

Amendment to **QUIC NETWORK PURCHASE ORDER – Dental Claims**

FOR QSI INTERNAL USE – PLEASE FILE WITH CLIENT CONTRACT

To: Quality Systems, Inc.  
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Practice Name (Buyer)

Address

City, State Zip

Contact Person

Phone Number

### QUIC Network Electronic Claims – New Jersey Medicaid

The State of New Jersey requires that its Medicaid HIPAA EDI Agreement be signed before it will accept submission of electronic Medicaid claims. The Agreement requires you – as the provider of Medicaid services – to certify that (1) the claims will be true, accurate and complete, (2) you will keep such records as are necessary to disclose fully the extent of services provided, (3) you will furnish information for such services as the State agency may request; (4) the services covered by the claims and the amounts charged will be in accordance with the regulations of the New Jersey Health Services program; (5) no part of the net amount payable under the submitted claims has been paid; (6) payment of such amount will be accepted as payment in full without additional charge to the patient or to others on the patient’s behalf; and (7) all services will be furnished in full compliance with the non-discrimination and privacy requirements of federal and state law.

The State of New Jersey requires QSI to sign the same certification, as your “billing agent,” even though QSI provides only limited claims submission services and does not have first hand knowledge of your compliance with all of these requirements. QSI therefore requests that you separately confirm your understanding of all of the requirements described above and verify that you will comply with each of them in connection with all claims submitted by or through QSI. By signing this form, you are providing such confirmation and verification for the benefit of QSI. You also agree that (1) if you become aware that you no longer are in compliance with any of such requirements, you will immediately notify QSI of such changed circumstances and (2) you will indemnify, hold harmless, and defend QSI from and against any and all damages, losses, claims, or expenses sustained by QSI that are the direct or indirect result your failure to comply with any such requirements.

Authorized Name (Please Print)

Authorized Signature

Date