



QUIC NETWORK PURCHASE ORDER FORM - PerSe Claims Service

To: Quality Systems, Inc. (QSI)
18191 Von Karman Ave., Suite 450
Irvine, CA 92612

Practice Name (Buyer)

Address

Attn: Charlene Buzea
Tel: (949) 255-2600 x274
Fax: (949) 255-2605

City, State Zip

Contact Person Phone Number

Please complete and return the following documents to initiate processing:

- Purchase Order Form
- Buyer Registration Form (duplicate as necessary)
- Report Option Selection Form

Per-Se E-Commerce Electronic Claims Services Pricing

Buyer agrees to pay QSI the amounts indicated below for each Transaction (defined as an insurance claim or electronic remittance advice) electronically processed via Per-Se E-Commerce.

Electronic Claim Processing (Per Claim)

Monthly minimum charge \$75

Commercial Claims

First - 1,500/month	\$0.20
Over 1,500/month	No Charge (FREE)

Medicare/Medicaid/CHAMPUS/Blue & Other Governmental

\$0.10

Paper Claim Processing (Per Claim)

\$0.37 (First Class Mail within One Business Day)

Electronic Remittance Advice (Per Claim)

\$0.10

ECS Bridge Fee

\$1,295.00

*All fees are subject to change without prior notice.
Additional products and services are available by quotation.*

Terms and Conditions

1. The Buyer will be billed a monthly fee based upon the exact number of transactions processed by Per-Se each month. The Buyer will be billed monthly for the previous month's E-Commerce transactions. Payments are due monthly upon receipt of invoice.
2. Interest will be charged on late payments at the rate of 1.5 % per month on all overdue amounts. Delinquent accounts may result in termination of processing of insurance claims.
3. Buyer agrees to pay all local, state, federal, excise tax, or any other tax as required by law.
4. Buyer understands that per transaction fees set forth above are exclusive of any additional fees that may be imposed by the insurance carriers. Any additional fees imposed by the carrier will be charged to Buyer in addition to the per transaction fees above.
5. Buyer will reimburse QSI for any costs associated with custom or special forms, including shipping charges and mailing costs.
6. Pricing for paper claims will be adjusted to include any applicable changes in postal rates.
7. Buyer agrees that it shall deliver accurate and complete electronic transactions data to Per-Se using a mutually agreeable format. Buyer certifies that for all patient data delivered to Per-Se, that Buyer has received written permission from that respective patient to release the information sent to Per-Se.
8. Transactions rejected by the Carrier for any reason other than inappropriate format of the transaction and transactions rejected by Per-Se must be corrected and resubmitted by Buyer for processing at Buyer's expense.
9. Buyer acknowledges that all risk of loss of data shall be borne by Buyer.
10. Buyer agrees to abide by all applicable federal and state laws and/or regulations in regard to healthcare insurance claim filing or billing, including but not limited to Healthcare Security and Healthcare Privacy.
11. Buyer acknowledges and accepts that amendment of a standard paper form or of an insurance carrier's format and information requirements may require QSI, Buyer, Per-Se E-Commerce, or all three to generate additional or different information, to reprogram software, and to incur corresponding delays in processing transactions. The parties agree that each party shall bear its own costs of making required changes, provided that if any such accommodation requires an unreasonable or disproportionate cost to a party, that party may elect to eliminate such insurance carrier from the scope of this agreement by so notifying the other in writing.
12. This agreement may be terminated by either party upon sixty (60) days written notice.

Estimated total number of claims per month: _____

Start Date: ____ / ____ / ____

I accept and agree to the pricing specified above, and the terms and conditions set forth below.

Signature

Date

Software License Agreement

As with all QSI software, the services and software included in this purchase order are licensed for operation on a specific QSI turnkey system or IBM compatible PC. The buyer agrees by signing this purchase order that The QUIC Network services and software purchased with this purchase order are covered by the terms and conditions specified in the Program License Agreement and executed as a part of the purchase of the aforementioned QSI turnkey system.

