



Patient Advocate Agreement

This Agreement is made between:

- **Patient Advocate:** HealthPlanAlly LLC
- **Client:**

Effective Date:

1. Scope of Services

The Advocate agrees to provide the following services to the Client:

- Assistance with navigating health insurance benefits and coverage
- Support with insurance claims, appeals, and related paperwork
- Coordination with healthcare providers and insurers as authorized by the Client
- General education about healthcare resources and patient rights and plans

Note: HealthPlanAlly LLC is not a licensed insurance agent, attorney, or medical provider. HealthPlanAlly LLC does not sell insurance or offer legal advice. HealthPlanAlly LLC cannot provide medical services nor provide medical advice.

2. Fees & Payment

- Services will be billed at: \$35 an hour plus any applicable travel fees
- Invoices will be issued: Within 24 hours of services being rendered
- Payments are due within [7] days of invoice.

3. Confidentiality

- The Advocate agrees to maintain confidentiality of all Client information, in compliance with HIPAA and applicable privacy laws.
- Information will only be shared with third parties upon written authorization from the Client.



4. Client Responsibilities

The Client agrees to:

- Provide accurate and complete information necessary for advocacy services.
- Authorize the Advocate to communicate with healthcare providers and insurers as needed to include filling out any necessary HIPAA forms.
- Understand that the Advocate cannot guarantee specific outcomes regarding insurance coverage or approvals.

5. Term & Termination

- This Agreement will remain in effect until either party terminates it with 15 days' written notice.
- Any outstanding fees for services rendered up to the termination date remain payable.

6. Liability

- The Advocate will act in good faith and to the best of their ability.
- The Advocate will abide by ethical standards and provide unbiased information.
- The Advocate is not liable for decisions made by insurers, healthcare providers, or other third parties.
- Client understands that all final health plan and financial decisions rest with the Client.

7. Governing Law

This Agreement will be governed by the laws of the State of Colorado.



Signatures

Jennifer N. DaSilva, Patient Advocate

Date:

Client Name: Signature

Date:

Client Name: Printed