



BEYOND MED PLANS OF ARIZONA INC.
PROVIDER AGREEMENT – REQUIREMENTS

This Provider Agreement Requirements (hereinafter "Agreement") is entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, (hereinafter effective date) by and between Beyond Med Plans of Arizona Inc. and its affiliates (hereinafter collectively "BMP") and \_\_\_\_\_ (hereinafter "Provider"). BMP and Provider may be referred to herein individually as a "Party" and collectively as the "Parties." Now, therefore the Parties do mutually covenant and agree as follows:

- 1. BMP is a discount plan organization network. Provider is a physician who is licensed to provide his/her/their advertised medical services in accordance with applicable law including any applicable medical personnel.
2. The Provider hereby agrees to provide to any and all BMP eligible members a discount off the Provider's registered fees as they relate to the corresponding medical services provided to the eligible BMP member. The recommended discount percentage is twenty percent (20%). Discounts are to be offered on a consistent basis.
3. The Provider, from time to time, may be asked by BMP, to confirm and/or update the Provider's fee schedule corresponding to all services that are provided to BMP members
4. All discounted fees towards services provided to BMP eligible members will be established at treatment planning/consultation visit or first medical service visit should they coincide. Should Provider's fee schedule increase during the course of a previously treatment planned/initiated medical service provided to a BMP eligible member, the discounted fee prior to the Provider fee schedule increase shall take precedence
5. The Provider hereby allows BMP the right to publish, advertise, and print Provider's name, contact information and medical specialty. This is done in an effort to promote Provider to BMP eligible members for the purpose of providing corresponding medical services aligned with the Provider's medical specialty to BMP eligible members.
6. The Provider agrees to have in full force and effect professional liability insurance in an amount not less than two hundred thousand dollars per claim and six hundred thousand dollars annual aggregate coverage and larger amounts as may be required by law OR any Professional Liability coverage as outlined by any and all state regulations.
7. The Provider agrees to adhere to all BMP rules and protocols as outlined in the Addendum.
8. This Agreement and the attachments hereto, constitute the entire understanding of the Parties and may be amended or modified only in writing signed and approved by the Parties, unless otherwise permitted herein. BMP may modify this Agreement upon thirty (30) days advance written notice to Provider. If Provider does not object in writing to BMP regarding the modification, Provider's silence shall constitute acceptance of such modification.

Products to be discounted: \_\_\_\_\_

Products to be discounted: \_\_\_\_\_

Discount % to be offered on above services: \_\_\_\_\_

Provider Office

BMP

Print Name

Print Name

Signature

Signature

Address

78 SW 7th Street, 07-151
Miami, FL 33130

Address

Please e-mail to:

Please complete the attached informational supplement prior to execution in order to process this Provider Agreement.



Provider Agreement – Information Supplement

For each onboarded provider and/or office address, please provide the following information.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider NPI or License #: \_\_\_\_\_

Office NPI (if applicable): \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider NPI or License #: \_\_\_\_\_

Office NPI (if applicable): \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider NPI or License #: \_\_\_\_\_

Office NPI (if applicable): \_\_\_\_\_

Office Address: \_\_\_\_\_

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