

**Pat's Medical Insurance Counseling**  
221 Feather Ct, Lincoln, CA, 95648  
Phone: 916-408-0411  
Fax: 916-408-1144  
Email: Pat Johnson at: pat@patstoby.com



Since 1977

**Fee Schedule for Counseling Services and Client Agreement**

I **WILL** provide the following services at your request:

- One **FREE** phone consultation.
- Consultation: In my office, in your home, or on the phone.
- Review your current medical benefits and provide policy comparisons to assist you in choosing a policy and/or HMO best suited to your needs.
- Claims Management:
  - Assist you in determining what medical bills you need to pay.
  - Submit complete claims forms to your insurance carrier with required documentation.
  - Maintain and provide a record of all claims activity.
  - Act as your advocate with health care providers, insurance companies and Medicare to secure payment for all legitimate claims and/or negotiate reductions in the health care provider charges.
- Provide insurance reimbursement data for income tax purposes.
- Provide Adult Care resource referrals.
- **Provide Medicare Part D Drug information and comparison.**

Your Insurance Counselor **WILL NOT**:

- Sell medical insurance policies, prepare your income tax returns, or provide tax advice.
- Guarantee reimbursement for every claim submitted.
- Provide legal advice or act as a claims adjuster.
- Guarantee estimates of how long it will take or how many hours of billing time will be required to prepare your claims for submittal and follow-up to closure.

**Your Obligations:**

- You agree to provide the documents and information necessary to prepare and file your claims in a timely manner to avoid missing claim-filing deadlines.
- You agree to provide the prescription information necessary to do Part D comparisons.
- You agree to pay in full for services rendered upon receipt of our monthly invoice – irrespective of when you receive benefit payments from your insurance carriers.

**Fee Schedule:** \_\_\_\_\_ per hour

A one time, one half hour set up charge will apply to all new client accounts. A \$15.00 per month additional charge will apply to all of the client accounts in probate or conservatorship, while awaiting final payment of the client account.

**Fees Apply as follows:**

- Time spent with client – office, home, or phone call to provide services listed above.
- Time spent acting on behalf of the client. Time spent closing out and returning a client file..
- Time spent traveling to and from an in-home appointment, when appropriate.
- A late fee of \$15.00 per month will be charged for non-payment of a client account after 60 days.
- No new work will be done until full payment has been received.

I have read and understand what **will** and **will not** be provided by Pat Johnson. I agree to pay promptly for the services rendered at the fee schedule listed above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_