



Consulting Agreement

This Service Agreement is entered into between MATRIX TECHNOSYSTEMS LLC DBA MATRIX HEALTHCARE CONSULTING SERVICES, (hereinafter "MHCCS"), who are located at **197 RT18 STE 3000 East Brunswick NJ – 08816** a "healthcare electronic claims processing and services company and ___(CLINIC/HOSTIPAL)_____, (hereinafter "Client"), a healthcare provider.

WHEREAS, MHCCS is a healthcare billing and service company which provides computerized claims, billing and collection services to healthcare providers and which files medical insurance claims on behalf of healthcare providers with government and commercial companies by electronic and paper means, and which also provides for billing services directly to patients or for patient's portion of healthcare provider fees not covered by insurance; and

WHEREAS, the Client desires to retain MHCCS to provide it with claims and billing services whereby MHCCS will file insurance claims with government and commercial companies by electronic and paper means on behalf of Client;

NOW, THEREFORE, in consideration of the promises and covenants contained herein and for other valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

Commencing on _____, MHCCS will process all the Client's medical insurance claims for payment by government and commercial companies by either electronic or paper means. The Client agrees to make available to MHCCS all information necessary to properly process the Client's claims and to submit all such billing and insurance information to MHCCS (Daily, MWF, Weekly). In return, Billing Center will process and submit all Client's claims within seventy-two (72) hours by electronic means wherever possible, and by paper means otherwise. The scope of services provided by MHCCS will be as follows (List additional services or terms here):

- a) Medical Billing
- b) Account Reconciliation
- c) Electronic Filling & Soft Collection



MHCCS will provide to Client a direct fax no : 1-281-667-9275, through which the Client will provide to Billing claims and billing information necessary for MHCCS to properly process the Client's claims.

All patient information and data provided by the Client to MHCCS shall be kept confidential and shall not be disclosed to anyone outside of MHCCS other than to the extent necessary for MHCCS to process and submit claims for the Client. In addition, the Client will not divulge the contents, terms or conditions of this Service Agreement to any third party without the express written consent of MHCCS.

The Client will pay MHCCS a one-time setup fee of \$_____ to cover the cost of gathering information from the Client and setting up the Client's files for entry into computer system. The information and initial setup covered by this initial fee includes, but is not limited to: Doctor Profile; Listing of Current Insurance Companies Used; Referring Physicians; Facilities at Which Doctor is Accepted or Transfers Work; Diagnostic Codes; Procedure Codes and Fees; Signed Patient Registration Forms (to be kept in Client's office); Registration with Clearinghouse which will distribute claims to the carriers

The Client will pay to MHCCS ____% of the total (gross) amount collected from ALL insurance companies and ALL patients because of the billing services performed by MHCCS for Client, with a \$1500 monthly minimum billed amount. The Client agrees to provide copies of all Explanation of Benefits (EOB) forms received from insurance payors to MHCCS as well as records of payments received directly from patients (Weekly). MHCCS shall post the payments received from the insurance payors to the patient's file, shall file any secondary or tertiary claims, and shall bill the patient directly when necessary to secure full payment for the Client.

MHCCS shall provide to Client management reports regarding the practice on a timely basis. The types of Monthly Management Reports shall be as follows: Insurance Aging Report - monthly Patient Aging Report - quarterly Practice Analysis - monthly Other(s) _____

MHCCS will close its books for billing purposes on the last day of every month .

In case of termination of said contract, client has to provide 1 month prior notice to MHCCS , so that the final billing and notification to Insurance Company can be send. The client must clear the final bill raise by MHCCS.

This Agreement shall be governed by the laws of the State of Delaware.

This Agreement shall be signed on behalf of MHCCS by MR. (MEMBER) and on behalf of Client (Administration Executive) by MS. SXBC,



This Agreement Shall be signed on this day of, 2017

For Matrix Healthcare Consulting Services

For (Hospital / Clinics) Doctor

Print Name : _____

Print Name _____