



QUALITY HEALTH MANAGEMENT

15280 NW 79th Court, Suite 100
Miami Lakes, Florida 33016

Attn: Elizabeth Wheaton, Director
Email: EWheaton@QHManagement.com
Fax: 952-767-0787

QHM Platinum Maternity Self-Pay Program Agreement

Name of Patient: _____

I, _____, request Quality Health Management, LLC "QHM", to provide me with QHM's Maternity Self-pay services as outlined below. I have reviewed the services and understand the limitations of this service.

THIS LETTER OF AGREEMENT, effective _____, is entered into by and between **QUALITY HEALTH MANAGEMENT, LLC**, 15280 NW 79th Court, Suite 100, Miami Lakes, Florida 33016 ("QHM"), and _____ ("CLIENT"), whose address is located at _____ wish to access QHM's Maternity self-pay program and other services for the following case: (Patient Name) _____ for maternity case with due date estimated on _____ (enter dates).

WHEREAS, QHM provides assistance with scheduling maternity services and obtaining pricing for maternity services along with other services outlined below in exchange for reimbursement at agreed upon rates;

WHEREAS, Client is individual self-paying for maternity medical services in the United States; and,

WHEREAS, Client seeks access to QHM's Services as detailed on Addendum A of this letter for one case only as referenced above.

THEREFORE, in consideration of the foregoing and of the mutual covenants herein, intending to be legally bound hereby, the parties agree as follows:

Client's and QHM's duties are limited to those specifically set forth herein. QHM does not determine, select or recommend any specific provider nor does QHM determine eligibility or medical benefit availability for above referenced patient. QHM does not exercise any control with respect to Client's decision to select provider.

1. The parties agree to hold all information provided by one party to the other exchanged in contemplation of, or in connection with duties under this Agreement, confidential for the term of this Agreement and for (1) one year thereafter, and shall not disclose such information to any third party except as required to implement this Agreement, as required by law or regulation, or with the prior written permission of the other party.
2. QHM's services are detailed in this Letter of Agreement under Pricing & Services.
3. Nothing in this Agreement shall be construed to interfere with a Participant's freedom of choice to receive medical services from QHM, or non-QHM Providers. Client does not determine selection by Participant of any Providers, Practitioners or Facilities. QHM does not exercise any control with respect to Client's Benefit Program policies, practices, procedures, or assets including payment of claims. Client does not exercise any control with respect to any of the services provided by QHM or Providers, Practitioners or Facilities.
4. The CLIENT agrees, to the fullest extent permitted by law, to indemnify and hold harmless the QHM, its officers, directors and employees and (collectively, QHM) against all damages, liabilities or costs, including reasonable attorneys' fees and defense costs, to the extent caused by the CLIENT's negligent acts in connection with the obligations such as payment of authorized claims for whom the CLIENT is legally liable. Neither QHM nor the CLIENT shall be obligated to indemnify the other party in any manner whatsoever for the other party's negligence.



5. Client shall pay QHM Service Fees as detailed in this letter upon signing the agreement and selecting a hospital in the U.S. for maternity services. Payment to QHM shall be made within ten days (10) from receipt of QHM's invoice. Payments to providers authorized by Client for treatment of the above referenced patient shall be issued promptly and prepaid in accordance to the pricing offered by providers and prior to any scheduled services. QHM will provide pricing estimates and upon receipt of funds from patient, QHM will promptly issue agreed upon payment to providers within 3 days of receipt of funds from patient.
6. This Letter of Agreement shall commence on the effective date _____ and services begin immediately upon client's selection of provider and terminate (30) thirty days after delivery date.
7. This Agreement shall commence on the effective date unless terminated by client with at least ninety days' notice prior to delivery date. In the event, Client provides timely cancel then client is entitled to a refund of 20% of the total fee paid to QHM.
8. In the event that Client defaults by failing to make payment to QHM Provider(s) as required in this agreement, QHM shall have the right to terminate this Agreement for cause and retain full QHM service fee paid by client.
9. This letter of agreement is governed by the laws of the State of Florida. In the event a dispute arises concerning the terms and conditions of this Letter of Agreement or a default or breach of this Letter of Agreement occurs by either party, the issue in dispute shall be litigated in the State of Florida.
10. This Letter of Agreement shall constitute the entire agreement relating to the subject matter hereof between the parties hereto. Each party acknowledges that no prior representation, inducement, promise or agreement has been made by the other party or anyone acting on behalf of the other party, unless such representation, inducement, promise or agreement is embodied in this Letter of Agreement expressly or by incorporation.

IN WITNESS WHEREOF, the Parties have caused this Letter of Agreement to be signed as of the Effective Date.

CLIENT/Patient

Quality Health Management, LLC (QHM)

By: _____

By: _____
Patricia Ziomek, Principal

Date: _____

Date: _____

PRICING-

QHM Platinum Maternity Program- **\$5,000 USD FLAT FEE-** Due within 10 days from Invoice by QHM via wire transfer. Credit card option is available with a 2.75% additional fee for credit card processing. Provider payment options include prepayment of all medical services to QHM and QHM will issue payment to providers at negotiated rates. Any additional deposits outside of package pricing or negotiated rates may be paid directly to hospital or provider.

QHM Services- Including:

- Ongoing Member Communication: QHM provides members with ongoing support, by scheduling of care or assisting with questions about medical care. If a member needs assistance in travel arrangements, immigration or housing, QHM will assist in any way possible.
- Steerage to Provider Networks: Direct communication with the member about QHM's Global Network of Hospitals & Physicians offering Maternity services. QHM provides access to options and client must select a provider and ultimately determines or selects the provider of their choice or preference.
- Appointments: QHM arranges and schedules all medical appointments and coordinates care between providers and members. QHM confirms scheduling with providers.
- 24 Hour Emergency Services: QHM is "on-call" for members requiring Emergency services after regular business hours including weekends and holidays.

Benefits include: Concierge— Customized assistance with travel needs including coordination of travel, transportation and hotel or short term housing. We include coordination of services and support for pre & post- delivery for mother, baby and companion. Mom Support— A QHM physician case manager is available to address a variety of non-urgent questions about your pregnancy, birthing and newborn care with traditional and cultural considerations. Additionally, QHM can locate access to special classes including preparing for Baby Care Basics, Breastfeeding, Lamaze and more offered by participating maternity centers.

**At additional cost an on-site nurse is available. Cost varies depending on nurse but rates vary between \$150.00 to \$200.00 USD Per hour. This is only added as additional service upon specific request of client and paid separately on an hourly basis as billed by nurse.*