

State of Oklahoma

Department of Rehabilitation Services

Facility Contract

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APPENDIX:

FACILITY CREDENTIALING INFORMATION
FACILITY APPLICATION REQUIREMENTS
CONTRACT SIGNATURE PAGE

Department of Rehabilitation Services Network Facility Contract

It is hereby agreed between the Department of Rehabilitation Services and the Facility named on the signature page, that the Facility shall be a provider in the Department of Rehabilitation Services' network of providers.

This contract is entered into for the purpose of defining the conditions for reimbursement by the Department of Rehabilitation Services to the Facility. It in no way is meant to impact on the Facility's decision as to what is considered appropriate medical treatment.

I. RECITALS

- 1.1 The Department of Rehabilitation Services (hereinafter, DRS) is a statutory body created by 74 O.S., § 166.1, as amended, to administer and manage a certain program of medical care for persons eligible for public assistance.
- 1.2 The Facility is duly licensed by the State of Residence and is certified to participate in the Medicare program under Title XVIII of the Social Security Act, and/or the Joint Commission and shall comply with all applicable Federal, State, and Local laws regulating such a Facility providing general acute health services and satisfies the criterion as established by DRS.
- 1.3 The intent of this contract is to provide access to enhanced quality health care at an affordable, competitive cost to DRS and its beneficiaries.
- 1.4 Failure to abide by any of the following provisions may result in non- renewal of the Contract or may be cause for termination.

II. DEFINITIONS

- 2.1 "Allowable Fee" means the maximum charge payable to a Facility for a specific procedure in accordance with the provisions in Article VI of this Contract. The Facility shall charge the usual and customary fee unless the fee schedule limits otherwise.
- 2.2 "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of section 1867(e) (1) (A) of the Social Security Act (42 U.S.C.1395dd (e) (1) (A)).
- 2.3 "Facility Services" means those acute care inpatient and outpatient Facility services that are pre-authorized by DRS.
- 2.4 "Medical" means belonging to the study and practice of medicine for the prevention, alleviation or management of a physical or mental defect, illness, or condition.
- 2.5 "Medically Necessary" means services or supplies that, under the provisions of this Contract,

are determined to be:

- a) appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition, and
 - b) provided for the diagnosis and treatment of the medical condition, and
 - c) within standards of acceptable, prudent medical practice within the community, and
 - d) not primarily for the convenience of the beneficiary, the beneficiary's Facility or another provider, and
 - e) any condition which, if left untreated, could deteriorate into a life threatening situation, and
 - f) the most appropriate supply or level of service that can safely be provided. In the event of an inpatient Facility stay, acute care is necessary due to the types of services the beneficiary is receiving or the severity of the beneficiary's condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.
- 2.6 "Medical Services" means the professional services provided by a Network Facility and pre-authorized by DRS' Plan.
- 2.7 "Beneficiary" means all persons eligible for benefits as determined by established criterion.
- 2.8 "Network Facility" means a certified Facility that has entered into this Contract with DRS to accept scheduled reimbursement for pre- authorized medical services provided to beneficiaries.
- 2.9 "Network Physician" means a licensed practitioner of the healing arts who has entered into a Contract with DRS to accept scheduled reimbursement for pre-authorized medical services provided to beneficiaries.
- 2.10 "Outpatient Services" means medically necessary Facility services for treatment rendered by a Facility to a beneficiary, including, but not limited to, emergency room care, clinic care, ambulatory surgery, radiology, pathology and other services which are provided without the admission of the patient.
- 2.11 "Prior Authorization" means a function performed by DRS to assess the health care services available to the beneficiary and authorize appropriate services prior to services being rendered.
- 2.12 "Psychiatric Day Treatment" means an approved treatment that provides a therapeutic environment consisting of appropriate mental health therapy, supportive care, case management, and reintegration into the home and community.
- 2.13 "Rehabilitation" means an approved treatment that leads to the restoration of an ill or injured person to self-sufficiency at their highest attainable skill.
- 2.14 "Residential" means an approved treatment Facility which provides temporary accommodations. It is a structured, safe, and therapeutic environment in which residents receive psychotherapy appropriate to their individualized treatment plan.

- 2.15 "Skilled Nurse Facility" means an approved treatment Facility rendering services prescribed by a physician that could not be given safely or reasonably by a person who is not medically skilled and would need continuous supervision of the effectiveness of the treatment and progress of the condition of the patient. These services are not custodial in nature.
- 2.16 "Third Party Payor" means an insurance company or other entity making payment directly to the Facility on behalf of DRS.

III. RELATIONSHIP BETWEEN THE DRS AND THE FACILITY

- 3.1 DRS has negotiated and entered into this Contract with the Facility on behalf of the beneficiaries of DRS. The Facility is an independent contractor that has entered into this Contract to become a Network Facility and is not, nor is intended to be, the employee, agent or other legal representative of DRS in the performance of the provisions of this Contract. Nothing in this Contract shall be construed or be deemed to create a relationship contrary to that of independent contractor for the purpose of this contract.
- 3.2 Nothing in this Contract is intended to be construed, or be deemed to create any rights or remedies of any third party, including but not limited to, a beneficiary or a Network Provider other than the Facility named in this Contract.

IV. FACILITY SERVICES AND RESPONSIBILITIES

- 4.1 The Facility shall provide quality, medically necessary services to beneficiaries, in a cost efficient manner, when such services are ordered by a licensed practitioner of the healing arts, and pre-authorized by DRS. The ordering Provider must be a member of the Facility's medical staff and have been awarded the prerequisite clinical privileges to order and/or perform such services. Nothing in this Contract shall be construed to require the medical staff of the Facility to perform any procedure or course of treatment which the staff deems professionally unacceptable or is contrary to Facility policy.
- 4.2 The Facility shall provide Facility services to beneficiaries in the same manner and quality as those services are provided to all other patients of the Facility.
- 4.3 The Facility has, and shall maintain, in good standing while this Contract is in effect, all licenses required by law, and if applicable, certification to participate in the Medicare program under Title XVIII of the Social Security Act and/or Joint Commission certification.
- 4.4 The Facility agrees to submit billing data and records of treatment in the manner and form prescribed by DRS. The individual's medical case records will be available during regular working hours to authorized representatives of DRS and copies thereof will be furnished by the Facility when requested by an authorized representative of DRS. The Provider agrees to retain one copy of the billing data and records of treatment and all other records upon which a claim is base, in its file for a period of six (6) years.
- 4.5 It is understood that any person seeking medical services has the right to make application for payment on his behalf by DRS for compensable services provided by the Facility. The Facility

and/or Facility's office staff agrees to assist the patient in making application for such care and services.

- 4.6 Authorized representatives of DRS shall have the right to make physical inspections of the Facility's office and to examine such records as they relate to financial statements submitted under this Contract or to payments claimed by the Facility under this Contract; and to conduct audits of the financial records of the Facility, at any time, as provided by Code of Federal Regulations, Title 34 § 74.53.
- 4.7 The Facility agrees that all information provided is true, accurate and complete. The Facility understands that payment and satisfaction of all claims will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may subject the Facility to prosecution under applicable Federal and State laws. The Facility further agrees that work, services, or materials shown by any invoice or claim have been completed or supplied in accordance with the plans, specifications, order or requests furnished. The Facility further agrees that it has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly to any elected official, officer or employee of the State of Oklahoma of money or any other thing of value to obtain payment.
- 4.8 The Facility agrees to disclose to DRS, prior to approval or renewal of this Contract, the name of any person who has an ownership or controls an interest in, or is an agent or managing employee of the Facility who has been convicted of a criminal offense related to such person's involvement in any program under Titles V, XVIII, XIX, or XX of the Social Security Act since inception of these programs.
- 4.9 The Facility shall accurately complete the network Facility application that is attached to and made a part of this Contract. The Facility shall notify the Network Manager of any change in the information contained in the application within fifteen (15) days of such change, including resolved litigation listed as "pending" on the original application.
- 4.10 The Facility shall disclose ownership and control interests at the time of entering into this Contract on the required Federal reporting form and at other times that DRS may require and in a form designated by DRS.
- 4.11 The Facility agrees to submit, within thirty-five (35) days of the date on a request by DRS full and complete information about:
 - a) The ownership of any subcontractor with whom the Facility has had business transactions totaling more than \$25,000 during the twelve (12) month period ending on the date of the request,
 - b) Any significant business transactions between the Facility and any wholly owned supplier, or between the Facility and subcontractor, during the five (5) years period ending on the date of the request.
- 4.12 The Facility agrees and understands that payment cannot be made by DRS to vendors providing care and/or services under Federally-assisted programs unless care and/or service is provided without discrimination on the grounds of race, color, national origin, disability or

unless program enabling legislation permits on the basis of age. This assures compliance with the Title 34, Code of Federal Regulations, § 76.500. These laws and regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination, under any program or activity receiving Federal Financial Assistance, any person on the grounds of race, color, national origin, any qualified person on the basis of disability or without distinctions made on the basis of age except as legislatively permitted or required. Written complaints of non-compliance with either law should be made to the Director of Department of Rehabilitation Services, 3535 NW 58th St., Ste. 500, Oklahoma City, Oklahoma 73112.

