–4 hours/month) and participate in governance votes. That shared stewardship is what keeps overhead — and your costs — low.

Q What about taxes?

Your clinical income stays on your own return. The co-op does not become your employer. A cost refund, if there is one, is deducted by the co-op so it is not taxed twice. You still include the full refund in your income, cash plus any part the clinic holds until you leave. QBI, if you have it, still comes from your practice, with the usual health-practice limits. We will confirm the entity with a cooperative CPA before you fund anything. Ask your own advisor.

Q What happens to my patients, records, and schedule?

Nothing about your clinical practice changes. Same space, same patients, same records, same billing. This is an ownership and cost change, not a clinical one. Charts and receivables stay with your practice.

Q Do I have to sign a commercial lease?

No. The lease is held in a separate LLC and subleased to the co-op. No practitioner personally guarantees the building.

Q What are the risks?

Income figures are illustrative; tax outcomes aren't guaranteed; the buy-in is refundable subject to terms; and the transition depends on resolving the current ownership arrangement. The prospectus lists these in full.

Q When does this happen, and what do I do now?

We're gathering soft commitments now. No money moves until the entity is formed and the numbers are CPA-confirmed. Read the prospectus, ask questions, and tell Jess whether you're in.
