

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		
	Description	Allotted Time
OFMQ will: Provide medical case review for up to 12 cases per year, including: <ul style="list-style-type: none"> Peer review Medical necessity and appropriateness of services Address quality of care concerns Compliance with national standards and regulations 	Customer will: <ul style="list-style-type: none"> Provide point of contact for project Provide required records/information electronically via thumb/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 one review) Provide needs or concerns to be addressed 	Following the receipt of the medical record, reviews will be completed within 75 days

Pricing/Fees

Customer shall pay OFMQ \$4,200 for the Work according to the following schedule:

Payment Terms		
12 payments	\$350 per month	Due every 30 days

Terms

OFMQ shall perform the Work until completion of the Work and not to exceed one (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

“OFMQ”

Print Name and Title

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

By: _____

Authorized Signature

Dated effective the ____ day of _____, 20____.