

Paz Billing Service

16 Maxie Avenue * Greenville, SC 29611 * Phone: 864-906-3835 * 866-279-0097 * www.pazbilling.com

WELCOME TO THE PAZ FAMILY!

Enclosed is the following registration material for you to complete:

- ☺ **Billing Agreement (includes Payment Agreement):** please print and sign two (2) copies. Return one (1) copy to Paz and keep one (1) for your records
- ☺ **Registration Form:** complete and return to Paz

Please return the forms and the \$150.00 registration fee to Paz at the below referenced address:

**Paz Billing Service
16 Maxie Avenue
Greenville, SC 29611**

Once Paz receives your paperwork and registration fee we can begin billing for you! Please note, the registration fee is a one-time charge that includes registering you with Paz's electronic clearinghouse. Getting established with the clearinghouse can take 2 to 4 weeks; but during that time Paz will submit paper claims on your behalf.

After we receive your registration material and registration fee, you will receive the following documents via email:

- ☺ **Getting Started** (Acrobat)
- ☺ **Sample Financial Policy** (Word)
- ☺ **Sample Promissory Agreement** (Word)
- ☺ **Insurance Registration Form** (Word)
- ☺ **Superbills: General Maternity, Well-Women** (Acrobat)
- ☺ **Insurance 101 Patient Information Sheet** (Word)
- ☺ **Fee Schedule** (Excel)

You should read the **Getting Started** handout and review the **Financial Policy, Promissory Agreement, Insurance 101 document** and **Superbills**. The **Financial Policy, Promissory Agreement** and **Insurance 101** are editable, thus you can make changes as you'd like. The **Superbills** are **Acrobat** files. If you have changes, please clearly mark them on the form and fax them to Paz at 866-279-0097. We'll update the files and email them back to you.

Thank you for choosing Paz Billing Service and if you have any questions, please feel free to contact Inge Leland via phone: 864-906-3835, fax: 866-279-0097 or email: ileland@pazbilling.com.

Sincerely,
Inge Leland
Paz Billing Service

Specializing in Medical Billing for Midwives and Birth Centers

Paz Billing Service

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BILLING AGREEMENT

THIS AGREEMENT is made and entered into by and between **PAZ BILLING SERVICE**, a South Carolina corporation, (hereinafter referred to as "PAZ") and _____ (your company name), operating as a (select one) corporation, partnership or sole proprietorship (hereinafter referred to as "Client").

WHEREAS, PAZ is engaged in the business of transmittal of electronic and paper claim submission to Medicaid and private insurance companies;

WHEREAS, Client owns and operates a(n) medical practice at _____ in _____, _____, Zip _____.

WHEREAS, Client recognizes the benefits of PAZ's services to the processing of its claims and wishes to engage PAZ to provide such services; and

WHEREAS, PAZ is willing to provide services to Client, all upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the foregoing and of the promises and covenants set forth in this Agreement, the parties agree as follows:

ARTICLE 1

SCOPE AND COMPENSATION FOR WORK

1.1 **Scope of and compensation for work:** PAZ agrees to provide the following services as described below.

	Sole Practitioner	2-3 Midwife Group OR Birth Center with 1-2 Practitioners	4+ Midwife Group OR Birth Center with 3-5 Practitioners
Initial one-time sign-up fee	\$150.00		
Tier 1 <ul style="list-style-type: none"> ▫ Electronic and paper claim submission to Medicaid and private insurance companies ▫ Various monthly claim status reports ▫ Timely and persistent follow up on insurance requests for information ▫ Submitting appeals for denied claims ▫ Submitting insurance complaints to appropriate governing insurance bodies ▫ Customized Superbills (maternity and well-women) ▫ Customized Financial Policies ▫ Insurance 101 Tutorial for Patients 	\$150.00 per month	\$450.00 per month	\$60000 per month
Tier 2 <ul style="list-style-type: none"> ▫ Tier 1 Plus ▫ Verification of Benefits ▫ Written notification to patient of benefits ▫ Requesting in-net benefits for out of network providers 	\$350.00 per month	\$650.00 per month	\$800.00 per month

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	Sole Practitioner	2-3 Midwife Group OR Birth Center with 1-2 Practitioners	4+ Midwife Group OR Birth Center with 3-5 Practitioners
<ul style="list-style-type: none"> ▫ Precertification (if applicable) for patients ▫ Preauthorization (if applicable) for patients 			

PAZ will file claims in accordance with:

- (a) Client's superbills and written documentation. Turnaround for services shall be seventy-two (72) hours; and
- (b) in accordance with its current practices, which it hereby represents are in accord with industry standards and practices
- (c) Pickup and delivery of the materials needed to complete this service will be made by fax, mail, email and/or website access (when available).

