RIDDLE CARE NAVIGATION
& FINANCIAL ADVOCACY

Riddle Care Navigation & Financial Advocacy, LLC
Boerne · Fair Oaks Ranch · Texas Hill Country
(210) 201-3253 · tamara@riddlehealthcare.com

Client Service Agreement

HEALTHCARE NAVIGATION AND FINANCIAL ADVOCACY

This Client Service Agreement (the "Agreement") is made between **Riddle Care Navigation & Financial Advocacy, LLC**, a Texas limited liability company represented by Tamara Riddle ("Riddle Care Navigation," "we," "us," or "our"), and the client named below ("Client" or "you").

Effective Date: _____

Client Name: _____

Address: _____

Phone: _____ Email: _____

Person receiving services (if different from Client): _____

Relationship to Client: _____

Responsible party for payment (if different, such as a family member or law firm): _____

1. Purpose

You are hiring us to provide independent, non-clinical healthcare navigation, care coordination, and financial advocacy services. This Agreement explains the services, fees, payment terms, and responsibilities of both parties.

2. Services Selected

The services checked below are included in this engagement. Any work outside this scope requires a written amendment or a separate agreement. Fees match our published fee schedule at the time of signing.

Service	Fee	Select
Monthly Retainers (select one, if applicable)		
Standard Navigation Retainer Up to 5 hours per month of ongoing navigation support, including a monthly in-person visit and billing and appeals assistance	$750 per month	☐
Complex Care Coordination Retainer Up to 10 hours per month for complex, multi-provider cases, including a monthly in-person visit, dedicated case management, and billing and appeals assistance	$1,500 per month	☐
Healthcare Navigation		
Healthcare Navigation Package Services selected for your situation during your free consultation (see Section 3)	Quoted: $_____	☐

Service	Fee	Select
Hospital Stay Total Care Package Emergency room admission navigation; inpatient updates to family, patient, and attorneys; care team meetings; and the transition home or to home health, hospice, rehab, or skilled nursing	$950	☐
Bills and Insurance		
Insurance Status Review Your coverage, authorizations, and what you truly owe	$350	☐
Comprehensive Bill Audit Every bill from a hospital stay, with disputes and negotiation	$850	☐
Denials and Appeals		
Standard Appeal One level of appeal, including insurance plan reconsiderations	$850	☐
Complex Appeal Multiple levels, with independent external specialty peer review option	$1,500–$2,500 Quoted: $_____	☐
Hourly		
Hourly Support Billed in 15-minute increments; also applies to time beyond retainer hours	$175 per hour	☐

Description of the situation and goals of this engagement:

_____

_____

_____

_____

3. What Is Included

Depending on the services selected, our work may include:

- Communicating with providers, hospitals, facilities, pharmacies, insurers, and other parties on your behalf, within the limits of your signed authorizations
- Coordinating hospital stays, discharges, transfers, home health, hospice, and appointments
- Reviewing medical bills, insurance coverage, and denials, and preparing appeals
- Reviewing and organizing records, bills, and insurance documents you provide or that we obtain with your authorization
- Regular updates and family and patient communication, including explaining medical terms in plain language
- Written summaries, plans, findings, or recommendations, as appropriate to the service
- A superbill (itemized statement) for services provided

Monthly in-person visit. Retainer clients receive one in-person visit each month, at home or in a facility, to check on care needs. Time spent on the visit, including travel within our service area, counts toward your monthly retainer hours.

Healthcare Navigation Package. When you choose this package, the specific services and the quoted fee are agreed during your free consultation and written in Section 2 or in a signed attachment.

4. Non-Clinical and Non-Legal Services

Our services are non-clinical. We do not provide medical advice, diagnosis, or treatment, and we do not replace your physicians or care team. All medical decisions remain with you, the patient, and your providers.

Our services are not legal services. We are not attorneys and do not give legal advice, prepare legal pleadings, or represent you in any court or legal proceeding. When legal questions come up, we will recommend that you consult a licensed attorney. When we work with your attorney, we do so at your direction and in support of their work.

We are not licensed insurance agents or adjusters, and we do not sell insurance. Our work with insurers is limited to healthcare navigation, billing review, and appeals support for health-related claims made on your behalf.

