

This Work Order has been prepared for use in connection with that certain Consulting Services Agreement between OKLAHOMA FOUNDATION FOR MEDICAL QUALITY, an Oklahoma not-for-profit corporation (“OFMQ”) and Mangum Regional Medical Center (“Customer”) (the “Agreement”).

Service Description

OFMQ will provide case review for up to 12 medical records, including: <ul style="list-style-type: none"> Peer review Medical necessity and appropriateness of services Quality of care concerns Compliance with national standards and regulations <p>*The medical record for each case review should be one encounter. For example; one Emergency Room visit, one Observation or Inpatient admission, one Swing Bed admission, one ambulatory surgery or one clinic/office/outpatient encounter.</p>	Customer will: <ul style="list-style-type: none"> Provide point of contact for project Provide required records electronically via flash drive or a HIPAA secure Sharefile site provided by OFMQ (Paper charts will not be accepted.) Provide medical records to be reviewed that are 750 pages or less (For larger records, every 750 pages will be considered as one review) Provide needs or concerns to be addressed 	Allotted time: <ul style="list-style-type: none"> Customer will provide 1/4 of total reviews each quarter of the contract Following receipt of the medical record, reviews will be completed with results returned within 75 days
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Pricing/Fees

Customer shall pay a total of \$ 4,320.00 to OFMQ for the Work according the following schedule:

Payment(s)	Amount	Payment Due
12 payments	\$360.00	Billed monthly, and due within 30 days of invoice

Terms

OFMQ shall perform the Work until completion of the Work and not to exceed (1) year from the effective date below which may be extended by written agreement of OFMQ and Customer.

Capitalized terms used and not defined herein shall have the meaning for such terms set forth in the Agreement. The terms and conditions of this Work Order shall be an integral part of the Agreement and shall be incorporated by reference into the Agreement. This Work Order may not be amended or modified by the parties other than pursuant to the procedures set forth in the Agreement. In the event of any conflict between any term or provision in this Work Order and the Agreement, the Agreement shall control unless the Work Order specifically states the parties’ intent that the Work Order amend the conflicting term or provision of the Agreement.

Customer Contact

Customer Name: Mangum Regional Medical Center

Primary Contact:

Phone:

Email:

FAX:

Address:

City:

State:

Zip:

Send Invoices to:

Phone:

Email:

FAX:

Authorization

“CUSTOMER”

Print Customer Name

By:

Signature

Print Name and Title

Date

“OFMQ”

Oklahoma Foundation for Medical Quality (OFMQ), an Oklahoma not-for-profit corporation

By: Authorizing Signature

Title

Dated effective the ____ day of _____, 20____.