ARTICLE 2

INVOICES, PAYMENT AND TAXES

- 2.1 **Invoices and Payment.** PAZ will submit invoices to Client before the 5th day of each month for Services rendered in the previous month. The amounts due PAZ for the Services shall be paid by Client in accordance with terms specified in the separate Payment Agreement, a form of which is attached as Attachment A.
- 2.2 **Taxes.** Client shall be responsible for the payment of any tax or other governmental assessment or surcharge applicable 10 the provision of Services by PAZ

ARTICLE 3

TERMINATION OF SERVICES

- 3.1 **Termination of Services.** Either party may terminate this agreement on not less than thirty (30) days written notice.

ARTICLE 4

INTERRUPTIONS AND CONSEQUENTIAL DAMAGES

- 4.1 **Interruptions.** PAZ and Client acknowledge to each other that interruptions in Client's claim submission can occur as the result of a number of planned or unplanned events. Such events include, but are not limited to, severe weather, fire, equipment failure, operator error, electrical outage, telephone service interruption, system modification or conversion, software related issues, Client relocation, and many other causes both intended or unintended. The parties agree that neither of them shall be liable to the other as the result of any such interruptions, whether similar or dissimilar to the events and causes listed above.
- 4.2 **Consequential Damages.** The parties agree that PAZ shall not be liable under any circumstances for consequential damages which may be incurred by Client as a result of interruptions. The term "consequential damages" as used herein shall include delay in receiving payment on claims.

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ARTICLE 5

CONFIDENTIALITY OF HEALTHCARE CLAIMS INFORMATION – HIPAA BUSINESS ASSOCIATE

PROVISIONS

- 5.1 **Confidentiality of Healthcare Claims Information - HIPAA Business Associate Provisions.** PAZ and Client agree to comply with the rules for the use and handling of Protected Health Information ("PHI") under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. § 164.501 et seq. ("Privacy Standards"), the Security Standards, 45 C.F.R. § 164.302, et seq. ("Security Standards"), and the Transaction and Code Set Standards, 45 C.F.R. § 162.100, et seq. ("Transaction and Code Set Standards") as amended from time to time and at the applicable compliance dates. The capitalized terms in this Section will have the same meaning as provided under the Privacy Standards, Security Standards, and Transaction and Code Set Standards, and the terms of this Agreement will be construed in light of any applicable interpretation or guidance on any of these standards issued by the Department of Health and Human Services. PAZ is a Business Associate of Client under the Privacy Standards, and therefore agrees to comply with the following:
- (a) **Uses and Disclosures of Protected Health Information.** PAZ will use or disclose PHI received from Client only for those purposes necessary to perform Services, as otherwise expressly permitted in this Agreement, or as required by law, and will not further use or disclose such PHI. PAZ agrees that anytime it provides PHI received from Client to a subcontractor or agent to perform Services for Client, PAZ first will enter into a contract with such subcontractor or agent that contains the same terms, conditions, and restrictions on the use and disclosure of PHI and the same reasonable and appropriate safeguards to protect electronic PHI as contained in this Agreement.
 - (b) **PAZ Use or Disclosure of Protected Health Information For Its Own Purposes.** PAZ may use or disclose PHI received from Client for PAZ's management or administration, or to carry out PAZ's legal responsibilities. PAZ may disclose PHI received from Client to a third party for such purposes only if: the disclosure is required by law; or PAZ secures written assurance from the receiving party that the receiving party will:
 - (i) hold the PHI confidentially;
 - (ii) use or disclose the PHI only as required by law or for the purposes for which it was disclosed to the recipient; and
 - (iii) notify PAZ of any breaches in the confidentiality of the PHI.
 - (c) **Safeguards.** PAZ will implement administrative, physical and technical safeguards to prevent use or disclosure of PHI received from Client for purposes other than those permitted by this Agreement and to protect the confidentiality, integrity, and availability of the electronic PHI, if any, that PAZ creates, receives, maintains, or transmits on behalf of Client. PAZ will follow generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of health information (45 CFR Parts 160-164 of Security Standards Rule).
 - (d) **Reports of Improper Use or Disclosure of Protected Health Information.** PAZ will report to Client any use or disclosure of PHI received from Client for purposes other than those permitted by this Agreement and will report to Client any security incident of which it becomes aware that affects electronic PHI created on behalf of or received from Client.

