



ProMedX EMPLOYEE POLICY CONTRACT

COMPANY Name: _____

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

NAME: _____ DOB _____

Address/City/State/Zip: _____

Phone Number: _____ Alt Number: _____

Email: _____ SSN: _____

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

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: Employer agrees to pay the following Policy Fee option to ProMedX on the terms outlined below:

***EMPLOYEE BENEFITS ONLY**

_____ Registration fee of Fifty dollars (\$50.00).

_____ PARTIAL payment of Registration fee of Fifty dollars (\$50.00). (*see "Responsible Party" below).

_____ PARTIAL payment of Fifty dollars (\$50.00) every month. (*see "Responsible Party" below).

_____ Payment of Ten dollars (\$10.00) for **DENTAL SERVICES**.

_____ Payment of any policy fees including out of clinic lab work and x-rays.

***EMPLOYEE FAMILY MEMBERS ADDED TO ProMedX POLICY**

_____ Registration fee of Fifty dollars (\$50.00) for any immediate (2 generations) family members up to 4 members.

_____ PARTIAL Registration fee of Fifty dollars (\$50.00) for any immediate (2 generations) family members up to 4 members. (see "Responsible Party" below).

_____ FULL payment of Fifty dollars (\$50.00) for any immediate (2 generations) family members up to 4 members. (see "Payment of Policy Dues" below).

_____ PARTIAL payment of Fifty dollars (\$50.00) for any immediate (2 generations) family members up to 4 members. (see "Payment of Policy Dues" below).

_____ Payment of Ten dollars (\$10.00) for immediate (2 generations) family members up to 4 members. for **DENTAL SERVICES**.

_____ Payment of any policy fees including out of clinic lab work and x-rays for immediate (2 generations) family members up to 4 members.

Additional family members added to the employee ProMedX policy:

1. _____ SSN: _____ DOB: _____

2. _____ SSN: _____ DOB: _____

3. _____ SSN: _____ DOB: _____

4. _____ SSN: _____ DOB: _____

5. Responsible Party: Employer shall be liable for full or partial payment of *all* policy fees for all Persons listed on Employee Policy Contract. Employee may be liable for partial payment of policy dues/fees for all Persons listed on Employee Policy Contract.

6. Payment of Policy Dues: Policy dues may either be paid by employee or employer OR a combination of both by either **the 1st or 15th of each month** by allowing ProMedX to automatically withdraw the funds from the bank account identified in policy contract. Monthly invoices will be sent to the employer **IF** employer agrees to pay for other policy fees including out of clinic lab work and x-rays. Yearly or bi-yearly payments are accepted by employer and/or employee.

****Employee agrees to pay \$ _____/month. Employer agrees to pay \$ _____/month.**

7. Term of Contract: ProMedX and Employer/Employee 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, Employer/Employee must pay all policy fees incurred prior to the date of termination or cancellation.

8. Paid Fee for Services: Employee agrees to pay an EXAM fee of Twenty (\$20.00) dollars for each occasion on which an Employee seeks services at clinics. Employee also agrees to pay for other policy fees including out of clinic lab work and x-rays. Monthly invoices will be sent to the employer **IF** employer agrees to pay for other policy fees including out of clinic lab work and x-rays. **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: Employee is not required to submit any claims to ProMedX in order to receive policy benefits. Employee is only required to pay the Policy Dues to ProMedX and the Fee for Services to the Clinic (if this option is chosen). 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 an Employee subject to this Contract, Employee 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 Employee, 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)

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