

Fax your completed agreement to:
1.877.957.5647



EZ DME

CLAIMS SERVICE AGREEMENT

PAL Health Technologies

...it's about TIME!

THIS SERVICE AGREEMENT is between Freedom Drug Stores, Inc. (FREEDOM) and _____ (SUBSCRIBER).

By signing this agreement, I agree: (1) To submit Durable Medical Equipment claims through the network (**EZ DME**) in consideration of the terms and conditions that follow. (2) That FREEDOM's transaction fee does not include any switch fee incurred. Payment is due within 15 (fifteen) days of receipt of each bill/invoice. Amounts not paid within 15 days are subject to an 18% (eighteen percent) per annum service charge. Failure to pay within 30 (thirty) days from the invoice date may result in service cancellation. I wish to subscribe to these services:

BASIC SERVICE PLAN

COST TO SUBSCRIBER: *No charge on PAL product claims.**

Basic claims include items that can be sent to Medicare without additional documentation.

- > **EZ DME** is responsible to review submissions for correctness; submit claims to the proper DMERC; and return DMERC response reports to SUBSCRIBER.
- > **SUBSCRIBER** is responsible to supply EZ DME with required claim information in agreed upon format; maintain accurate customer files including prescription/order and all other documentation required by Medicare policy; and bill secondary carriers, deductibles and co-pays.

** SUBSCRIBER is responsible for the \$2.50 submission fee on non-PAL product claims.*

FULL SERVICE PLAN

COST TO SUBSCRIBER: *\$10.50 per claim*

Full Service claims are items that SUBSCRIBER requires EZ DME's assistance in billing, including items requiring documentation that the SUBSCRIBER desires EZ DME to retrieve, claims that require primary and secondary billing, and/or claims the SUBSCRIBER is unable to bill.

- > EZ DME is responsible to review submitted claims and insure approved claims are electronically submitted to the appropriate DMERC; return copies of transmission reports to the SUBSCRIBER; generate and mail all primary private insurance claims to appropriate insurance companies pending receipt of proper documentation; generate and mail all secondary, deductible and coinsurance claims/ bills upon receipt of payment information from SUBSCRIBER; generate, mail and track all Certificates of Medical Necessity; generate and mail all purchase option letters for capped rentals; and post all payments and adjustments upon receipt of necessary documentation from SUBSCRIBER.
- > SUBSCRIBER is responsible to supply EZ DME with required claim information in agreed upon format; email or fax additional information necessary to complete processing of claims; inform EZ DME of rebates or special pricing; retain assignment of benefits forms and obtain patient's signature for each purchase or rental item; promptly notify EZ DME when rental items are returned; and supply copies of Medicare, insurance and patient payments to EZ DME so patient and insurance accounts can be properly credited.

RESUBMISSION OF REJECTED CLAIMS

COST TO SUBSCRIBER: *\$2.50*

Upon request, EZ DME will resubmit rejected claims; however, the SUBSCRIBER is responsible for the \$2.50 claim resubmission fee. The SUBSCRIBER will receive an invoice from EZ DME at the end of the month. PAL will not incur the cost of resubmission.

The parties hereto, in consideration of the obligation herein made and undertaken, hereby covenant and agree to the terms and conditions included in this agreement.

Company Name: _____

Mailing Address: _____

City, State, ZIP: _____

Email: _____

Medicare Provider #: _____

UPIN #: _____

Signed: _____

Accepted by HCC: _____

Referred by: **PAL**

Phone #: _____

Fax #: _____

Contact Person : _____

Medicaid Provider #: _____

Federal Tax ID #: _____

Date: _____

Date: _____

PAL cannot be held responsible for the accuracy of your claims, nor does PAL guarantee reimbursement.