

# GEORGIA SPINE

& Orthopedics

## Workers' Compensation Out of State Agreement

Patient Name: \_\_\_\_\_ Patient SSN# \_\_\_\_\_  
Patient Employer: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

This Workers' Compensation Out of State Agreement shall confirm the intent and mutual understanding between \_\_\_\_\_ ("Payer", which shall include by definition the Carrier, Administrator, Case Manager or Employer, as applicable), and Georgia Spine & Orthopedics ("GSO"). Payer agrees to enter into this one-time, patient-specific contract (the "Agreement") under which GSO shall provide Orthopedic workers' compensation services for the Patient identified above (the "Patient") for injury(ies) occurring on the above date of injury. The party signing this agreement attests to have the authority to bind the Patient's Payer to the terms and conditions set forth in this Agreement.

GSO and Payer agree to the following:

1. "Covered Services" are defined as:  
All workers' compensation services for Patient including, but not limited to: office visits, hospital visits, durable medical equipment, diagnostic testing, surgical procedures, physical therapy, and injections/medications.
2. Reimbursement for Workers' Compensation Services (**Mark one option**)  
  
 **Option 1:** Payer shall reimburse GSO 100% of the Georgia Workers' Compensation Department Medical Fee Schedule amount for all Covered Services provided by GSO.  
  
 **Option 2:** If Payer's claims adjudication system is not prepared to administer the workers' compensation medical fee schedule, then Payer shall pay GSO 90% of GSO's charges for all workers' compensation services.
3. Timely Payment - Payer shall reimburse GSO within thirty-one (31) days of receipt of a clean, properly completed, and undisputed claim. Payer shall notify GSO in writing within thirty- one (31) days for the reason for non-payment or delay of payment. Payer acknowledges that a civil penalty of 2.08% compounded monthly (25% annually) shall be payable, along with reasonable costs and attorney fees incurred by Provider in collection actions if an undisputed, properly submitted bill is not paid within this timeframe.
4. Termination – This agreement shall automatically terminate upon either the violation of any provision of this Agreement by Payer or upon the completion of Covered Services delivered by GSO, whichever occurs first.

**Payer:**

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Date)

**GSO:**

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Date)