



## ProMedX POLICY CONTRACT

This is a Contract between **ProMedX, LLC** ("ProMedX") and

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Number: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Hereinafter referred to as "Policy Holder", in which person agrees to pay ProMedX the monthly fee identified below in exchange for a ProMedX policy, which provides unlimited access to the ProMedX "Provided Services".

**1. Description of ProMedX:** ProMedX is a certified minor medical policy that allows access to affordable medical care for minor injuries, minor illnesses, preventative medicine, yearly physicals, wellness checks, and more for a monthly fee.

ProMedX is **NOT** healthcare insurance and is not a substitute for coverage by the Affordable Care Act.

**2. Definition of Provided Services:** The minor medical services, medications, and lab work, x-rays, dental services, and referral network for which ProMedX provides coverage ("Provided Services").

**3. Services NOT Covered by ProMedX:** ProMedX does *not* cover the following services:

- Treatment for life threatening events such as gunshot wounds, heart attacks, serious infections.
- Costs for treatment and/or hospitalizations at any facility other than one of the MinuteMed Clinic Locations.
- Special diagnostic studies, such as outside labs, ultrasounds, Doppler studies, mammograms, MRIs, CT scans, PET scans, and other special x-rays that are not provided at the Clinic. (certain radiological studies are offered with ProMedX policy have been discounted to patient through MinuteMed Clinic. See "Provided Services". )
- Physical and occupational therapy, chronic pain management, psychiatric emergency management, psychological services, outpatient pharmacy, work injuries and other workers' compensation services.
- Vision, hearing, or obstetric services.

- Any emergency care that the attending provider believes should, in the best interest of the person, be provided by another facility.

**4. Monthly Policy Fee:** Person agrees to pay the following Policy Fee option to ProMedX on the terms outlined below:

\_\_\_\_\_ Agrees to pay a policy initiation fee of **One Hundred (\$100.00) dollars or One Hundred Ten (\$110.00) with dental per person for themselves or/and any immediate (2 generations) family members.** (This includes registration fee and the remainder of the month policy is signed.)

\_\_\_\_\_ Agrees to pay a **payment of Fifty (\$50.00) dollars on either the 1<sup>st</sup> or 15<sup>th</sup> of every month thereafter** per person for themselves or/and any immediate (2 generations) family members. (Must choose 1<sup>st</sup> or 15<sup>th</sup>. Money will be drafted on that day every month with a maximum of \$200.00/month.)

\_\_\_\_\_ Agrees to pay a **payment of Ten (\$10.00) dollars on either the 1<sup>st</sup> or 15<sup>th</sup> of every month for DENTAL SERVICES.**

**Person agrees to add the following family persons to this ProMedX policy:**

1. \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Medical Only: \$50.00/month      \_\_\_\_\_ Medical & Dental \$60.00/month

2. \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Medical Only: \$50.00/month      \_\_\_\_\_ Medical & Dental \$60.00/month

3. \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Medical Only: \$50.00/month      \_\_\_\_\_ Medical & Dental \$60.00/month

4. \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Medical Only: \$50.00/month      \_\_\_\_\_ Medical & Dental 60.00/month

(\*Person and the family persons listed in this section are collectively referred to as "Persons").

**5. Responsible Party:** Person shall be liable for payment of *all* policy fees for all Persons listed on this Contract.

**6. Payment of Policy Dues:** Person agrees to pay Fifty (\$50.00 or \$60.00) dollars, which is the monthly Policy Fees at the time this Contract is signed. Person further agrees to pay monthly Policy Fee by either the 1<sup>st</sup> or 15<sup>th</sup> of each month, as well as all other Policy Fees (added persons or dental fees) by allowing ProMedX to automatically withdraw the funds from the bank account identified in policy contract. Policy dues may either be paid by policy holder or employer OR a combination of both.

**\*\*Policy holder agrees to pay \$ \_\_\_\_\_/month. Employer agrees to pay \$ \_\_\_\_\_/month.**

**7. Term of Contract:** ProMedX and Person agree that the term of this Contract is for **6 months**, beginning on the day this Contract is signed. Thereafter, the Contract will automatically renew on a monthly basis unless cancelled, in writing, by either party. Upon termination or cancellation of this Contract, Person must pay all policy fees incurred prior to the date of termination or cancellation.

**8. Fee for Services:** Person agrees to pay an EXAM fee of Twenty (\$20.00) dollars for each occasion on which a Person seeks services, as well as all other Policy Fees(discounted labs, x- rays, and prescription meds) whether or not they are Covered Services, at a Clinic. **This fee shall be made payable to the Clinic at which the services are provided, and not to ProMedX.**

**9. Locations at Which ProMedX Policy May Be Used:** ProMedX may be used at the following MinuteMed Walk-In Clinic ("Clinic") locations in Lafayette, Louisiana:

- 3619 Ambassador Caffery Parkway Bldg. E
- 2912 Johnston Street
- 626 Verot School Road, Ste. A

**\*In the event additional locations of Clinics open, then the ProMedX policy benefits will automatically apply at those Clinic locations.**

**10. Claims and Disputes:** Person is not required to submit any claims to ProMedX in order to receive policy benefits. Person is only required to pay the Policy Fees to ProMedX and the Fee for Services to the Clinic, and all claims will be resolved between ProMedX and the Clinic.

However, in the event ProMedX has questions or needs additional information about the services sought and received by a Person subject to this Contract, Person agrees to cooperate fully and to provide all information requested by ProMedX.

**11. Entirety, Severability, Governing Law, and Venue:** This Contract constitutes the entire agreement between ProMedX and Person, and it may only be changed or amended in a writing containing the signatures of both parties. In the event that any provision of this Contract is deemed unlawful or invalid by a court of competent jurisdiction, then that clause shall be stricken from this Contract as if it was never included herein, and the remaining provisions of the Contract shall remain in full force and effect. This Contract shall be governed by Louisiana law, and the parties agree that the only venue in which disputes of any kind may be resolved is in a court of proper jurisdiction in Lafayette Parish, Louisiana.

This Contract was agreed and signed upon on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is effective as of this day.

**ProMedX, LLC**

By its duly authorized representative  
(sign and print)

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**Person**, signing individually and as the authorized representative  
and Responsible Party for all Persons listed on this Contract  
(sign and print your name)

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