

3091 Holcomb Bridge Road, Ste. IN-1 ~ INORCROSS ~ Georgia ~ 300/1 (770) 449-7369 ~ Fax ~ (770) 449-1093 erica@cdainc.net www.cdainc.net

| BILL TO: | July 16, 2018 |
|----------|---------------|
| Name | |
| Email | |
| | |

| DESCRIPTION | UNIT | RATE | AMOUNT |
|----------------------------|------|----------|-----------------|
| Medicare Consultation* | 1 | \$150.00 | 150.00 |
| | | | |
| <u>Total billed amount</u> | | | <u>\$150.00</u> |

^{*}Medicare Consultation consists of (1) Verification of eligibility; (2) Participant Guide: "Medicare is Not Simple, Medicare is Not Free;" (3) Link to Medicare video; (4) Detailed evaluation of coverage needs, (5) Explanations of carrier and policy options; 6) Guidance and recommendations for Plan selection.

Upon receipt of this signed Disclosure Agreement and payment of the invoiced amount, we will begin preparing for your consultation. Please make personal/cashier's check out to **Czajkowski Dumpel & Associates, Inc.** or, if electronic payment is preferred, please contact our office for further instruction.

Thank you very much.



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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 of these specific companies, the services that are being provided by Erica Dumpel, CLU of CDA, Inc. are being offered as unbiased evaluations of products available. Based on specific medical information, specific prescription information, and provider preferences to be provided by the client prior to the scheduled consultation, Erica will assist with my enrollment in the programs which we determine to be most appropriate. Erica Dumpel, CLU is appointed to sell several Medicare related products and may receive compensation directly from any of these carriers regarding any of the policies being discussed if the client decides to enroll through CDA, Inc. I therefore consider compensation for this consultation 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 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 |
|--------------------|---------------------------|-------------------|
| | | |
| Original signature | of client or Authorized R | enresentative |

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