

**LETTER OF AGREEMENT: NEW PRACTICE/ PHYSICIAN PACKAGE**

**APPLICATION COMPLETION:**

AddVal will, for a period of one year, complete credentialing and recredentialing applications to hospitals and third party payers at the request of the \_\_\_\_\_ ("Group"). Additionally, a maximum of three (3) state license applications will be completed as requested. The Group will notify AddVal of applications to be completed. AddVal will acquire the applications, complete them, and return the applications to the Group for approval and physician signature **before submission** to the hospital, licensing agency or third party payer. All applications will be mailed to the Group via UPS/FedEx two (2) day mailers.

On the date of this agreement, the Group will provide AddVal with the following documents for each of the physicians listed below:

- Completed AddVal application;
- Curriculum Vitae MUST include month/year and all employment;
- Medical License(s);
- Board Certificate(s) and/or Letters of Recommendation;
- Professional Liability Insurance Declarations page;
- Documents regarding all settled and/or pending malpractice claims;
- NPI Letter and number;
- CAQH login and password;
- Copy of social security card (needed for Medicare & Medicaid applications);
- IRS verification of Tax ID (for Medicare);
- CME certificates;
- Driver's license or passport copy (for hospital applications);
- Letters for all participating hospital privileges; and
- DEA and State Controlled Substances (CDS) Certificates (if applicable).
- If applicable, please complete the telemedicine addendum and submit documents needed for state license applications.

**TRACKING APPLICATIONS:**

- Submit completed applications to the indicated hospital, licensing agency or third party payer;
- Monitor each applicant's progress every two weeks with phone/fax/email contact;
- Provide monthly reports on each application's progress to the Group.

**TERMS of AGREEMENT:**

For the period of one year: \_\_\_\_\_ to \_\_\_\_\_, AddVal will complete credentialing and recredentialing applications and track the progress of the applications through credentialing and recredentialing, as provided above, for the physicians listed below (attach list if preferred):

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

**CONFIDENTIALITY AGREEMENT:**

It is agreed that AddVal will maintain strict confidentiality regarding the documents and information received in conjunction with this project.

**Fees:** The services described above will be provided for the physicians listed for the terms of the agreement, one year, at the cost of \$\_\_\_\_\_ per physician, \$\_\_\_\_\_ for initial registration. The initial fees will be paid in full on the date of this Agreement. ***On a quarterly basis, AddVal will submit invoices for all UPS postage fees and staff time for tracking calls at \$50.00 per hour (maximum of five (5) hours per physician per quarter).*** All invoices will be paid within thirty (30) days' receipt of the invoice. Any unpaid invoices will incur finance charges at 1.5% for every thirty (30) days the invoice is not paid.

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Michelle McFarlane  
AddVal

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed