

**\*\*PAYER-PROVIDER CONTRACT\*\***

**\*\*THIS AGREEMENT\*\*** is made as of this [Date] by and between:

**\*\*Payer\*\***: [Payer Name], with a principal place of business at [Payer Address].

**\*\*Provider\*\***: [Provider Name], with a principal place of business at [Provider Address].

**\*\*RECITALS\*\***

WHEREAS, the Payer is a healthcare insurance company offering coverage to its members;

WHEREAS, the Provider is a licensed healthcare facility and/or physician group;

WHEREAS, both parties wish to establish the terms under which the Provider will render 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:\*\*** Services rendered by the Provider to the Payer's members that are eligible for payment under this Agreement.

1.2 **\*\*Contract Rate:\*\*** The negotiated amount that the Payer agrees to pay the Provider for specific procedures listed under this Agreement.

**### 2. Provider Obligations**

2.1 Provider agrees to render covered services to the Payer's members in accordance with industry standards, licensing regulations, and the terms of this Agreement.

2.2 Provider agrees to submit claims using the appropriate codes (CPT/HCPCS) to receive payment under the contract rates outlined herein.

**### 3. Payment and Compensation**

3.1 **\*\*Contract Rates:\*\*** The Payer agrees to compensate the Provider at the following rates for the procedures listed:

<b>**Procedure Code (CPT/HCPCS)**</b>   <b>**Description**</b>		<b>**Contract Rate**</b>
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99213	Office or Other Outpatient Visit (Level 3)	\$75.00
93000	Electrocardiogram (ECG)	\$45.00
70450	CT Scan of the Head	\$300.00
80053	Comprehensive Metabolic Panel	\$25.00
85025	Complete Blood Count (CBC)	\$20.00

3.2 **\*\*Fee Schedule Updates:\*\*** The rates listed above shall be reviewed annually and may be adjusted by mutual agreement.

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

4.1 Provider shall submit claims electronically within [30] days of providing the service.

4.2 Payer shall remit payment to the Provider within [45] days of receiving a clean claim.

### ### 5. Term and Termination

5.1 This Agreement shall be effective for an initial term of [1 year] and shall automatically renew for successive [1-year] terms unless terminated by either party with [90 days] written notice.

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

### ### 6. Dispute Resolution

Any disputes arising out of this Agreement shall be resolved through mediation or arbitration in [Location], in accordance with the rules of [Arbitration Association].

### ### 7. Miscellaneous

7.1 **\*\*Governing Law:\*\*** This Agreement shall be governed by the laws of [State].

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 remain in full force and effect.

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

**\*\*Payer:\*\*** [Payer Representative Name & Title]

**\*\*Provider:\*\*** [Provider Representative Name & Title]

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