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PAZ will report any security incident of which it becomes aware to Client. For the purposes of this agreement, a "security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations. This does not include trivial incidents that occur on a daily basis, such as scans, "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by PAZ.

- (e) Access To Protected Health Information. PAZ will make available to Client PHI received from Client that is in PAZ's possession to respond to individual requests for access to PHI, as applicable to Client. Client will be responsible for making all determinations regarding the grant or denial of an individual's request for access to the individual's PHI.
- (f) Amendment of Protected Health Information. PAZ will make available to Client PHI received from Client that is in PAZ's possession to respond to individual requests to amend PHI, as applicable to Client. Client will be responsible for making all determinations regarding amendments to PHI.
- (g) Accounting of Disclosures of Protected Health Information. PAZ will make available to Client information as is required for the Client to make an accounting of disclosures of PHI to an individual, as applicable to Client. Client will be responsible for providing an accounting to such an individual.
- (h) Access to Books and Records. PAZ will make its internal practices, books and records on the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services to the extent required for determining Client's compliance with the Privacy Standards. Notwithstanding this provision, no attorney-client, accountant-client or other legal privilege will be deemed waived by PAZ or Client as a result of this Section.
- (i) Return or Destruction of Protected Health Information Upon Termination. Because of regulatory restrictions and business reasons, it will not be feasible for PAZ to return or destroy PHI received from Client that PAZ may still retain upon termination of the Agreement. PAZ thus agrees to follow the provisions of this Agreement for as long as it retains the PHI received from Client, and will limit any further use or disclosure of the PHI to those purposes.

ARTICLE 6

NOTICES AND DESIGNATED CONTACT

- 6.1 **Notices.** Any notices required or permitted to be given hereunder, shall be either delivered in person or sent by certified mail, return receipt required, postage prepaid an addressed as follows:

To PAZ:

Ms. Inge Leland
Paz Billing Service
16 Maxie Avenue
Greenville, SC 29611

To Client:

Paz Billing Service

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6.2 **Designated Contact.** Client also designates _____ as the primary authorized contact with PAZ to provide all information and assistance PAZ needs from Client for the effective processing of Claims. The authorized contact person may change as designated in writing or orally to PAZ by appropriate Client representative.

ARTICLE 7

GOVERNING LAW

7.1 **Governing Law.** This Agreement shall be governed by and construed under the laws of the State of South Carolina.

ARTICLE 8

EXCEPTIONS

8.1 **Exceptions.** Paz Billing Service declines to process abortion claims. These claims will be rejected by the PAZ.

ARTICLE 9

ENTIRE AGREEMENT. MODIFICATION OF AGREEMENT

9.1 **Entire Agreement. Modification of Agreement.** This document and the documents listed below which are incorporated by reference contain the entire understanding and agreement between the parties concerning the services to be performed by PAZ. There are no promises, representations or warranties upon which either party relies other than those set forth in this Agreement. This Agreement may be modified only by a written instrument signed on behalf of PAZ and Client. This Agreement does not grant PAZ any form of exclusive right or rights to Client's data.

ARTICLE 10

ATTACHMENTS

10.1 **Attachments.** The following documents are incorporated herein by this reference: Attachment A – Payment Agreement

SIGNATURES

This agreement is executed on behalf of PAZ and Client this _____ day of _____ 20_____.

PAZ:

Paz Billing Service

By: Inge Leland

Title: _____

CLIENT:

By: _____

Title: _____

(Must be Owner or Officer)

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ATTACHMENT A: PAYMENT AGREEMENT

BY: Name of firm or individual: _____
 (check one) Individual Partnership Corporation

Street Address _____ Mailing Address _____
 City, State, Zipcode _____ City, State, Zipcode _____
 Phone _____ Fax _____

TO: PAZ BILLING SERVICE, 16 Maxie Avenue, Greenville, SC 29611
 Phone: 864-906-3835, Fax: 866-279-0097

SELECT ONE FEE FROM THE BELOW SCHEDULE (descriptions of services on pages 1 & 2 of Billing Agreement):

TIER 2 PROMOTION: Receive *Tier 2 services at Tier one prices*. This promotion is for **your first month of service only**. After one month, you can cancel your contract or complete a new **Payment Agreement** for desired services.

