

H.O.P.E., Helping Our People Everywhere

Phone #: (954) 240-7770; Fax #: (786) 257-5676; E-mail: liz@HOPEpatientconciierge.com

Dear Client,

It is our privilege and honor to be able to assist you. Thank you for your trust in us.

We understand that navigating through our complex health care system is very challenging. It becomes increasingly difficult when there is an urgent need for medical services and treatment(s).

We will navigate through the bureaucracy and ease the burdens of financial and other stresses associated with the required arrangements. This is accomplished through our established long-standing relationships with specialists, centers and administrative departments of area hospitals.

We assist by facilitating immediate access to solid, well-trained specialist(s), outpatient center(s) and when absolutely needed, hospital(s) and obtain substantial discounts for treatment(s). Our job is to make your experience as smooth as possible through our patient concierge services.

What We Do

We provide all patients with a complimentary 20 minutes evaluation session, no charge - whether a call or e-mail. This will determine how we can help this case.

Our staple charge for concierge coordination services is **\$385USD**. This discounted cost covers from the moment we are engaged until the client has a confirmed itinerary of appointments. Average case takes from 1-10+ hours, especially when we decide to accompany patient. We start working on your case as soon as registration, consent form are filled out and payment sent. The payment options are either credit card or Paypal, no payment plans, please see payment form for details.

Every case is unique, however our assistance range in these areas:

- We work on expediting appointments; usually within a week or less.
- We are able to save in as much as 20%-80%+ on medical treatments(s)/services.
- You have access, through us, to have your case reviewed by specialist(s) to guide you with treatment(s) option(s); a virtual second opinion to guide patient, usually within 48 hours. However, it all depends on complexity of case, which may require in person evaluation.
- This allows for us to prepare your visit in the most efficient manner, avoiding extra time and cost.
- Serve as your personal healthcare navigator; guiding you to next steps.
- Schedule, organize, coordinate and expedite your appointment(s) with specialists/physicians, surgical centers, hospitals, diagnostics and procedures.
- Facilitation of advance registration for appointments of outpatient/inpatient visits.
- If patient has insurance and insurance allows, we can liaise to access your coverage details.
- Medical Record Management: we will gather, organize and transfer relevant medical records.
- Provide a complete set of medical records to patient upon completion of receiving service.
- We communicate with your medical team(s), abroad, have them kept abreast of your case.
- Provide information for travel coordination from hotel discounts, transportation, etc.

Please note that if the patient cancels for whatever reason, the concierge fee still applies since we work on the case from the moment we are engaged. There are no refunds.

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Our "do not do" section: we do not:

- drive patients/caretaker in our personal vehicles; patients are responsible for getting their transportation arranged. It is a liability to us to carry patients in our personal vehicles.
- run errands for patients such as going to pharmacy; picking up groceries or any items from family or friends; shopping; sending items to home country;
- send medications anywhere; or source you scripts/prescriptions for any medications or tests.
- administer any personal medications of ours, including tylenol or any over the counter meds.
- book hotels with our own personal credit cards. We do not make any loans to patients. Please make hotel/car rental arrangements as we provide info on this.
- go to appointments as part of fee. It is up to our discretion to evaluate when we want to accompany patient(s). It is totally voluntary that we accompany patients.
- provide counseling sessions to patients or caretakers. We can suggest therapists.
- obligated to answer calls or any messages outside of our work hours, Monday-Friday (except for holidays): 8AM-5PM. If we do this, we are doing it voluntarily.
- if patient an emergency, please call 911 for an ambulance, we do not pick patients up.
- send monies to patient home country or any personal favors of this sort.
- should patient end up in a hospital, we do not stay overnight with patients or accompany them. If we do this, it is totally voluntary - it is not part of the fee paid for concierge services.
- should patient have a family member/friend or caretaker who needs services, fee is not covering their services.

Billing - Payment for treatment/services

The patient is responsible for making payments for all medical tests and services directly to each provider(s) where the patient/client is being seen. We are not held responsible for collecting anything on their behalf. We provide the client with an estimate or cost, which we receive from the provider, however the provider collects the funds from the client. We do not handle any funds for them. Form of Payment accepted at provider's office is USD currency, cash or credit card. If for any reason, the patient has left the provider without paying, it is the responsibility of the patient to ensure payment is made immediately.

If patient ends up in an emergency situation and check into a hospital, patient will deal with the hospital directly. Their charges are exuberant and patient has no insurance, they usually ask for a deposit to continue any treatment or service. We can try to assist with your case regardless in advocating for you, however it is up to total discretion of hospital on what their charges are.

Patient Consent:

- I am responsible for paying directly to providers for any service(s) at time of service.
- I do not hold H.O.P.E. and any of its staff or volunteers liable for any service/treatment with providers they suggest.
- I have options of where to go to to receive services and/or treatments. If any of H.O.P.E.'s staff or volunteers, affiliates assist me with transportation to/from appointments, I will not hold them liable while I am in their vehicle for any reason; they have advised me of other options such as taxi, etc.

By signing this form, I confirm that I have read terms of services and agree to the conditions.

Print Your Name Below and Date:

PAYMENT FORM / Formulario de Pago - please fill out and send to us to below / por favor llenar este formulario y enviar.

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Payment Options / Opciones de Pago:

1) a U.S credit card. ^{*}Please add info below.. We do NOT accept credit cards from outside the U.S. Please note that we charge it same day of receipt / puede llenar la informacion abajo con info de su tarjeta de credito.

2) Pay via paypal using this link: paypal.me/hopepatientconcierge (click & pay) / puede pagar via paypal con este link: paypal.me/hopepatientconcierge

3) Wire Transfer:

Company bank information as to where the deposits need to be made:

Account Name: Qoya Global Business LLC

PNC Bank

Contact: Gloria Elizabeth Harris


Bank address: 14502 SouthWest 2nd Street, Pembroke Pines, FL 3302

Routing #: 267084199

Account #: 1224499896

SWIFT Code: PNCCUS33

ABA #: 043000096

*Please note, if you have an international credit card, we can accept IF you have a ZIP CODE. Without a zip code, we cannot run your credit card. Some countries from abroad have a zip code and we can accept those cards.

Name as it appears on your credit card:

Nombre como esta en la tarjeta:

Address connected to your credit card:

Direccion conectado a su tarjeta:

City, Country and Zip code: without a zip code, we cannot accept your credit card.

Ciudad, Pais y Codigo: sin codigo, no aceptamos su tarjeta.

Credit Card # / # de Tarjeta:

Expiration Date as it appears:

Fecha de Expiracion:

CVC code/Security code on back of card:

Codigo de Seguridad (detras de tarjeta)

We will charge \$385USD fee.

Please print your name and date here:

Cargaremos su tarjeta por \$385USD.

Imprima su nombre y fecha aqui: