

## QUICKReferral<sup>sm</sup> Hospital Information



Date \_\_\_\_\_

Hospital *System* Name (if applicable) \_\_\_\_\_

*Hospital* Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone Number \_\_\_\_\_

### **Who on your staff will be making the referral(s) to Human Arc (in case we have questions)?**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_  
(If below is same, leave blank)

### **Whom on your staff may we contact to obtain medical records?**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_  
(If below is same, leave blank)

### **Whom on your staff should we inform when accounts are approved, closed or returned?**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_  
(If below is same, leave blank)

### **Who on your staff will supply us with the UB-92 (once approval is received)?**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_  
(If below is same, leave blank)

### **To whom on your staff should we send our invoice(s) for payment?**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## QUICKReferral<sup>SM</sup> Work Agreement



**THIS AGREEMENT** (“Agreement”) is entered into as of \_\_\_\_\_ between the hospital identified below (“Client”) and Human Arc Corporation, an Ohio corporation (“Human Arc”), concerning the processing by Human Arc of certain accounts for Client. The parties agree as follows:

1. **Referral of Accounts.** Client can refer to Human Arc any number of out-of-state, self-pay, inpatient accounts receivable in excess of \$2,000 each and any number of out-of-state, self-pay, outpatient accounts receivable in excess of \$5,000 each (“Accounts”) to be processed by Human Arc for payment.
2. **Human Arc Processing Services.** Human Arc will process all Accounts as they are received from Client. Processing includes informing Client of receipt of the Account, using reasonable efforts to obtain medical coverage through available state and federal agencies, subsequent billing to the payer on a Client-supplied form UB92, plus appropriate follow-up and monthly status reporting to Client.
3. **Compensation for Services.** Client will pay Human Arc a fee equal to twenty-five percent (25%) of the amount received by Client from any payer with respect to every Account referred to, and processed and billed by, Human Arc, subject to a maximum of five thousand dollars (\$5,000) per Account, in consideration of the services provided by Human Arc under this Agreement. In addition to its processing services, if Human Arc is required to perform “provider enrollment services” for Client in any state, Client will pay Human Arc an additional fee of two hundred fifty dollars (\$250) for such services. All invoices for services provided by Human Arc shall be payable in full within thirty (30) days after receipt by Client.
4. **Compliance with Law.** Human Arc will perform its processing services in conformity with all laws, rules, regulations and administrative instructions that relate to such services, including the Health Insurance Portability and Accountability Act of 1996, other applicable federal and state laws protecting confidentiality of patient information and medical records, the Federal Anti-Kickback Statute, and Medicare and Medicaid Program requirements.
5. **Ownership of Patient Information.** All information provided by Client to Human Arc pursuant to this Agreement is the exclusive property of Client. Human Arc’s use of this information will be limited to carrying out its obligations under this Agreement.
6. **Accuracy of Records.** Client acknowledges that Human Arc will rely upon the medical records and documentation provided by Client in the performance of its services pursuant to this Agreement. Human Arc shall not be responsible for confirming the accuracy or validity of any such records or documentation. Clients provide medical records at their own expense.
7. **Release by Patient.** Prior to referring any Account to Human Arc for processing, Client will use reasonable efforts to obtain the patient’s written consent to the release of his/her information in order to secure payments from third-party payers on behalf of the patient.
8. **Term of Agreement.** This Agreement will continue indefinitely until terminated by either party on thirty (30) days notice to the other party. The rights and obligations of the parties under this Agreement shall continue in effect, despite the termination of this Agreement, for all Accounts that Client has referred to Human Arc prior to the termination date.

ACCEPTED BY: HUMAN ARC CORPORATION  By _____ (Signature)  _____ (Print Name) Title: _____  Date Accepted: _____  <small>1529827.3</small>	_____ Name of Hospital (“Client”)  By _____ (Signature)  _____ (Print Name) Title _____ Address: _____ _____
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