M-TEE'S MOBILE MEDICAL SERVICES

PRIVATE PAY AGREEMENT & TARIFF

This document outlines the private pay service fees and terms for M-Tee's Mobile Medical

Services. These fees apply to clients who do not carry insurance, utilize out-of-network insurance policies, or request un-ordered consumer wellness screenings (such as informational-only DNA testing).

1. STANDARD SERVICE FEE SCHEDULE

Service Description Rate----------

Mobile Lab Draw(Venipuncture/Capillary)Fee - Base Home Visit $60.00 up to 15mi

$75.00 16 to 30mi

Point-of-Care Testing Surcharge (Per Test - UA, Lipid, PT/INR) $10-$25.00/pp

Non-DOT Drug Screen (Serenity Cup with Instant Read) $25.00/pp/Negotiable

DNA Testing (Informational Swab/Blood Collection Only) $100.00/per adult

Companionship / ADL Direct Support Care Assist (Per Hour) $20-25.00/Groups Negotiable.

Patient Medical Circle Transportation Accommodation:

(Base Trip Per 15 Miles From your Home to Medical Facility) $20.00 + .50/mi

Round Trip (Stay For Appt) Additional $10.00 + $1.00/mi

2. TERMS OF PAYMENT

• PAYMENT DUE AT TIME OF SERVICE: All private pay fees must be paid in full to the mobile

technician before collection, testing, or care support begins.

• ACCEPTABLE FORMS OF PAYMENT: We accept major credit/debit cards (Visa, Mastercard,

Discover, Amex), secure digital invoices, HSA/FSA cards, and cash.

• INSURANCE DISCLAIMER: The client acknowledges that M-Tee's Mobile Medical Services

will not submit private-pay elected fees to any insurance carrier. Receipts can be

provided upon request for individual out-of-network reimbursement requests.

3. ACKNOWLEDGEMENT & AUTHORIZATION

I have read, understood, and agreed to the fee schedule listed above. I authorize

M-Tee's Mobile Medical Services to charge my payment method for the agreed-upon

services performed during today's visit.

Client/Responsible Party Signature: _____

Date: ____/____/_____Printed Name: _____