



BEYOND MED PLANS 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 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 planned treatment/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 as well as images of the Provider, the Provider's likeness and Provider's office logo. 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 or professional liability coverage in an amount as required by law or outlined by any and all state or federal 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.

Services to be discounted: _____

Discount % to be offered on above services: _____

Provider Office

BMP

Print Name

Print Name

Signature

Signature

Address

4500 Biscayne Blvd, Ste 306
Miami, FL 33137

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:	_____	or CAQH ID: _____
Provider NPI or License #:	_____	State of License (if applicable): _____
Office NPI (if applicable):	_____	
Office Address:	_____	

E-mail:	_____	

Name:	_____	_____
Date of Birth:	_____	or CAQH ID: _____
Provider NPI or License #:	_____	State of License (if applicable): _____
Office NPI (if applicable):	_____	
Office Address:	_____	

E-mail:	_____	

Name:	_____	_____
Date of Birth:	_____	or CAQH ID: _____
Provider NPI or License #:	_____	State of License (if applicable): _____
Office NPI (if applicable):	_____	
Office Address:	_____	

E-mail:	_____	