

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

Phone #: (954) 240-7770

Fax #: (786) 257-5676; E-mail: liz@HOPEpatientconcierge.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 here is very challenging. It becomes increasingly difficult when there is an extremely urgent need for appointments, service and treatment(s). Our job is to be your patient advocate and make the experience as smooth as possible for you, your caretaker and family. We will navigate through the bureaucracy and ease the burdens of financial and other stresses associated with the required arrangements. Our job is to assist by facilitating immediate access to solid, well-trained specialist(s), outpatient center(s) and when absolutely needed, hospital(s) and obtaining substantial discounts for both the insured and uninsured.

Based on our experience, what may take a waiting period of up to 45 days to see a specialist, we make it happen within a week or less, at times same day appointments. As for costs, we have been able to save in as much as 20%-80%+ with services. This is accomplished through established and long-standing relationships with specialists, centers and administrative departments of area hospitals. This is essential when you are looking to expedite service for clients. We ensure your medical records are reviewed prior to even decision on what is needed for service, whenever possible. This allows for us to prepare your visit in the most efficient manner, avoiding extra time here thus extra cost.

What We Do

Whether you are the patient or you are caring for family and parents who is faced with a serious diagnosis or condition, navigating the complex healthcare environment can be challenging. We take on the burden of these challenges to deliver the resources and access you need when you need them.

- Serve as your personal health advocate.
- Access to have your case reviewed by specialists to guide you with treatment(s) option(s). We have standing relationships with specialists, which enables us to connect individuals with quality treatment options for a specific medical need.
- 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.
- Access to great discounts to cost for service(s) and treatment(s).
- Medical Record Management: As appropriate and with patient consent, we will gather, organize, and transfer relevant medical records in advance of an expedited appointment. Retrieving reports in a timely manner.
- Provide a complete set of medical records to patient upon completion of receiving service.
- We communicate with your medical team(s), home country and abroad, have them kept abreast of your case.
- We assist patients with understanding their medical options, their bills and verification of final invoices.
- We liaise with your insurance company, when permitted, to access authorization(s), coverage details.
- We attend appointments and follow-up with patient, a patient navigator, when absolutely needed.
- Provide assistance with travel coordination from hotel discounts, transportation, etc.
- Provide solutions to healthcare challenges.
- Provide health and wellness service options.

REGISTRATION & CONSENT FORM - please fill out and send to us to below:

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Billing

We do not charge for our concierge services. However the patient is responsible for making payments for all tests and services directly to each provider(s) where the patient/client is being seen. We are not held responsible for collecting anything. 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.

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 you do not make payment, bills will be sent to you directly, depending on the hospital/doctor procedures on how long this may take. Patient makes those payments directly to the provider/facility as indicated on the relevant invoice. If you for any reason end up in an emergency situation and check into a hospital, it is a separate charge from any provider we work with and you will deal with the hospital directly. Their charges are exuberant and if you have no insurance, they usually ask for a deposit to continue any treatment or service. We have absolutely nothing to do with hospital institutions and how they charge or their costs. 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.

Form of Payment accepted at our network of provider's office is USD currency, cash or credit card. If using a credit card, it is your responsibility to call your bank and advise them of your travel in advance and advise them of the \$ quantities (even if estimates) to be paid out to providers here in the U.S.

Mailing

If you are mailing us anything which requires it to be a hard copy such as medical records including CDs of diagnostics (MRIs, etc.), slides/blocks for pathology, etc., Please use a courier such as Federal Express, UPS or DHL to the following:

H.O.P.E. - Attention: Elizabeth Harris
2413 Main Street, #146
Miramar, FL 33025
Phone: 1 (954) 240-7770

Once you have mailed out your package, please ensure you have a tracking # for your own reference to be able to track your package. You can also e-mail us this information so we can assist in tracking your package as well. It is your responsibility to ensure you use proper packaging and track your package. We also recommend you add insurance to your package as they will be held responsible for any lost item(s). With any package, we kindly ask that you use bubble wrap to ensure your package arrives intact. We discourage any regular post office mail as it will take at minimum 4+ weeks coming from abroad.

If you need to physically drop off a package, you can do so at the same address above. Please place in a sealed envelope with the above information on it.

We at H.O.P.E. are not held responsible for any package. Once our providers have finished reviewing them, we will let you know that your records are ready to be picked up or sent back to you. It is your responsibility to pick up the package or if you are not able to pick up package, we ask that you provide a means to have it shipped back to you.

I understand that there is no fee or charge for the concierge services of my case. I am responsible for paying directly to providers for any service(s). I am to pay them at time of service. By signing this form, I confirm that I have read and understood the above terms of services and agree to the conditions.

Print Your Name Below and Date:

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Today's Date / Fecha De Hoy Primary Physician and Specialists Info /
Su Medico Primario y Especialistas

Date of Birth (MM/DD/YYYY) / Fecha De Nacimiento Age / Edad Gender (M/F)/ Genero

Patient Full Name / Nombre de Paciente Mr./Mrs./Ms. (write one) / Sr./Sra./Srta.

Single/Married/Separated/Divorced - Soltero(a)/Casado(a)/Separado(a)/Divorciado(a)

Address at Home (details, city, country) /
Direccion de Casa (incluir ciudad, pais)

Address in U.S. / Direccion en EEUU:
(Street Address, City, State, Zip Code)

E-mail Address / Correo Electronico:

Social Security # (if applicable) /
De Seguro Social (si es aplicable)

Home Phone # / # De Casa

Mobile Phone #/ # Celular

Phone # when in U.S.

Occupation / Ocupacion

Employer / Nombre de Compania de Empleo

Referred by (details please) / Quien lo/a refirio a nosotros

Insurance Information: please attach a copy of your insurance card, front and back.

Tiene Seguro Medico? Adjunte una copia de su tarjeta, la parte de adelante y atras.

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Is patient covered by
insurance? Yes/No
El/La paciente tiene
cobertura? Si/No

Who is main policy holder? (for ex: Wife, Husband, etc.,
please confirm relationship, name and employer)
Nombre del dueno/a de la poliza de seguro?

Insurance Info / Informacion del Seguro

(Name on Insurance Card, Insurance Company, ID #, Group #, Phone #)

I provide authorization to the following Requesting Office:

Yo proveo mi autorizacion a la siguiente Oficina:

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

Name: Elizabeth Paucar Harris

Phone #: (954) 240-7770

Address: 2413 Main Street, #146, Miramar, FL 33025

I authorize the release of any and all of my records regarding treatment to the person(s) listed above. Print Name Below:

Yo autorizo todos mis informes medicos relativo a mi tratamiento a la oficina detallada aqui.

Escriba su nombre en prenta:

This request and authorization applies to:

Esta solicitud y autorizacion aplica a lo siguiente:

Healthcare Information / Informacion de mi salud/mi caso/mis informes medicos

Test results / Resultados de mis examenes, diagnosticos, etc.

All Billing Information / Toda informacion con los pagos de servicios/seguro

Anything Pertaining to My Medical Care / Todo relacionado con el cuidado medico

Signature and Date / Firma y Fecha