

# NEW PROVIDER ON-BOARDING FORM

## CUSTOMER

CUSTOMER NAME: \_\_\_\_\_ d/b/a (if applicable): \_\_\_\_\_

ENTITY TYPE:   \_\_\_ CORP   \_\_\_ LLC   \_\_\_ PARTNERSHIP   \_\_\_ SOLE PROPRIETOR

STATE OF INCORP. / ORGANIZATION: \_\_\_\_\_ EIN: \_\_\_\_\_

OWNER/PRINCIPAL/CONTACT PERSON: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_ WEB: \_\_\_\_\_

TAX EXEMPT:   \_\_\_ YES   \_\_\_ NO  
\*If Tax Exempt, Please Provide Resale Certificate and/or Tax Exempt Documentation

## TERMS OF SALE

Customer agrees to MD Consulting's Terms and Conditions of Sale, as posted on its website, [MDConsultingHealth.com](https://MDConsultingHealth.com), and as may be amended from time to time.

## ACCOUNTS PAYABLE CONTACTS

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CLAIMS PROCESS INFORMATION

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## AGREED TO BY:

SIGNATURE: \_\_\_\_\_

PRINTED NAME & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## REFERRING SALES PERSON

REP NAME: \_\_\_\_\_ REP EMAIL: \_\_\_\_\_

**EMAIL THIS COMPLETED FORM TO:**  
**[sales@mdconsultinghealth.com](mailto:sales@mdconsultinghealth.com)**



# FULFILLMENT FORM

## PRODUCT PRICES

**“Products”** shall mean the human cell and tissue products offered by MD Consulting, which are more specifically itemized in **Schedule “A,”** which is attached hereto, and may be amended from time to time. The unit price per Product (the **“Unit Price”**) is the price stated for each Product in Schedule A.

## INSURANCE VERIFICATION

Customer agrees to utilize MD Consulting’s approved insurance verification request form (the **“IVR Form”**) prior to ordering and using the Products. Customer shall grant MD Consulting direct access to Customer’s electronic record management or medical billing software to review billing submissions for the Products. This access is granted solely for the purpose of enabling MD Consulting validate that all billing procedures for the Products have been performed properly and accurately.

## ORDER FULFILLMENT

After Customer submits the IVR Form and Customer receives confirmation of a patient’s benefits, Customer will order the Products from MD Consulting. MD Consulting will issue one (1) invoice per patient (unless otherwise instructed by Customer) on or about the date the Products are shipped to Customer. Each invoice shall be subject to MD Consulting’s Terms and Conditions of Sale, which Customer acknowledges having received, reviewed and agreed upon. Each Product order shall be timely shipped via second-day delivery, unless otherwise requested by Customer (additional fees may apply). MD Consulting shall include shipment / tracking information from the carrier on each applicable invoice.

## PRODUCT USAGE

Upon Customer’s receipt of the Products, Customer will treat each patient as medically necessary. The parties acknowledge that use of any Products shall be solely at the discretion of the treating provider, pursuant to their professional medical judgment.

## INVOICES & PAYMENTS

Customer shall make all outstanding payments within forty-five (45) days of the date of each invoice, unless otherwise noted on each invoice.

## MISCELLANEOUS

This Fulfillment Form, and the Terms and Conditions of Sale, contain the entire agreement between Customer and MD Consulting.

## AGREED TO BY:

SIGNATURE: \_\_\_\_\_

PRINTED NAME & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

# SCHEDULE A

PRODUCT	SIZE DESCRIPTION	Q CODE	UNIT PRICE
DERMABIND-TL	2 x 2 cm2	Q4225	\$5,482.92
DERMABIND-TL	3 x 3 cm2	Q4225	\$12,336.57
DERMABIND-TL	4 x 4 cm2	Q4225	\$21,931.68
DERMABIND-TL	6.5 x 6.5 cm2	Q4225	\$58,941.39
DERMABIND-FM	2 x 2 cm2	Q4313	\$14,082.72
DERMABIND-FM	3 x 3 cm2	Q4313	\$31,686.12
DERMABIND-FM	4 x 4 cm2	Q4313	\$56,330.88
DERMABIND-FM	6.5 x 6.5 cm2	Q4313	\$151,389.24

