

**PAYER-PROVIDER CONTRACT**

**THIS AGREEMENT** is made as of this 1st day of January, 2024, by and between:

**Payer:** HealthFirst Insurance Company, with a principal place of business at 789 Wellness Avenue, Suite 200, Metropolis, NY 10001.

**Provider:** City Health Network, with a principal place of business at 456 Community Lane, Downtown, NY 10002.

**RECITALS**

WHEREAS, the Payer is a health insurance provider offering comprehensive coverage to its members;

WHEREAS, the Provider is a licensed network of healthcare providers;

WHEREAS, both parties wish to establish the terms under which the Provider will deliver medical services to the Payer's members and be compensated accordingly.

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions herein, the parties agree as follows:

**1. Definitions**

**1.1 Covered Services:** Medical services rendered by the Provider to the Payer's members that are eligible for reimbursement under this Agreement.

**1.2 Contract Rate:** The agreed-upon amount that the Payer will reimburse the Provider for specific medical services outlined in this Agreement.

**2. Provider Obligations**

**2.1** The Provider agrees to deliver covered services in compliance with applicable laws and regulations, as well as the terms of this Agreement.

**2.2** The Provider shall submit claims using the appropriate coding systems (CPT/HCPCS) to receive payment as per the contract rates specified herein.

**3. Payment and Compensation**

**3.1 Contract Rates:** The Payer agrees to compensate the Provider at the following rates for the services rendered:

Procedure Code (CPT/HCPCS)	Description	Contract Rate
99214	Office or Other Outpatient Visit (Level 4)	\$90.00
93005	Electrocardiogram (ECG) with Interpretation	\$50.00

Procedure Code (CPT/HCPCS)	Description	Contract Rate
71250	CT Scan of the Chest	\$350.00
80061	Lipid Panel	\$30.00
85027	Complete Blood Count with Differential	\$25.00

**3.2 Fee Schedule Updates:** The rates listed above shall be reviewed annually and may be modified upon mutual agreement of both parties.

#### **4. Billing and Claims Submission**

4.1 The Provider shall submit claims electronically within 45 days of the service date.

4.2 The Payer shall remit payment to the Provider within 30 days of receiving a clean claim.

#### **5. Term and Termination**

5.1 This Agreement shall be effective for an initial term of 2 years and shall automatically renew for successive 1-year terms unless terminated by either party with 60 days written notice.

5.2 Either party may terminate this Agreement immediately for cause, including breach of any material terms.

#### **6. Dispute Resolution**

Disputes arising from this Agreement shall be resolved through binding arbitration in New York, NY, in accordance with the rules of the American Arbitration Association.

#### **7. Miscellaneous**

7.1 **Governing Law:** This Agreement shall be governed by the laws of the State of New York.

7.2 **Amendments:** Any amendments to this Agreement must be in writing and signed by both parties.

7.3 **Severability:** If any provision of this Agreement is found to be invalid, the remaining provisions shall continue in full force and effect.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as of the day and year first above written.

**Payer:**

Emily Roberts, Chief Operating Officer, HealthFirst Insurance Company

Date: \_\_\_\_\_

**Provider:**

David Thompson, Executive Director, City Health Network

Date: \_\_\_\_\_