

5091 Holcomb впаде коаd, Ste. IN-1 ~ INOrcross ~ Georgia ~ 500/1 (770) 449-7369 ~ Fax ~ (770) 449-1093 erica@cdainc.net www.cdainc.net

	- 1
BILL TO:	July 16, 2018
Name	
Email	

DESCRIPTION	UNIT	RATE	AMOUNT
Prescription Drug Research*	1	\$100.00	\$100.00
<u>Total billed amount</u>			<u>\$100.00</u>

Upon receipt of this signed agreement form, questionnaire, and invoiced amount, we will begin working on your policy options for next year. Please make personal/cashier's check out to <u>Czajkowski Dumpel & Associates, Inc.</u>, or if electronic payment is preferred, please contact our office for further instruction. Thank you very much.

^{*&}lt;u>Prescription Drug Research</u> consists of creation or updating previous online prescription list, market research and analysis, and personalized guidance and explanation of recommended policy election.



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Disclosure Statement:

By way of this document, CDA, Inc. is disclosing to me that while many major health insurance carriers compensate licensed agents who have passed the various appointment requirements issued by that specific company, the services that are being provided by Erica Dumpel, CLU of CDA, Inc. are being offered as unbiased evaluations of the products available in that service area based on specific prescription information, preferred pharmacy lists, and available provider lists at the time of review. Erica Dumpel, CLU is not appointed to sell any CMS certified products and will not be receiving compensation directly from any of these carriers regarding any of the policies being discussed. I therefore consider this compensation to be fair and just for services provided to me. Furthermore, insurance carriers and providers hold the right to make alterations to their formularies, provider lists, provider/insurance carrier agreements, and product benefits as allowed by CMS throughout the plan year. There may be incidences of information discussed during the consultation that differ from what may be experienced while enrolled in my new plan. To gather the most recently updated formulary information, provider lists, and plan information, it is recommended that I refer to the insurance carrier's online access for members before receiving any services or filling any prescriptions. Further, I acknowledge that consulting and document preparation services provided by CDA, Inc. do not constitute legal advice and that I am encouraged to seek the advice of Counsel for all legal matters.

Agreement:

In return for fees paid by, or on behalf of, the undersigned, CDA, Inc. agrees to provide the respective services as noted in this document. The undersigned acknowledges and agrees to the Services Order, Disclosure Statement and terms of this Agreement. Further, the undersigned person agrees to cooperate with their designated representative with respect to timeliness and completeness of all information required in the provision of services and understands that service fees are due and payable at the time of order.

Agreed to this day of	, 20
Printed name	
Original signature of client or Authorized Representativ	e e

Erica Dumpel, CLU, President
Czajkowski Dumpel & Associates, Inc.



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