06/02/05 DR/CBU

For Per Se Enrollment, please contact PerSe at:



BUYER REGISTRATION FORM
 www.perseehealth.com
 PHONE: (770) 237-1240
 FAX: (770) 237-1156

Practice / Clinic

Payment / Correspondence

(HCFA BOX 33 Info)

	Name	
	Address	
	City, St, Zip	
	County	
	Phone Number	
	Fax Number	
	Contact Name	

Specialty

3 Digit Specialty Code
(Required)

Tax ID Number»
 Type EIN SS

Site#
 (Per-Se Assigned)

Payer Name	Individual Provider #	Group Provider #	NOTES
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Blue Cross Blue Shield			
Medicare			
Medicaid			
Travelers Medicare			
Other			

Per-Se E-Commerce Use ONLY

Buyer ID	<input type="text"/>	Billing ID	<input type="text" value="HEA235"/>	REP ID	<input type="text" value="MIC136"/>
ACE	<input type="text"/>	PROV	<input type="text"/>	I & J	<input type="text"/>
HTS	<input type="text"/>			Direct Submit	<input type="text"/>

MCDS SPECIALTY CODES

Updated 8/6/98

Below is the latest version of the Specialty Code list from HCFA. Additions or changes are indicated by bold print. The specialties are broken down into specialty types and are not in sequential numeric order.

Physicians Specialty Codes

SPECIALIZATION	CODE
General Practice	001
General Surgery	002
Allergy/Immunology	003
Otolaryngology	004
Anesthesiology	005
Cardiology	006
Dermatology	007
Family Practice	008
Gynecology (Osteopaths only)	009
Gastroenterology	010
Internal Medicine	011
Osteopathic Manipulative Therapy	012
Neurology	013
Neurosurgery	014
Obstetrics (Osteopaths only)	015
Obstetrics-Gynecology	016
Ophthalmology (Osteopaths only)	017
Ophthalmology, Otol., Laryn, Rhin. (Osteopaths only)	018
Oral Surgery (Dentists only)	019
Orthopedic Surgery	020
Pathologic Anatomy;Clinical Path (Osteopaths only)	021
Pathology	022
Peripheral Vascular Diseases Medical or Surgical (Osteopaths only)	023
Plastic & Reconstructive Surgery	024
Physical Medicine and Rehabilitation	025
Psychiatry	026
Psychiatry, Neurology, (Osteopaths only)	027
Colorectal Surgery (Formerly Proctology)	028

SPECIALIZATION	CODE
Pulmonary Disease	029
Diagnostic Radiology	030
Roentgenology, Radiology (Osteopaths only)	031
Radiation Therapy (Osteopaths only)	032
Thoracic Surgery	033
Urology	034
Chiropractic	035
Nuclear Medicine	036
Pediatric Medicine	037
Geriatric Medicine	038
Nephrology	039
Hand Surgery	040
Infectious Disease	044
Endocrinology	046
Podiatry	048
Rheumatology	066
Multispecialty Clinic or Group Practice	070
Peripheral Vascular Disease	076
Vascular Surgery	077
Cardiac Surgery	078
Addiction Medicine	079
Critical Care (Intensivists)	081
Hematology	082
Hematology/Oncology	083
Preventive Medicine	084
Maxillofacial Surgery	085
Neuropsychiatry	086
Medical Oncology	090
Surgical Oncology	091
Radiation Oncology	092
Emergency Medicine	093
Interventional Radiology	094
Gynecology/Oncology	098
Unknown Physician Specialty	099

Supplier Specialty Codes

SPECIALIZATION	CODE
Mammography Screening Center	045
Ambulatory Surgical CTR (Formerly Miscellaneous)	049
Medical supply company with certified orthotist-certified by American Board for Certification in Prosthesis and Orthotics (C.O.)	051
Medical supply company with certified prosthetist-certified by American Board for Certification in Prosthetics and Orthotics (C.P.)	052
Medical supply company with certified prosthetist-orthotist-certified by American Board for Certification in Prosthetics and Orthotics (C.P.O.)	053
Medical supply company not included in 051, 052, or 053	054
Individual Certified Orthotist	055

