

# **Heartland Pathology Consultants, PC**

**2701 Coltrane Pl. Ste. 3**

**Edmond, Oklahoma 73034**

**Barry M. Rockler, M.D.  
Ruth H. Oneson, M.D., M.P.H.  
Ricky L. Reaves, M.D.  
Sherrita C. Wilson, M.D.  
M. Caroline Holmboe, M.D**

**Phone: (405) 715-4500**

**Fax: (405) 715-4519**

**AGREEMENT FOR ANATOMIC PATHOLOGY SERVICES  
MEDICAL DIRECTORSHIP  
MANGUM CITY HOSPITAL AUTHORITY  
DBA: MANGUM REGIONAL MEDICAL CENTER  
1 WICKERSHAM DRIVE  
MANGUM, OK 73554**

**Heartland Pathology Consultants, PC (HPC), agrees to provide complete anatomic pathology services (surgical pathology and non-gynecologic cytology) and Medical Directorship to Mangum City Hospital Authority dba Mangum Regional Medical Center**

**DUTIES OF HPC:**

1. Supply the facility with specimen containers and fixative, empty specimen containers, slides, lab request forms and zip lock bags with biohazard label for use on specimens sent to HPC.
2. Auto Fax completed reports to the facility and requesting physician as soon as available.
3. Provide facility with a copy of CLIA Registration, Medicare provider number, CAP certification.
4. Provide pathology consultations regarding HPC anatomic pathology results.
5. Will provide CPT codes on pathology reports.
6. Provide specimen pickup, delivery of supplies and courier service. Pickup service will sign completed specimen chain of custody log sheets when receiving specimen(s) for transport to HPC.
7. Agrees to meet all applicable regulatory standards (CAP, COLA, CLIA, JCAHO, CMS, etc.) as they apply to facility and services contracted to outside vendors.
8. Records maintained by HPC shall be sufficient to enable facility to comply with all governmental and CLIA record keeping and reporting requirements.
9. Monitor and provide feedback for quality issues.

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## **HPC BILLING**

1. Provide a monthly invoice including the patient's name, date of service, referring physician, and procedure provided with CPT codes on or before the 10<sup>th</sup> of each month.
2. The facility agrees to pay the invoice within 30 days of receipt of the said invoice.
3. A service charge of 1.5% per month (18% per year) will be charged to any balance over 30 days.
4. Will bill patients and/or their insurance companies directly for all payers according to insurance guidelines and/or policies for anatomic pathology services provided upon receipt of appropriate billing information from facility.
5. Per CMS Regulations, HPC must bill facility for the Technical Component (TC) of the anatomical pathology services for the following payers: Tricare, Tricare Products, Medicare, Medicare Railroad, Medicare Replacement, Blue Cross and any other payer who contractually chooses to follow CMS guidelines.
6. Request additional billing information from the facility as needed.

## **DUTIES OF THE HOSPITAL/FACILITY:**

1. Hospital/Facility will use HPC exclusively for anatomical pathology and Non-gynecological cytology pathology.
2. Provide appropriate patient demographics, specimen information, clinical history and proper specimen labeling to identify requisition/patient/sample discrepancy.
3. Provide appropriate and complete patient/insurance billing information to HPC with the specimen or in a timely manner.
4. Will stock requisitions and supplies to send specimens to HPC. Request restocking of supplies from HPC as needed.
5. Complete a Chain of Custody log sheet and prepare specimen for courier pick up.

## **MEDICAL DIRECTORSHIP OF LABORATORY**

1. HPC agrees to provide laboratory Medical Directorship services to facility.
2. HPC agrees to bill the facility for these services on the first of each month.
3. The facility agrees to pay the amount of \$ 1062.00 per month for services.
4. The facility agrees to pay the invoice within 30 days of receipt of said invoice.
5. All past due balances are subject to service charge of 1.5% per month.
6. The facility and HPC will operate said services at all times in compliance with federal, state, and local laws, rules and regulations; the policies, rules and regulations of the facility; the Medical Staff bylaws; the applicable standards of CMS and all currently accepted and approved methods and practices of specialty.

