



# 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

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Jennifer N. DaSilva, Patient Advocate

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Date:

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Client Name: Signature

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Date:

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Client Name: Printed