**PROFESSIONAL SERVICES AGREEMENT TERM SHEET**

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| **Requestor AND CONTRACTING PARTY Information** |
| **Requesting SOM Department** |  |
| **SOM Department Contact Name** |  |
| **SOM Department Contact Phone** |  |
| **Other Party Named in Contract**  | [ ]  **UNC Affiliate Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**[ ]  **UNC Physicians Network**[ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Other Party Contact Name** |  |
| **Other Party Phone** |  |
| **PROPOSED Contract TERMS** |
| **Description of Services to be Performed by SOM Department to Other Party****(*check all that apply*)** | [ ]  **Physician Services**[ ]  **Advanced Practice Practitioner Services**[ ]  **Medical Director Services**[ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contract Term** | [ ]  **One (1) Year (*Preferred*)**[ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Renewal Rights**  | [ ]  **Auto-renewal (*Preferred*)**[ ]  **Upon mutual agreement** |
| **Compensation****(*check all that apply*)** | [ ]  **FTE-based Payment** ***Survey:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Specialty:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Percentile and Rate:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **Hourly Rate(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **Shift Rate(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Benefits Fee** | [ ]  **Percentage for Benefits Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **None**  |
| **Administrative Fee** | [x]  **5.5% FP Tax** [ ]  **Additional Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **None** |
| **Payment Terms** | [ ]  **UNC invoices Contracting Party** ***Frequency:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **Contracting Party pays per schedule** ***Frequency:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **None** |
| **Billing Arrangement**  | [ ]  **UNC bills professional services**[ ]  **Other Party bills professional services**[ ]  **Services are not reimbursable services**[ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Insurance Arrangement****(malpractice)** | [ ]  **Other Party provides insurance coverage (*Preferred*)**[ ]  **UNC-CH provides malpractice insurance coverage (confirm admin fee to cover cost)** |
| **Medical Records Arrangement** | [ ]  **EPIC at UNC**[ ]  **Other Party’s EMR** ***Describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Credentialing Arrangement** | [ ]  **Credentialing fee paid to UNC**  ***Fee:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **No credentialing fee** |
| **Additional Key Terms (*Describe*)**  |  |