



i-Plexus Clearinghouse Contract

This contract is entered into between i-Plexus Solutions, Inc. located at 1931 NW Military Hwy; Suite 225, San Antonio, TX 78213 hereafter known as "Vendor" and the entity identified below which is located at the address below and is hereinafter known as Customer.

- 1. Contract Term & Termination: This contract is in effect for one year and automatically renews each year thereafter unless either party provides notice of termination. Either party at any time can terminate the contract with at least 30 days written notice.
2. Pricing: Paper claims will be invoiced at 44 cents each or the then current first class postage rate by the United States Postal Service. Pricing is subject to change due to, but not limited to, inflationary increases which can be assessed annually based on the consumer price index (cpi) in the Wall Street Journal plus three percent 3%. Claim fees are billed in arrears based on actual volume processed for the preceding month. Customer understands that (1) payments on i-Plexus invoices are due immediately; (2) if the invoices are not paid on receipt that service is subject to interruption and account may be assessed a reconnection fee of \$50 (first offense) or \$100 (each offense thereafter); (3) any invoices unpaid for more than thirty days will be subject to a monthly service charge of one percent (1%); (4) customer will be assessed a \$50 service fee for returned checks.

Please write initials next to one of the three pricing plans below:

- a) Initial here Free Claims: A "Free" claim is noted by a "Y" for Yes and "N" for No under the column header of "2-a Free Plan" of our payer listing (claim) tab which can be found under the Getting Started Header Tab of the i-Plexus web site. We offer this service as a means to get you to migrate to option 2.b or option 2.c of our pricing plan. No claims with the status of "N" under the column header of "2-a Free Plan" will be accepted under this plan. Claims with a status of "N" under the "2-a Free Plan" Column in the i-Plexus Payer Listing (Claim) Tab include but are not limited to Medicare, Medicaid and Blue Cross. ERAs (Electronic Remittance Advise) will be invoiced at 10 cents per ERA to the customer under this plan if the customer selects the option to receive ERAs.
b) Initial here Fixed Monthly Fee Per Provider: This plan offers a fixed monthly fee per provider for electronic claims of \$80 a month. This plan assumes that a single provider will submit 600 electronic claims or less a month. Per transaction fees of 40 cents per claim will be assessed on any claim that exceeds 600 claims per month. The fixed monthly fee per provider does get reduced as more providers are added per the schedule below: ERAs (Electronic Remittance Advise) will be invoiced at 10 cents per ERA to the customer under this plan if the customer selects the option to receive ERAs.

Table with 2 columns: Number of Providers, Monthly Price Per Provider for electronic claims. Rows include 1 to 5 providers (80), 6 to 10 providers (75), 11 to 15 providers (65), 16 to 20 providers (60), >20 providers (55).

- c) Initial here Per Claim Pricing: This plan offers per transaction pricing for all claims and has a minimum monthly charge of \$75 a month if the total transaction volume is less than 214 claims a month. ERAs (Electronic Remittance Advise) will be invoiced at 10 cents per ERA to the customer under this plan if the customer selects the option to receive ERAs. The per transaction pricing gets reduced as more volume is added per the schedule below.

Table with 2 columns: Number of Claims, Cents Per Claim. Rows include 1 to 2,500 (35), 2,501 to 5000 (30), 5001 to 10,000 (25), 10,001 to 20,000 (20), > 20,000 (15).

3. Set Up Fees:

Claims: Customer agrees to pay \$449 for the first tax ID plus \$100 for each additional tax ID as a one time set up and enrollment fee. Customer understands that this is a non-refundable fee. Customer intends to enroll Tax ID's. This set up fee is waived if the customer selects the Free Claims Option under section 2.a.

Eligibility: Customer agrees to pay \$50 as a one time set up fee. Customer understands that this is a non-refundable fee. Customer initials. This set up fee is only applicable for client's who do not sign up for a Claims plan.

