

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 City Hospital Authority DBA Mangum Regional Medical Center           .

Service Description		
	Description	Allotted Time
OFMQ will provide <b>12 cases</b> , including: <ul style="list-style-type: none"> <li>• Medical necessity and appropriateness of review</li> <li>• Address quality of care concerns</li> <li>• Validate diagnosis and procedural information</li> <li>• Compliance with national standards and regulations</li> <li>• Peer Review.</li> </ul>	Customer will: <ul style="list-style-type: none"> <li>• Provide point of contact for project</li> <li>• Provide medical records to be reviewed that are <b>1,000 pages or less</b></li> <li>• Provide needs or concerns to be addressed</li> </ul>	60 days following the receipt of the medical record.

## Pricing/Fees

Customer shall pay a total of \$ 350 for each completed review to OFMQ according to the following schedule:

Payment		
<b>Payments</b> <b>\$350 per completed review</b>	Invoiced quarterly at the completion of reviews	Paid 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:** \_\_\_\_\_  
**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

“OFMQ”

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

By: \_\_\_\_\_  
Authorized Signer

Dated effective the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.