



"A Mobile Solution to a Mobile Life One Transport at a Time"

Payment Agreement Form

Med-Care Transportation, LLC. relishes any opportunity to establish new accounts in our service area. It is our commitment to pursue reimbursement from any government or commercial insurance carrier as long as it is a covered service outlined in the Medicare guidelines for Commercial Ambulance Service. Since you, (the client) have requested us to provide transportation under consolidated billing, we are required to have you sign this form in lieu of a contract.

Med-Care Transportation, LLC agrees to provide transportation as follows:

Service Level	Date of Trip	Pick Up Address	Drop Off Address	Time(s)
<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Wheelchair				

Type of Trip?	Mileage (Total Loaded)	Insurance Type	Policy Number	Agreed-Upon Price
<input type="checkbox"/> One-Way Trip <input type="checkbox"/> Round Trip				\$

The invoice will be sent out to your attention as a CMS Form 1500 and have the agreed upon prices on it so there is no confusion on either end. The payment terms we require is net 15 days from the time you receive the bill. Med-Care imposes an 18%APR (1.5% monthly) late payment fee beginning on the 16th day after the invoice is sent out.

This does not constitute a legal contract and we are not beholden to any policies or procedures that the client may require of its employees or contractors. The client is not beholden to any policies or procedures that the provider may require of its employees or contractors other than any State or Federal laws concerning the Commercial Ambulance Industry.

Again, we appreciate the business that you have offered and make a commitment to every customer: dependable, caring, gentle & timely service. If you have any questions or concerns, please contact this office immediately to have them addressed.

Signature Title Printed Name Date

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