MEDICAL BILLING SERVICES AGREEMENT

Location: _____ Date: _____

Provider Information:

Full Name / Business Name: _____

NPI / Tax ID Number: _____

Address: _____

Phone/Email: _____

Billing Company Information:

Company Name: _____

Tax ID Number: _____

Address: _____

Phone/Email: _____

Services and Scope:

The Billing Company agrees to provide medical billing and coding services on behalf of the Provider, including but not limited to clai

Compensation and Fees:

The Provider agrees to compensate the Billing Company as follows:

- Percentage of collected amounts: _____%
- Flat fee per claim (if applicable): $_____
- Other fees / charges: _____

Term and Termination:

This Agreement shall commence upon execution and continue until terminated by either party with no less than thirty (30) days prior w

Provider Responsibilities:

Provider shall furnish accurate and complete patient information, medical documentation, insurance details, and shall cooperate with th

Billing Company Responsibilities:

Billing Company shall perform billing services professionally, comply with all applicable laws and payer requirements, maintain confi

Confidentiality:

Both parties agree to maintain the confidentiality of patient information and proprietary business information in compliance with HIPA

Indemnification:

Each party shall indemnify and hold harmless the other from any claims, liabilities, damages, or expenses arising from breach of this A

Limitation of Liability:

Neither party shall be liable for consequential, incidental, or punitive damages arising under this Agreement.

Governing Law and Venue:

This Agreement shall be governed by and construed in accordance with the laws of the State of _____. Venue for any disputes sh

Dispute Resolution:

Any disputes arising out of or relating to this Agreement shall first be subject to good faith negotiation, and if unresolved, submitted to

Compliance with Laws:

Both parties shall comply with all applicable federal, state, and local laws, regulations, and rules including but not limited to HIPAA, A

PROVIDER SIGNATURE

Signature: _____

BILLING COMPANY SIGNATURE

Signature: _____