

# Medicaid Solutions

We have the Answers

Medicaid Solutions  
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## MEDICAID FEE SCHEDULE AND SERVICES AGREEMENT

1. **Services.** Medicaid Solutions, agrees to provide services related to Medicaid processing and representation, and Client agrees to hire Medicaid Solutions, to provide such services. Client agrees and acknowledges that Medicaid Solutions, does not and cannot guarantee results, and that Medicaid Solutions, is only obligated to use best efforts on Client's behalf. The undersigned fully understands the nature of the services to be provided by Medicaid Solutions, consents to the same, and agrees to be responsible for payment of fees.

2. **Fee and Payment.** The fee for Medicaid processing and Representation shall be in the amount of \$ \_\_\_\_\_. The fee is non-refundable and under no circumstances shall Client be entitled to any offset, refund or other reimbursement irrespective of the result or outcome. Payment must be received prior to the initiation of services. Other special services requested by Client may be provided at the discretion of Medicaid Solutions, and will be billed separately at the rate of \$100.00 per hour. Our services conclude once an eligibility determination has been received. However if the Department of Children and Family Services denies your case and an appeal is necessary, an additional fee will be charge for our services.

3. **Annual Review.** The Department of Children and Family Services requires an annual review, in order to determine the continuing eligibility for benefits. The Department of Children and Family Services sends out a letter once a year accompanied by a form to update your file of any changes in circumstances since your approval. You must fill out this form and return it to the Department of Children and Family Services in a timely manner or risk losing benefits. If you would like MEDICAID SOLUTIONS to handle this for you as your Personal Representative we will provide this service for a flat fee, to be determined at the time of need.

4. **Cooperation.** Client agrees to cooperate with Medicaid Solutions, and to provide such information as Medicaid Solutions, may reasonably require in providing services pursuant to this agreement.

5. **Limitation on liability.** Medicaid Solutions, shall not be liable for any acts or omissions in the performance of services under this agreement, short of willful misconduct. Should any dispute arise out of this agreement, the parties agree to have said dispute decided by arbitration in accordance with the Rules of the American Arbitration Association. Venue shall be in the County of Florida, that client is residing. In any case, the liability of Medicaid Solutions, shall not exceed the fee actually paid.

\_\_\_\_\_  
Client Signature and or Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client Representative or  
Person authorized to sign in lieu of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
as Authorized Signature  
by and for Medicaid Solutions

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Date