SPECIALIZATION	CODE
Individual Certified Prosthetist	056
Individual Certified Prosthetist-Orthotist	057
Medical Supply Co. with Pharmacist	058
Ambulance service supplier	059
Public Health or Welfare Agencies (Federal, State, and Local)	060
Voluntary Health or Charitable Agencies (e.g., Nat'l Cancer Society, Nat'l Heart Association, Catholic Charities)	061
Portable X-Ray Supplier	063
Independently-Billing Clinical Laboratory	069
All other, e.g., Drug & Department Stores	087
Unknown Supplier/Provider	088
Independent Physiological Laboratory	095

Limited License Practitioners

SPECIALIZATION	CODE
Optometry	041
Certified Nurse Midwife	042
Certified Registered Nurse Anesthetist, Anesthesia Assistant	043
Podiatry	048
Nurse Practitioner	050
Psychologist—Independently Billing	062
Audiologist Independently Billing	064

SPECIALIZATION	CODE
Independently-Practicing Physical Therapist	065
Independently-Practicing Occupational Therapist	067
Clinical Psychologist	068
Licensed Clinical Social Worker	080
Certified Clinical Nurse Specialist	089
Optician	096
Physician Assistant	097

Group Practice Pre-payment Plans (GPPP)--Not used in PAR Program

SPECIALIZATION	CODE
Diagnostic X-Ray, GPPP	071
Diagnostic Laboratory, GPPP	072

SPECIALIZATION	CODE
Physiotherapy, GPPP	073
Occupational Therapy	074
Other Medical Care, GPPP	075

DME Specialty Codes

SPECIALIZATION	CODE
Hospital (DME)	A0
SNF (DME)	A1
Interm Care (DME)	A2
Nursing FAC. (DME)	A3
HHA (DME)	A4

SPECIALIZATION	CODE
Pharmacy (DME)	A5
Med Sup Co. w/Therapist (DME)	A6
Department Store (DME)	A7
Grocery Store (DME)	A8

Descriptions with NEIC Codes (no HCFA codes available)

SPECIALIZATION	NEIC CODE
Registered Nurse	NO 1
Licensed Practical Nurse	NO 2

SPECIALIZATION	NEIC CODE
Ophthalmology, Cataracts	NO 3
Acupuncturist	NO 4
Obstetrics/Neonatal	NO 5

Code Values Not in Use

047

Report Option Selection form

To all Per-Se Buyers:

Please select which reports and reporting options you would like us to enable for you.

Company Name:

Per-Se ID:

Contact Name:

Contact Phone:

Please indicate in the 'Set Option?' column whether or not you would like to set the option described on that line.

Per-Se Report Options

Option Name	Description	Set Option? (Y/N)
Page Breaks by Provider/Site (All Reports)	This option will cause a new page to be started for every Provider/Site (TaxID).	<input type="checkbox"/>
Page Breaks for Provider/Site Summary Page (All Reports)	This option will print Provider/Site (TaxID) summary totals on a separate page from the rest of the report.	<input type="checkbox"/>
Page Breaks for Error Report (H020) Grand Totals	This option will print Error Report Grand Totals on a separate page from the rest of the error report.	<input type="checkbox"/>
Error Report (H020) Sorting by Provider/Site AND Payer	While the Error Report normally sorts by Provider/Site, this option will also provide sorting by Payer within each Provider/Site. The payer name and Per-Se payer number prints on the report as well.	<input type="checkbox"/>
Transmission Acknowledgement Report (H021/H031)	The Transmission Acknowledgement Report is optional, and will only be provided if desired. This option is defaulted to 'Yes' for our direct submit Buyers. This option also enables the generation of the Transmission Acknowledgement Summary - Grand Totals Report as well.	<input type="checkbox"/>
Payer Summary Report (H022/H032)	The Payer Summary Report is optional, and will only be provided if desired.	<input type="checkbox"/>
Payer Reconciliation Report (H042)	When available, the Payer Reconciliation Report will be optional, and will only be provided if desired.	<input type="checkbox"/>

Payer Report Options

Option Name	Description	Set Option? (Y/N)
Page Breaks by Provider/Site	This option will cause a new page to be started for every Provider/Site (TaxID).	<input type="checkbox"/>
Page Breaks by Report ID	This option will cause a new page to be started for every different Report ID.	<input type="checkbox"/>