

Physician Services

6278 N. Federal Hwy Ste 286
Ft. Lauderdale, Florida 33308

800-208-1009

954-351-0369 Fax

Physician Services Agreement

This agreement is not a contract for any specific period of time and client as well as Physician Services may terminate their relationship with a 30 day written notice.

This agreement is between _____ (Provider)
and Physician Services (PS), made this _____ day of _____ 20_____.

All monies will go directly to said provider from any and all insurance companies or payors and at no time will money go to (PS).

Provider will pay a set up Fee of \$250 mailed with a signed copy of agreement form before any billing begins. Doctor understands fees from "Billing Service Fees and Program" and \$600.00 monthly invoice policy.

Provider agrees to speak to (PS) account representative on a monthly basis to assure satisfactory service.

Provider will email in all billing and will fax or email EOB's. Any software necessary to allow doctors computer to down load billing to us will be paid by doctor.

This agreement can be amended by the provider and (PS). This agreement is to abide by the laws of Florida.

Any collection fee necessary to collect a debt will be paid by the dedtor.

PROVIDER

Greg Barnes/PHYSICIAN SERVICES

State License Number: _____

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Invoice payment policy

I do hereby understand that my personal insurance CA with Physician Services gets paid upon my payment of invoice. All invoices will be faxed on the 1st of each month and all invoice payments are due in Physician Services office by the due date.

I do understand that if invoice is not received then all work on my account will cease until invoice is paid. If payment of invoice is late, a late fee of 10% of invoice amount will be assessed. If my check bounces I agree to pay a \$50 bounced check fee as well as I understand that until I make my check good and pay the \$50 bounced check fee all work on my account will cease.

I do understand this invoice payment policy and will comply with the terms.

Doctors signature

Date

Indemnification

Client shall indemnify and defend Company, and its trustees, officers, contractors, employees from and against any actions, suits, claims, judgments, liabilities, costs and expenses (including reasonable attorneys' fees) arising out of or relating to any acts of the Client, especially, but not limited to, client's furnishing Company with any information concerning billing matters. It is clearly understood that the Company makes no investigation of the coding or bills furnished to it by the Client. The Client's obligation to so indemnify and defend the Company shall be for a period of six (6) years following the termination of this Agreement. Nothing in this paragraph or elsewhere in this Agreement shall create or give to third parties any claim or right of action against the Company.

Client Signature

Date

Please Print Client Name

(This page must be signed and attached to the agreement form with payment before any billing is started.)