

Dear Dr. (Insert OD name),

Thank you for registering with Synergy Specialists. The following email is intended to establish practices for all pending and future appointments with Dr. (insert SP name). Please review carefully.

After reading, please reply to this email to acknowledge that you have read the contents and agree to make your best efforts to follow the practices listed below and will encourage your staff to do the same.

Attached is a Synergy BAA agreement. This is included to let you know how Synergy will handle privileged patient records according to HIPAA regulation as the manager of the Specialist's practice.

We look forward to working with you.

General Terms

*The host office shall send funds equaling % of reported production or a \$\$\$ per diem, whichever is higher within payment terms day(s) of the service date payable to the (insert SP name) or (insert SP Legal name).

*The host office will make sure that all Patients will be supplied with the appropriate and necessary consent forms and that the Specialist has a chance to review the medical history of each patient scheduled in advance of surgery.

*The host office understands that payments are based on reported on adjusted production and in no way are dependent on collection.

*Credits can be requested for past production days (Adjustments) on the current invoice by submitting proper documentation.

*Cash Patients will not be quoted prices below those listed on the UCR fee Schedule without first obtaining approval from the specialist.

Supplies

* (insert SP Name) will bring all necessary specialty equipment.

* Host Office (GP) supplies sundries.

* The costs of implant supplies shall be split with the specialist paying 50% and the host office paying 50%.

*The cost of bone graft materials shall be split with the specialist paying for 50% and the practice paying for 50%.

*The cost of membrane materials shall be split with the specialist paying for 50% and the practice paying for 50%.

Assistants (for Oral Surgery only)

* The specialist will arrange for one surgical assistant, the cost of which will be split 50/50.

Assistant and Supply payments

*Payment as adjustment: The host office (GP) portion of supply costs indicated in this document shall be added as an adjustment to each invoice when the materials are supplied by the specialist or the host office.

Policies

* Production Reports should be faxed to our HIPAA compliant fax # (877-991-6325) within 2 days of the service date.

* No HMO Patients should be booked until after the Specialist has been approved by the Insurer for your location.

***Delta PPO patients can be booked before Dr. Jonathan Shadi has been confirmed effective at your location, however, each patient must be informed that payment is due up front for 100% of the cost of procedures and that Delta will reimburse the patients directly and not your practice.**

****All Appointments should be made by contacting**

*Requested Service dates are considered 'penciled in' until the specialist replies to the request through the Synergy web interface at which time the listed office manager will receive a confirmation email.

Payments

-Payments will be made out to Dr. (insert SP name) and submitted within ten (10) of the service date.

-Payment will be sent to: (Insert SP address if terms are different)

-Failure to pay invoices within ten (10) days may result in an interruption to your services.

-A separate check shall be submitted for each specialist and service date.

-Please do not write checks to 'Synergy Specialists' or combine payments intended for multiple service dates into the same check.

-Please list the Invoice number or service date in the memo section of the check.

Attachments area