5. Fees and Payment

5.1 Free consultation. The first 30-minute consultation is free and creates no obligation.

5.2 Retainers. Monthly retainer fees are due in advance on the first day of each service month. Unused hours do not carry over to the next month. Time beyond your monthly hours is billed at $175 per hour, and we will let you know before you go over your monthly hours.

5.3 Standalone services. Services priced at $850 or less are due in full before work begins. For services priced above $850, a 50% deposit is due before work begins, and the balance is due when the work is complete or the appeal is submitted.

5.4 Hourly work. Hourly work is billed in 15-minute increments and invoiced at the end of each month or when the task is complete.

5.5 Due date. Invoices are due within 15 days of the invoice date. If payment is more than 15 days late, we may pause work until the account is current, after giving you written notice.

5.6 Expenses and travel. Pre-approved out-of-pocket costs, such as records fees charged by a provider or certified mail, are billed at cost. Travel outside Boerne, Fair Oaks Ranch, Leon Springs, Kendall County, Northwest San Antonio, the Hill Country, and surrounding areas is billed at the current IRS mileage rate. We will not incur any expense without your prior approval.

5.7 How to pay. Payments are made securely online by credit or debit card through our Carepatron client portal or the secure payment link sent with each invoice.

Other payment arrangement (if any): _____

6. Private Pay and Superbills

This is a private-pay practice. Our services are not billed directly to your health insurance, which keeps our work fully on your side and independent of any insurer, hospital, or facility.

Every client receives a superbill. You may submit it to any payer source that may reimburse you, such as a health plan, long-term care policy, workers' compensation carrier, health savings account, or legal

settlement. Reimbursement depends on the payer and is not guaranteed. You remain responsible for full payment whether or not you are reimbursed.

7. Authorization to Act on Your Behalf

Before we contact any provider, facility, or insurer, you (or the person with legal authority, such as a healthcare power of attorney or guardian) will sign the authorization forms those organizations require. You may revoke any authorization in writing at any time. A revocation does not affect actions taken before we receive it.

8. Negotiating Bills and Coverage

When you ask us to, we will negotiate bills, coverage, and pricing with providers, facilities, and payers on your behalf. We will not accept any settlement, payment plan, or binding agreement for you without your written approval. Final decisions are always yours.

9. Independence and Conflicts of Interest

We represent only you and your family. We do not accept payments, commissions, or referral fees from providers, facilities, insurers, or vendors for recommending their services. If we become aware of a possible conflict of interest, we will tell you in writing promptly.

10. Attorney-Referred Matters

If a law firm hires us on a client's behalf, the law firm and Riddle Care Navigation will sign a separate engagement letter. In those matters, we work at the attorney's direction, communicate through the attorney as directed, and treat our work as confidential and prepared at the attorney's request. Whether our work is protected by attorney-client privilege or as attorney work product is decided by the attorney and applicable law.

11. Your Responsibilities

You agree to:

- Provide accurate and complete information and share relevant documents promptly
- Tell us about deadlines, letters, or notices you receive, especially denial and appeal deadlines
- Sign needed authorizations promptly
- Keep us informed of changes in the patient's condition, care, coverage, or legal representation
- Pay fees as described in this Agreement

We are not responsible for missed deadlines caused by late or incomplete information.

12. No Guarantee of Outcomes

We prepare every case thoroughly. However, decisions on claims, appeals, bills, coverage, and placements are made by insurers, providers, facilities, and government agencies. We cannot guarantee specific outcomes, savings, or reimbursements. Fees are for services performed, not for results.

13. Privacy and Confidentiality

We keep your personal and health information confidential and use it only to provide the services you request. We share information with providers, insurers, facilities, or attorneys only with your written authorization or as required by law. We never sell, rent, or share your information for marketing.

Medical records, bills, and signed documents are exchanged through our secure, encrypted Carepatron client portal, not through website forms or standard text messages. Records are kept for seven (7) years after the engagement ends, or longer if required by law, and are then securely destroyed.

