

**Home Hospice of North Texas
AMBULANCE SERVICES PROVIDER AGREEMENT**

This is to certify that Wise County EMS ("Provider") of
 (Name of Provider)
400 W. Walnut Decatur TX 76234
 (Street Address) (City/State/Zip Code)

on this _____ day of _____, 20 03, agrees to provide services to the participants of Home Hospice of North Texas ("Hospice").

1. The Provider agrees that services will be provided to Home Hospice of North Texas participants without regard to race, color, religion, creed, national origin, handicap, age, gender, or sexual orientation.
2. The Provider agrees that services will be provided to participants only with the appropriate authorization of the Hospice. All services will be provided in accordance with the Hospice Interdisciplinary Plan of Care.
3. The Provider agrees that all services will be provided in accordance with Medicare/ Medicaid requirements and the accepted standards of practice.
4. Responsibilities of the Provider:
 - A. To provide ambulance services to Hospice participants according to the Interdisciplinary Plan of Care (to patient/families who have been admitted to the Hospice program).
 - B. To document all services provided under this Agreement and to submit appropriate written documentation to the Hospice within seven ~~(7)~~ (14) days of providing the services.
 - C. To work with the Hospice Patient Care Coordinator and the Interdisciplinary Care Team to assess the patient/family, identify the goals of treatment, evaluate the effectiveness of the services provided to the Hospice participants, and attend Hospice Interdisciplinary Care Conferences when requested by the Patient Care Coordinator.
 - D. To provide the Hospice with documentation of the professional licenses or credentials (as required by state law) for all individuals providing services under this Agreement.
 - E. To make services available on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions.

Ambulance Services Provider Agreement - Page 2**RESPONSIBILITIES OF THE HOSPICE**

- A. To inform the Provider when a need for services is identified by the Interdisciplinary Care Team.
 - B. To provide appropriate medical information related to diagnosis, prognosis, and the Interdisciplinary Plan of Care in order to facilitate the coordination and provision of the highest quality of services.
 - C. To work closely with the Provider to identify the goals of the services to be provided and to evaluate the effectiveness of the services provided to the Hospice participants through direct feedback from the Patient Care Coordinator and the Hospice Quality Assurance Program.
 - D. Hospice shall exercise professional management responsibility for the services provided under this contract. Hospice shall communicate such management instructions based upon a Plan of Care supported by physician orders. Hospice shall respond promptly to any communications by this contract Provider concerning changes or indications in the condition of a Hospice Patient and the Plan of Care.
6. Financial Responsibility:
- A. For patients who have elected the Medicare or Medicaid Hospice benefit, the Provider shall submit requests for payment to the Hospice. Payment in full made by the Hospice shall constitute full payment for services rendered to Medicare/Medicaid recipients under this program.
 - B. For patients who have NOT elected the Medicare or Medicaid Hospice Benefit, and in the absence of a Hospice negotiated per diem rate with a third-party payor, the Provider shall submit requests for payment to the participant and/or appropriate third-party payors.
 - C. The Provider agrees to keep such records as are necessary to the extent of services provided to individuals receiving assistance under this contract and agrees to furnish upon request such information regarding any payments claimed for providing these services. Access to the pertinent records and facilities by authorized staff and volunteers and Serenity Hospice representatives will be permitted upon a reasonable request.
7. This Agreement may be terminated upon thirty (30) days written notice by either party. Hospice may terminate this Agreement upon five (5) days notice in the event of fraud, abuse, or failure of the Provider to comply with any or all of the provisions of this Agreement.

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8. Payment for Services:

A. The Provider and Hospice will use the Schedule of Rates attached to this Agreement (said schedule shall become part of this Agreement). This rate schedule will be the established billable rates that the Provider will use when invoicing Hospice for services. (This rate schedule shall be reviewed annually and may be revised at that time.)

B. Bills (Request for Payment forms) should be submitted to the Hospice office on a monthly basis. Bills received for payment by the 1st day of the month will be paid by the 30th day of that month.

9. Quality Assurance

The Hospice shall on an annual basis evaluate the services of the Provider. Provider agrees to participate in this process. Should any issue arise that could affect the quality of services of either the Provider or Hospice, a contact person for each shall be designated and the issue addressed to this person. Each party agrees to respond within 48 hours to discuss and reach a resolution agreeable to both parties.

10. This Agreement becomes effective on the date upon which the signatures of the authorized agents of Home Hospice of North Texas and the Provider are affixed.

Rate: \$225.00
\$9.00 per mile

For Leanne K. Peterson - COO

Date 4-4-03

Leanne K. Peterson

For *[Signature]*

Date 4-14-03