**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** | **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*)** |  |