

MexCare® Memorandum of Understanding

This Memorandum of Understanding (herein referred to as "MOU") is made and entered into as of _____, by and between MexCare L.L.C. (herein referred to as "Provider") and _____ (herein referred to as "Facility").

For valuable consideration given, the adequacy of which is acknowledged, the parties agree to the following:

1. Term: This MOU shall commence on the date set forth above and shall continue in effect for _____ days.
2. Services: Provider agrees to provide medical management of the patient for a period not to exceed _____ days. In the event patient requires additional services, written authorization from facility must be obtained prior to delivery of such.
3. Compensation: Facility agrees to compensate provider the amount of \$_____ dollars per day for _____ days and our ambulance fees of \$_____. Provider agrees to reimburse facility the full day rate for unused days after the initial 30 day period.
4. Provider agrees to seek payment only from facility. Provider agrees to accept payment from facility as payment in full for those health services determined by Provider to be authorized, covered services. Under no circumstances will Provider seek payment from patient.
5. Invoice Submissions: Facility agrees to prepay for _____ days of care and our ambulance fee for a total amount of \$_____. In the event patient stay is longer than _____ days, MexCare will bill for additional days up to but not to exceed _____ days.

"Provider" "Facility"

By: _____ By: _____

Authorized Agent MexCare L.L.C. Authorized Agent

Date: _____ Date: _____