



SERVICE AGREEMENT

This Service Agreement is made effective as of _____ [Date] by and between
ClearPath Appeals [Contractor] and _____ [Client].

Scope of Services

Contractor will provide healthcare insurance denial and appeal support services, including claim review, appeal preparation, and follow-up.

Compensation

Client agrees to pay Contractor according to the agreed pricing structure (per appeal or monthly retainer). The Contractor will charge a flat fee of \$_____ per appeal service or \$_____ monthly retainer.

The Contractor will invoice the Client when the services are complete. Invoices submitted by the Contractor to the Client are due within 30 days of receipt.

HIPAA & Confidentiality

Contractor agrees to:

- Handle all Protected Health Information in compliance with HIPAA
- Use Protected Health Information solely for appeal services
- Maintain secure systems for storage and transmission
- Not disclose Protected Health Information to unauthorized parties

Business Associate Agreement (BAA)

If required, Contractor agrees to sign a HIPAA Business Associate Agreement.

No Guarantee of Payment

Contractor does not guarantee reimbursement outcomes.

Termination

Either party may terminate this Agreement with written notice.

Independent Contractor

Contractor is an independent contractor, not an employee.

Signature and Date

The parties hereby agree to the terms and conditions set forth in this Agreement and such is demonstrated by their signatures below:

CONTRACTOR

Name: _____

Signature: _____

Date: _____

CLIENT

Name: _____

Signature: _____

Date: _____