

Provider-Payer Contract

Contract Number: PP-2023-001

Effective Date: January 1, 2023

Expiration Date: December 31, 2025

Parties Involved:

- **Provider:** HealthCare Group, Inc.
Address: 123 Wellness Way, Health City, ST 12345
Contact: Jane Doe, Director of Contracts
Phone: (555) 123-4567
Email: jane.doe@healthcaregroup.com
- **Payer:** Secure Insurance Co.
Address: 456 Protection Blvd, Insure Town, ST 67890
Contact: John Smith, Network Manager
Phone: (555) 987-6543
Email: john.smith@secureinsurance.com

1. Definitions

- **"Provider"** refers to HealthCare Group, Inc. and its affiliated facilities.
- **"Payer"** refers to Secure Insurance Co. and its affiliated plans.
- **"Covered Services"** are those medical services listed in Appendix A.

2. Scope of Services

The Provider agrees to provide the following services to members of the Payer:

- Primary care services
- Specialty consultations
- Emergency care
- Preventive services

3. Payment Terms

- **Reimbursement Rates:** The Payer agrees to reimburse the Provider at the following rates:
 - Primary care visit: \$150 per visit
 - Specialty consultation: \$200 per visit
 - Emergency care: \$500 per visit

- **Payment Methodology:** Reimbursement will be based on a fee-for-service model.
- **Timelines for Payment:** Claims will be processed within 30 days of submission.

4. Claims Submission

The Provider will submit claims electronically through the Payer's designated claims portal. Claims must include all necessary documentation as outlined in Appendix B.

5. Quality and Performance Metrics

The Provider agrees to meet the following quality metrics:

- 90% patient satisfaction rating
- 85% adherence to preventive care guidelines
- Reporting of quality measures quarterly

6. Dispute Resolution

In the event of a dispute, both parties agree to engage in mediation before pursuing legal action. Mediation will take place within 30 days of the dispute notice.

7. Termination Clauses

Either party may terminate this contract with 60 days' written notice. Immediate termination may occur in cases of fraud or breach of contract.

8. Confidentiality

Both parties agree to maintain the confidentiality of all proprietary information shared under this contract.

Signatures

Provider:

Jane Doe, Director of Contracts

Date: _____

Payer:

John Smith, Network Manager

Date: _____

Appendices

Appendix A: Covered Services

- List of all services covered under this contract.

Appendix B: Claims Submission Guidelines

- Detailed instructions on how to submit claims.