



This Agreement is made by and between Gainesville Hospital District d/b/a North Texas Medical Center (NTMC) and _____ "Client".

1. Client desires to contract with NTMC to provide occupational health services to its employees. All testing performed under this agreement will be billed to Client.

2. Results need to be faxed to (_____) - _____.
a. Questions for Client will be directed to: _____
b. Accounts Payable at (_____) - _____, - billing issues

3. Invoices will be sent to:

4. NTMC will charge Client the rates listed on the attached price sheet. Client agrees to pay for such services. Any notice of rate changes will be made in writing.

5. NTMC will provide an invoice for all services rendered each month by the 20th day of the following month. Exception: Add-on testing initiated at the end of the month will be billed the subsequent month. Tests will be billed no later than two calendar months after receipt. Each invoice will be due and payable in full to NTMC no more than 30 days from the date it is issued.

6. Client must initiate all inquiries concerning invoice discrepancies/disputes within 30 days of the date of invoice or the invoice will be considered correct.

7. Past due balances are subject to a service charge not to exceed 1.5% per month of the unpaid amount or the maximum rate permitted by applicable law on the unpaid amount from the date of the invoice until paid; and NTMC shall be entitled, at its election, to discontinue providing services to Client and/or to immediately terminate this agreement by giving written notice to Client.

8. This agreement will be effective upon last signature and remain in effect for one year. Agreement will automatically renew for successive one year terms unless either party cancels the agreement in writing 30 days prior to contract end.

9. The agreement may be terminated by either party without cause with a 30 day written notice.

10. Questions for NTMC will be directed to:
a. Provider Supervisor at (940) 612-8750 or the Nursing Supervisor at (940) 612-8757.
b. Accounts Receivable at (940) 612-8723.

11. Scheduling can be preformed either as:
a. Schedule. Call (940) 612-8760 to be scheduled or fax: (940)665-0209
b. Walk-ins are welcome, but it is preferred that employees schedule an appointment.

AGREED TO AND ACCEPTED BY:

Client: _____
Signature: _____
Name (Print): _____
Title: _____
Date: _____

Provider: North Texas Medical Center
Signature: _____
Name (Print): _____
Title: _____
Date: _____