Texas privacy notice. We handle protected health information in line with HIPAA standards and the Texas Medical Records Privacy Act (Texas Health and Safety Code Chapter 181), including the privacy training that law requires. We will not sell your protected health information or use it for marketing without your written authorization. If a breach of your information ever occurs, we will notify you as required by law.

Electronic communication. You agree that we may contact you by phone, text message, email, and secure portal. Standard email and text messages may not be fully secure. You may ask us to limit communication to specific methods at any time.

14. Communication and Availability

Office hours are Monday through Friday, 9:00 AM to 5:00 PM, with weekends by appointment. We respond to messages within 24 hours.

This is not an emergency service. In a medical emergency, call 911 or go to the nearest emergency room.

15. Scheduling and Cancellations

Please give at least 24 hours' notice to reschedule or cancel an appointment or in-person visit. Appointments canceled with less than 24 hours' notice may be billed for the scheduled time at $175 per hour, except in a medical emergency.

16. Term and Ending This Agreement

16.1 Term. This Agreement begins on the Effective Date. Retainers continue month to month until either party ends them. Standalone services end when the service is complete.

16.2 Ending by you. You may end this Agreement at any time with written notice. For retainers, notice received at least 7 days before the next billing date prevents the next month's charge.

16.3 Ending by us. We may end this Agreement with 10 days' written notice, or immediately if continuing would be unsafe, unlawful, or unethical, or if payment is more than 30 days late.

16.4 After ending. You are responsible for fees for services performed through the end date. Prepaid fees for standalone work that has not started will be refunded. Retainer fees for the current month are non-refundable once work for that month has begun. We will return or provide copies of your documents on request.

17. Limitation of Liability

TO THE FULLEST EXTENT PERMITTED BY TEXAS LAW, OUR TOTAL LIABILITY ARISING FROM OR RELATED TO THIS AGREEMENT IS LIMITED TO THE FEES YOU PAID FOR THE SPECIFIC SERVICE AT ISSUE. WE ARE NOT LIABLE FOR INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, OR FOR DECISIONS OR ACTIONS OF INSURERS, PROVIDERS, FACILITIES, GOVERNMENT AGENCIES, OR OTHER THIRD PARTIES. THIS LIMITATION DOES NOT APPLY TO GROSS NEGLIGENCE, WILLFUL MISCONDUCT, OR ANY LIABILITY THAT CANNOT BE LIMITED UNDER TEXAS LAW.

Client initials: _____

18. Independent Business

Riddle Care Navigation is an independent business, not an employee or agent of any insurer, provider, facility, or law firm.

19. Circumstances Beyond Our Control

We are not responsible for delays caused by events outside our reasonable control, including provider or insurer delays, system outages, severe weather, or public emergencies. We will let you know promptly and resume work as soon as possible.

20. Resolving Disagreements

If a disagreement arises, we both agree to first try to resolve it through good-faith discussion. If that does not work, we agree to try mediation in Kendall County, Texas, before filing any lawsuit. This Agreement is governed by the laws of the State of Texas.

21. Notices

Written notices under this Agreement, including ending the Agreement or revoking an authorization, may be sent by email to the addresses listed in this Agreement, through the secure client portal, or by mail. Notice is effective when received.

22. Entire Agreement

This Agreement, together with any signed authorizations, attachments, and written amendments, is the complete agreement between us. Changes must be in writing and signed by both parties. If any part of this Agreement is found unenforceable, the rest remains in effect. Electronic signatures are valid and binding under the Texas Uniform Electronic Transactions Act (Texas Business and Commerce Code Chapter 322). You confirm that you received a copy of this Agreement and had the chance to ask questions and consult an attorney before signing.

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Signatures

By signing below, you confirm that you have read and understand this Agreement and agree to its terms.

Client

Signature: _____ Date: _____

Printed name: _____

Responsible Party (if different from Client)

Signature: _____ Date: _____

Printed name: _____

Legal Representative (if signing for the patient)

Signature: _____ Date: _____

Printed name: _____

Authority (check one): ☐ Healthcare power of attorney ☐ Guardian ☐ Other: _____

Riddle Care Navigation & Financial Advocacy, LLC

Signature: _____ Date: _____

Tamara Riddle, Owner

Please return the signed agreement through the secure client portal at app.carepatron.com. Keep a copy for your records.