

Subject: Co-pay's, Deductibles & Self Pay Balance Collection by the Practice	Class: Accounting Policies and Procedures		Number:
	() Complete Revision () Partial Revision (x) New	Supersedes:	Page: 1

Purpose:

Kids Count Pediatrics wishes to provide a contractual opportunity for private pay patients to benefit in a lower reimbursement requirement due to prompt payment which lowers the cost for Kids Count Pediatrics to recoup payments for services.

Statement of Policy:

Kids Count Pediatrics will offer a discount reimbursement schedule to those individual patients who request a discount, and who have no other contractual discount plan with Kids Count Pediatrics through third parties.

Procedure:

▶ Contractual Commitment

A patient who requests a discounted contractual reimbursement contract shall be presented a contract for review and signature

Upon signing of the contract, and the signature of a Kids Count Pediatrics authorized representative, the patient shall be contractually eligible for a discounted reimbursement requirement as stated in the contract.

Once the contract is signed by both parties, the patient will be designated as having "Individual Managed Care Insurance" and shall be recorded as such in the billing system.

The patient will then pay the required amounts per the contract upon each visit

▶ Failure to Comply

Should the patient fail to comply with the terms of the contract, he/she will be subject to full charges for that visit, and may have the contract terminated as outlined in the agreement.

Issue Date: October 06, 2006	Effective Date: October 06, 2006	Approved By:
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**Kids Count Pediatrics.
PHYSICIAN SERVICES AGREEMENT**

This Agreement is entered into this ____ day of _____, _____ by and between _____ ("Payor") and Kids Count Pediatrics, ("Physician").

WHEREAS, PAYOR desires to arrange for the provision of Physician Services to persons listed on this contract (such persons are hereinafter referred to as "Covered Individuals"); and

WHEREAS, Physician is willing to provide Physician Services under the terms and conditions set forth below; and

WHEREAS, PAYOR and Physician mutually desire to preserve and enhance patient dignity and to deliver high quality, competitively priced health care services to Covered Individuals;

NOW THEREFORE, in consideration of the promises and mutual covenants contained in this Agreement and other good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, it is mutually covenanted and agreed as follows:

1. PHYSICIAN AGREEMENTS AND OBLIGATIONS

- 1.1 **Covered Physician Services.** Those services that are provided by a physician (or his designee) which are done on the premises of the clinic, and are performed by employees of Kids Count Pediatrics will be covered under this agreement. These services are subject to the reimbursement agreement as set forth in attachment "A"
- 1.2 **Non-Covered Services.** Those services that are provided by groups or individuals which are not Kids Count Pediatrics employees, or are not provided on the premises of the clinic. Additionally, supplies, medications, drugs, and other "non-service" cost will be excluded from the agreed upon reimbursement. This is defined in Attachment "A"

2. PAYOR AGREEMENTS AND OBLIGATIONS

- 2.1 **Payment.** PAYOR shall make payment to physician (or his designee) immediately following the provision of service. This shall be done in accordance with routine "checkout" procedures of the clinical site
- 2.2 **Payment in Full.** Physician agrees to accept the compensation specified in the attached Appendix "A" as payment in full for Covered Services rendered to Covered Individuals..

3. TERM AND TERMINATION

- 3.1 **Term.** When executed by both parties, this Agreement shall become effective as of the date noted on Page 1 and shall continue in effect for one year. Thereafter this Agreement will automatically renew for successive one-year terms, unless otherwise terminated in accordance with Section 3.2 of this Agreement.
- 3.2 **Termination.** This Agreement may be terminated:
 - 3.2.1 without cause by either party upon thirty (30) days prior written notice to the other party.
 - 3.2.2 immediately by Physician in the event that Payor fails to pay for services as outlined in section 2.1.

- 3.3 **Assignment.** Neither party may assign, transfer or delegate any of its rights or obligations under this Agreement without the prior written consent of the other.
- 3.4 **Amendments.** Amendments must be in writing and signed by both parties
- 3.5 **Relationship of the Parties.** PAYOR and Physician are independent legal entities. Nothing in this Agreement shall be construed or be deemed to create a relationship of employer and employee or principal and agent, partnership, joint venture or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement.
- 3.6 **Governing Law.** This Agreement shall be construed and enforced in accordance with the laws of the State of North Carolina.
- 3.7 **Entire Agreement.**
 - 3.7.1 This Agreement, together with its Appendix constitutes the entire understanding of the parties with respect to the subject matter, and supersedes any prior agreements, promises, negotiations or representations, whether written or oral, related to the subject matter of the Agreement that are not expressly set forth in this Agreement.
 - 3.7.2 PAYOR and Physician agree that the provisions of the attached Appendix are in addition to the provisions of this Agreement. This Agreement and the attached Appendix shall be read and construed as a single document. If the terms of an attached Appendix conflicts with the terms of this Agreement, the terms of the attached Appendix shall govern.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement to be effective as of the day and year set forth above.

Patient Representative

KIDS COUNT PEDIATRICS

BY: _____
Signature

Signature

Title

Date

Date

Tax ID Number

PHYSICIAN SERVICES AGREEMENT

PRODUCT APPENDIX

Kids Count Pediatrics

COVERED INDIVIDUALS: (Note: covered individuals must be immediate family members, or be under guardianship of the signature authority of this contract)

Covered Individual Name	SS	DOB	Relationship to signature authority

Covered Services- May include those services that are provided by a physician (or his designee), and are performed by employees of Kids Count pediatrics will be covered under this agreement. These services include CPT codes as follows:

- 99201-99499
- 10021-69990

These services will have a reimbursement requirement equal to 90% of the charges of the physician, so long as services are paid at the time outlined in contract. If not paid per contract time requirements, patient owes 100% of charges per other collection policies.

Non-Covered Services- Includes those services that are provided by groups or individuals which are not Kids Count Pediatric employees, or are not considered physician professional services. Additionally, supplies, medications, drugs, and other "non-service" cost will be excluded from the agreed upon reimbursement from this contract. These services include CPT codes:

- 00100-01999
- 99100-99140
- 70000-79999
- 80000-89999
- 90281-99199
- 99500-99600

These services will be reimbursed at 100% of the charges of the physician

Note: Many of the CPT codes listed on this appendix will be non-applicable to the service provided as they are not within the scope of services for Kids Count Pediatrics or its physicians.

Initialed: _____
Kids Count Pediatrics

Payor