

REVIEWER CONSULTING AGREEMENT

Advanced Medical Reviews, Inc. (“AMR”) is an independent review organization;

This Reviewer Consulting Agreement (“Agreement”) between AMR and _____, a resident of the State of _____ (“Reviewer”) is effective as of the Effective Date as set forth below, and the parties agree as follows:

Reviewer hereby accepts to perform such duties as are from time to time assigned by AMR and accepted by the Reviewer. Reviewer shall at all times faithfully and to the best of Reviewer’s ability perform all the duties that may be required of Reviewer to the reasonable satisfaction of AMR.

Reviewer shall review each case in accordance with AMR’s instructions and submit a final review prior to the indicated due date and time. If Reviewer is not able to complete the assignment within the required timeframe, Reviewer agrees to deliver notice of such inability to AMR within 1 day of receiving assignment. Reviewer agrees to AMR’s payment schedule.

All information submitted by the Reviewer to AMR will be correct and accurate to the best of the Reviewer’s knowledge. All present and future communications and business transactions between the Reviewer and clients of AMR will be made through AMR.

Reviewer shall not accept assignment of a case if Reviewer determines a conflict of interest exists. A conflict of interest is any relationship or affiliation on the part of Reviewer that could compromise the independence or objectivity of the independent review process. AMR will be responsible to make payment to Reviewer within sixty (60) calendar days from the date the service was completed.

HIPAA Business Associate Agreement

AMR and Reviewer agree to comply by all applicable state and federal laws and regulations concerning the confidentiality of patient data. This includes compliance to the Standards under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and in accordance to the HIPAA Privacy Rule.

Reviewer Credentialing: Authorization Request for Information

Reviewer consents to inspection by AMR and their representatives of all documents that may be material to an evaluation of Reviewer’s qualifications and competence. Reviewer agrees to inform AMR of any change made or proposed in the status of professional license to practice, DEA or other controlled substances registrations, membership or clinical privileges at healthcare facilities, and on the status of current, or initiation of new, malpractice claims.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date, as set forth below.



Eytan Alpern, MD
V.P. Strategic Alliance, Advanced Medical Reviews, Inc.

Reviewer Signature
(Will be used as electronic signature, Please stay within box)

Reviewer Printed Name

Effective Date

Reviewer Mobile Phone Number

Reviewer E-mail address

State(s) in which you are licensed

Specialty 1

Specialty 2