



Samantha Bowick

Chronic Illness Support

Patient Advocate Contract

I, Samantha Bowick, and _____ (client) agree to _____ hours to be completed by _____ (Date) at the rate of \$20 per hour.

I, _____, agree to pay a total of _____ by _____ (Date) using PayPal or Cash App (username _____).

I, Samantha Bowick, will not discuss any of your medical information outside of you, your doctors, and your insurance companies.

Things I, Samantha Bowick, need from you:

- Full name: _____
- Date of birth: _____
- Address: _____

- Social Security Number (for insurance): _____

- Doctor information:

Doctor 1:

- Doctor name: _____
- Doctor phone number: _____
- Doctor address: _____

Doctor 2:

- Doctor name: _____
- Doctor phone number: _____
- Doctor address: _____

Doctor 3:

- Doctor name: _____
- Doctor phone number: _____
- Doctor address: _____

- Insurance Information:

Primary Insurance:

- Name of insurance company: _____
- Member ID: _____
- Insurance company phone number: _____
- Insurance company address: _____

Secondary Insurance:

- Name of insurance company: _____

- Member ID: _____
- Insurance company phone number: _____
- Insurance company address: _____

- Copies of medical records if needed
- You to call doctor offices and insurance companies to give permission to talk to me if needed and let me know when this has been done

I, Samantha Bowick, will document phone calls made, research, and notes. This will be emailed to you in a word document.

I, Samantha Bowick, will provide you with my email address as a way to contact me with any questions and updates.

I, Samantha Bowick, will be available to Skype or Zoom and will record video calls, which will be included in the hours you pay for.

Samantha Bowick

Date

Client Name (Printed)

Date

Client Signature

This contract must be printed, filled out entirely, signed, and emailed back to me (Samantha Bowick) skbowick@gmail.com before any money is exchanged and work is done.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.