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**TERMINATION:**

1. The above agreement shall be effective from the date of signing and shall renew itself annually.
2. In the event that either party materially breaches any term of this agreement the party may withdraw upon giving thirty (30) days written notice to the other party of its intention to terminate the above agreement.
3. The dissolution or liquidation of either party.
4. Each party recognizes that any breach of confidentiality or misuse of information may result in termination of this agreement. Unauthorized disclosure may cause irreparable injury to the patient or to the owner of such information.

Please acknowledge acceptance of this proposal by signing, dating and returning this original. A copy is attached for your files.

  
\_\_\_\_\_  
M. Caroline Holmboe, M.D. Date 01/31/2026  
Pathologist/Medical Director  
Heartland Pathology Consultants, PC

\_\_\_\_\_  
Kelly Martinez, CEO Date \_\_\_\_\_  
Mangum Regional Medical Center  
One Wickersham Drive  
Mangum, OK 73554

\_\_\_\_\_  
E-Mail Address

CLIA Number 37D0936596  
CAP Number 7176311  
Medicare Provider Number 73-1527740

Handwritten text, possibly a signature or date, located in the lower right quadrant of the page. The text is written in blue ink and is difficult to decipher due to its cursive style and orientation. It appears to contain a date, possibly "02/01/10", followed by a name or signature.

## Client Fee Schedule

Company 1 – HEARTLAND PATHOLOGY CONSULTANTS PC  
Routine: ARFC1

Payer: C Client: HPC Mangum Regional Medical Center  
Effective Date: 5/2024

<u>Order Code</u>	<u>Description</u>	<u>Proc. Code</u>	<u>Net</u>	<u>List</u>
88104-TC	Cytopath Fluid, Nongyn Smears with Interp	88104	\$34.63	\$34.63
88108-TC	Cytopath, Concentration, Smears and Interp	88108	\$42.21	\$42.21
88172-TC	FNA Immed Eval 1 <sup>st</sup> Each Site	88172	\$16.27	\$16.27
88173-TC	FNA Eval, Interp and Report	88173	\$60.85	\$60.85
88300-TC	Surg. Path Level I – Gross Only	88300	\$20.35	\$20.35
88302-TC	Surg. Path Level II – Gross and Micro	88302	\$42.21	\$42.21
88304-TC	Surg. Path Level III – Gross and Micro	88304	\$43.66	\$43.66
88305-TC	Surg. Path Level IV – Gross and Micro	88305	\$59.69	\$59.69
88307-TC	Surg. Path Level V- Gross and Micro	88307	\$133.11	\$133.11
88309-TC	Surg. Path level VI – Gross and Micro	88309	\$185.18	\$185.18
88311-TC	Decalcification	88311	\$6.08	\$6.08
88312-TC	Special Stains Group 1	88312	\$57.94	\$57.94
88313-TC	Special Stains Group 2	88313	\$46.29	\$46.29
88323-TC	Path Consult With Slide Prep	88323	\$47.74	\$47.74
88329-TC	Path Consult Intraoperative	88329	\$33.12	\$33.12
88331-TC	Path Consult Intraop 1 Frozen Section	88331	\$28.80	\$28.80
88332-TC	Path Consult Each Add Frozen Section	88332	\$9.86	\$9.86
88333-TC	Path Consult Intraop – Touch Prep	88333	\$31.72	\$31.72
88334-TC	Path Consult Intraop – Touch Prep Each Add	88334	\$20.06	\$20.06
88342-TC	Immunocytochemistry Each Antibody	88342	\$55.32	\$55.32
88358-TC	morphometric Analysis – Tumor (Ploidy)	88358	\$28.80	\$28.80
88361-TC	Tumor Imm.-Her-2,Er/Pr, etc. Ea Computer Asst	88361	\$81.83	\$81.83