

Fee for Service Agreement
Alaska Psychiatric Institute
Telebehavioral Healthcare Services
(Provider to Complete and Fax to 269-7246)

This Fee for Service Agreement is entered on:

Day	Month	Year
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and is applicable to and binding for the patient consult/evaluation/service for the following date and time:

Day	Month	Year	Time
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by and between:

Organization	Address	Phone	Fax
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and the Alaska Psychiatric Institute (API) an agency of the State of Alaska, 3700 Piper St., Anchorage, Alaska, 99508.

The Organization is the originating site and is referring their patient to API for a teleconsultation. The Organization is responsible for the patient's care and safety. API is the distant site. API will provide adult, child, or adolescent psychiatric consultation, evaluation, or services and/or mental health evaluation/services via teleconferencing and shall furnish written documentation of the service to the Organization. The Organization is accountable for reporting to API review of the service, all adverse outcomes, and complaints regarding either site's practitioners specific to this patient and this teleconsultation. In addition, the Organization will fax to API the signed copy of patient's Consent for a Telemedicine Consultation, Authorization for Release of Information, and Acknowledgement of Receipt API Notice of Privacy Practices and the Demographic Form.

This is a fee for service agreement at a fixed price rate. The Organization agrees to pay API the rate of \$215.00 per hour for adult psychiatry services rendered by an Alaska Licensed Psychiatrist, \$230.00 per hour for child/youth psychiatry services rendered by a Board Certified Child Psychiatrist, \$125.00 per hour for psychiatric services rendered by an Advanced Nurse Practitioner, and \$100.00 per hour for services rendered by other Licensed Behavioral Health Clinicians. Invoicing for this service shall be submitted by API by the 15th day of the subsequent month. The Organization agrees to pay the balance in full within 30 days of receiving the invoice. This agreement is applicable to and binding for the patient consult/evaluation/service for the date and time specified above.

Each party hereto agrees to be responsible for its own negligent acts and omissions and for those of its employees and agents. The Organization and API satisfy the definitions of "covered entity" and "business associate," respectively, which are contained in the Health Insurance Portability and Accountability Act (HIPAA) regulations issued by the Department of Health and Human Services. API is a Joint Commission accredited hospital.

Alaska Psychiatric Institute:
Ron Hale

Organization:
Signer: _____

CEO/Director or Representative

Executive Director or Representative