



BUSINESS AGREEMENT

Authorization for treatment and/or examination

We require the Employer to provide us an authorization to treat on an individual basis or open ended across the organization. This includes, but is not limited to Work Related/Injury Care, Return to Work Evaluations, Physical Evaluations, Physical Performance Evaluations, and Substance Abuse Testing.

Privacy and Secure Communication

Secure communication includes means by which people can share information with varying degrees of certainty that third parties cannot intercept what was said. Other than spoken face-to-face communication with no possible eavesdropper, it is probably safe to say that no communication is guaranteed secure in this sense. OHP will make every effort to provide Privacy and Secure Communication regarding Personal Health Information:

- Telephone, direct communication to your designated authorized representative, and
- fax documentation to the fax number you provide realizing that receipt of our information at your end is your responsibility to maintain its security, and
- Secure on-line communication

Finance charge

Unless otherwise agreed upon in a contract, all direct bills originated by OHP or any of its subsidiaries are due within 30 days:

- If payments are not received within 30 days of invoice receipt, a late charge of 1.5% for charges under \$500 and a late charge of 1.25% for charges over \$500 will be assessed every 30 days until full payment has been received.
- The minimum late fee charge is \$20 per invoice.

Continuation of service:

If you have outstanding invoices over 90 days old or totaling more than \$1000, OHP will require upfront payment for all future services for a period of 6 months, if this is not honored future service will be halted until payment resolution.

Non-payment:

If you refuse to pay OHP, or do not respond to our e-mails or inquiries about past invoices due, we will make every effort to collect the debt. As a reminder, you have agreed that all costs we incur associated with collecting debts, including attorneys' fees and court costs, will be paid by you.

If you have a specific payment contract with OHP, these terms and charges will be applied to the due dates and payment schedule outlined in your specific arrangement.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above. This agreement remains in effect until cancelled in writing.

BUSINESS NAME: _____ Date: _____

Authorized Signature: _____ Print Name: _____