Patient Statements: Customer agrees to pay \$50 as a one time set up fee. Customer understands that this is a non-refundable fee. Customer initials. This set up fee is only applicable for client's who do not sign up for a Claims plan..

- 4. Eligibility: Initial here if you want to sign up for Eligibility, which includes unlimited eligibility checking of up to 100 payers, for a fixed monthly fee of \$10 a month for one provider, \$20 a month for 2 to 5 providers, or \$30 a month for 6 or more providers. All other payers noted with a "Y" under the "fee per transaction" column found on the i-Plexus web site tab titled "getting started" with the sub-tab titled "payer listing (eligibility)" will be charged a per transaction fee of 22 cents per eligibility request.
5. Patient Statements: Initial here if you want to sign up for patient statements for a per statement fee of 64 cents a month which includes first class postage, the printed patient statement, a return envelop, the ability for the patient to pay by credit card on a web site, access to a web site to see the patient statement history, and 16 cents for any additional pages beyond the first page. The first month's postage will be collected as a deposit prior to proceeding. For volume pricing please call 866-337-4014. This assumes i-Plexus is able to obtain a readable file output out of the practice management system.

6. Customer responsibilities:

- a. Customer agrees to review the i-Plexus reports and the payer reports supplied by i-Plexus on at least a weekly basis. Customer agrees to make corrections to those claims that are identified as errored by i-Plexus or by the payer reports supplied by i-Plexus.
- b. Customer understands that if the payer name used by Customer on a claim does not match the name supplied by i-Plexus on their web site, that Customer claim may be printed to paper and mailed by i-Plexus, resulting in a charge of 44 cents (or the going rate for first class mail) for each printed claim. Customer also understands that while i-Plexus may attempt to map Customer payer names to the names on the i-plexus electronic payer list, Customer has the ultimate responsibility in reviewing the i-Plexus reports to confirm that all of the claims that can go electronically are going electronically.
- c. Customer understands it will be charged a mapping fee of \$50 per hour with a minimum of 2 hours for each remapping due to the customer's claim file output changing from the original output file provided to i-Plexus.
- d. Customer understands that billing errors on their account must be reported in a timely manner. Billing errors that are not reported within one billing cycle will not be eligible for adjustment.

7. **Liability:** Vendor's liability with respect to processing or submission of Customer's transactions shall be limited to re-processing and re-submission of such transactions at no additional charge to Customer. In all other cases, Vendor's liability for direct damages shall be limited to five percent (5%) of the most current month's billing to the Customer. In no event will Vendor be liable for any indirect, incidental or consequential damages. Further, in no event shall Vendor be liable for loss or damage resulting, directly or indirectly, in whole or in part, from any act, omission, delay, fault, insolvency, or circumstance attributable to any payer or their intermediary or clearinghouse. This Agreement shall be construed in accordance with the laws of the State of Georgia excluding its conflicts of laws rules and jurisdiction to enforce the arbitration provisions contained herein shall reside in the courts within the State of Georgia.

Company Name _____

i-Plexus Solutions, Inc. **(ONLY)**

Invoice Address: _____

City,State,Zip: _____

Printed Name: _____

Printed Name: _____

Signature _____

Signature: _____

Title _____

Title: _____

Date _____

Date: _____

Payment Method (initial next to your selection):

- Mail check payable to i-Plexus Solutions upon receipt of monthly invoice initial: _____
 - Please note: this option will incur a \$5/month additional fee on your invoice for administrative payment processing
- Authorize automatic payment of monthly invoice (complete credit card information below) initial: _____

We accept all major credit cards



Card Type: Visa _____ Mastercard _____ AMEX _____ Discover _____

Provide Credit Card Number Here _____

Provide Name as it appears on the card _____

Expiration Date of Credit Card: Month _____ Year _____

I agree to authorize i-Plexus to process the above credit card automatically every month for these services

Signature _____