	Sole Practitioner	2-3 Midwife Group OR Birth Center with 1-2 Practitioners	4+ Midwife Group OR Birth Center with 3-5 Practitioners
Tier 1	<input type="checkbox"/> \$150.00 per month <input type="checkbox"/> Tier 2 Promotion	<input type="checkbox"/> \$450.00 per month <input type="checkbox"/> Tier 2 Promotion	<input type="checkbox"/> \$600.00 per month <input type="checkbox"/> Tier 2 Promotion
Tier 2	<input type="checkbox"/> \$350.00 per month	<input type="checkbox"/> \$650.00 per month	<input type="checkbox"/> \$800.00 per month

PAYMENT TERMS:

- Invoices are mailed to Client before the 5th of the month for the previous month's services.
- Invoices are due payable upon receipt and considered late after End of Month.
- Late invoices will be charge a 1 ½ % late fee on the outstanding balance on the first business day after the End of Month.
- If payment is later than 5 days after the End of the Month, Paz Billing Service will suspend billing services.
- Your account will be cancelled if your payment is later than 10 days after the End of the Month. There is a \$100.00 re-activation fee if invoice(s) are paid and account is made current. Paz reserves the right to not re-activate billing services after account is made current.
- Returned checks: Paz will cease to provide services until you have paid the amount of the bounced check plus a \$25.00 returned check fee. Paz reserves the right to cancel the account after two (2) returned checks.

I/we certify that all information on this form is correct. I/we fully understand your payment terms and agree to pay per payment terms:

Signature: _____ Title: _____
 Print Name: _____ Date: _____

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BILLING REGISTRATION FORM

PLEASE PRINT OR TYPE CLEARLY

PRACTICE INFORMATION

Practice Name: _____

Street Address _____

Mailing Address _____

City, State, Zipcode _____

City, State, Zipcode _____

Phone _____

Fax _____

Email _____

Organizational NPI# _____

CLIA# _____

Practice Tax ID: EIN Social Security Number

PROVIDER 1

Name and Credentials: _____

Social Security # _____

NPI # _____

State Lic # _____

Specialty Lic # _____

Medicaid ID# _____

Medicare ID# _____

Medicare UPIN _____

Medicare GRP # _____

BC/BS ID# _____

BC/BS GRP # _____

R.R. Medicare _____

R.R. Med. GRP # _____

Champus/VA _____

PROVIDER 2

Name and Credentials: _____

Social Security # _____

NPI # _____

State Lic # _____

Specialty Lic # _____

Medicaid ID# _____

Medicare ID# _____

Medicare UPIN _____

Medicare GRP # _____

BC/BS ID# _____

BC/BS GRP # _____

R.R. Medicare _____

R.R. Med. GRP # _____

Champus/VA _____

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BILLING REGISTRATION FORM

PROVIDER 3

Name and Credentials: _____

Social Security #

NPI #

State Lic #

Specialty Lic #

Medicaid ID#

Medicare ID#

Medicare UPIN

Medicare GRP #

BC/BS ID#

BC/BS GRP #

R.R. Medicare

R.R. Med. GRP #

Champus/VA

PROVIDER 4

Name and Credentials: _____

Social Security #

NPI #

State Lic #

Specialty Lic #

Medicaid ID#

Medicare ID#

Medicare UPIN

Medicare GRP #

BC/BS ID#

BC/BS GRP #

R.R. Medicare

R.R. Med. GRP #

Champus/VA

PROVIDER 5

Name and Credentials: _____

Social Security #

NPI #

State Lic #

Specialty Lic #

Medicaid ID#

Medicare ID#

Medicare UPIN

Medicare GRP #

BC/BS ID#

BC/BS GRP #

R.R. Medicare

R.R. Med. GRP #

Champus/VA

COMMERCIAL PAYORS

Use only if a payor has assigned you a unique #:

Payor Name

Code

ID

Payor Name

Code

ID

Payor Name

Code

ID

Payor Name

Code

ID

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