V. DRS SERVICES AND RESPONSIBILITIES

- 5.1 DRS agrees to pay the Facility compensation pursuant to the provisions of Article VI, subject to appropriate application of procedural coding recommendations.
- 5.2 DRS agrees to grant the Facility the status of "Network Facility" and to identify the Facility as a Network Facility on informational materials disseminated to beneficiaries.
- 5.3 DRS agrees to continue listing the Facility as a network Facility until this Contract terminates.
- 5.4 DRS agrees to provide the Facility access to a listing of all Network Providers.
- 5.5 DRS agrees to provide appropriate documentation to beneficiaries for the verification of prior authorization procedures and to establish the provision of appropriate health care.
- 5.6 DRS agrees to acknowledge the confidentiality of patient's records and to only release pertinent clinical information in accordance with State and Federal guidelines.
- 5.7 DRS shall give a forty-eight-hour (48) notice prior to an audit.
- 5.8 DRS shall maintain prior authorization programs for all prescribed medical services.

VI. COMPENSATION AND BILLING

- 6.1 The Facility shall seek payment only from DRS for the provision of medical services except as provided in paragraph 6.3. The payment from DRS shall be limited to the amounts referred to in paragraph 6.2.
- 6.2 DRS agrees to pay the Facility's billed charge for each procedure or the fee set by DRS for the provision of medical services, whichever is less. DRS shall have the right to categorize what shall constitute a medical service. DRS and the beneficiary's financial liability shall be limited to the allowable for the medical service, as determined by DRS, paid by applying appropriate coding methodology, whether the Facility has billed appropriately or not. Benefits will be allowed when the beneficiary has received medically necessary services pre-authorized by DRS.
- 6.3 The Facility agrees to accept the payment from DRS as full and complete payment for services for recipients of public assistance. If the patient is a recipient of Medical Assistance,

Rehabilitation Services only, payment from the Department shall represent payment in full except the Facility may collect an amount not to exceed that shown on DRS Form DRS-C-100, Medical Services Authorization.

- 6.4 The Facility agrees to release all liens for which payment has been made for Title XIX by DRS and notify DRS. However, this provision does not affect the Facility's entitlement to file a lien or liens for non-pre- authorized services.
- 6.5 The Facility shall bill DRS on form UB-04 in accordance with the UB-04 manual for the State of Practice and provide an itemized bill upon request. The Facility shall bill DRS within 1 year of the date of service or the date of discharge.
- 6.6 DRS shall reimburse the Facility within thirty (30) days of receipt of billings that are accurate, complete and otherwise in accordance with Article VI of this contract. DRS will not be responsible for the delay of reimbursement due to circumstances beyond DRS' control.
- 6.7 DRS shall have the right at all reasonable times and to the extent permitted by law, to inspect and duplicate all medical and billing records relating to medical services rendered to pre-authorized beneficiaries at no cost to DRS or the beneficiary.

VII. UTILIZATION MANAGEMENT

- 7.1 The Facility shall adhere to and cooperate with DRS' established Prior Authorization procedures.

VIII. LIABILITY AND INSURANCE

- 8.1 Neither party to this Contract, DRS nor the Facility, or any agent, employee or other representative of a party, shall be liable to third parties for any act by commission or omission of the other party in performance of this Contract and the terms and provisions herein.
- 8.2 The Facility shall be required to obtain general and medical liability coverage for claims of acts and omissions of the Facility and its employees and agents. Such coverage shall be maintained at a level of not less than that which is mandated by state statute or less than One Million Dollars (\$1,000,000) per incident, when the Facility is not regulated by statute. DRS shall be notified thirty (30) days prior to cancellation. If coverage is lost or reduced below specified limits, this contract may be canceled by DRS.

IX. DISPUTE RESOLUTION

- 9.1 DRS and the Facility agree that their authorized representatives will meet in a timely manner, and negotiate in good faith, to resolve any problems or disputes that may arise in performance of the terms and provisions of this Contract. Nothing in this Article shall interfere with either party's rights under Article X.

X. TERM AND TERMINATION

- 10.1 The initial term of this Contract shall be for one year commencing on the prescribed date, or the effective date on the signature page, whichever is later, and shall remain in effect until terminated by either party subject to 11.2.
- 10.2 Either party may terminate this Contract with or without cause, upon giving thirty (30) day notice pursuant to 11.2 at any time during the term of this Contract.
- 10.3 Nothing in this Contract shall be construed to limit either party's remedies at law or in equity in the event of a material breach of this Contract.
- 10.4 Following termination of this Contract, the DRS shall continue to have access, at no cost to DRS, to the Facility records of care and services provided to beneficiaries for six (6) years from the date of provision of the services to which the records refer as set forth in paragraph 6.7.
- 10.5 This Contract shall terminate with respect to a Facility upon:
- a) the loss or suspension of the Facility's license to operate in the State of Residence, The Joint Commission/Medicare certification; or
 - b) failure to maintain Facility's professional and general liability coverage in accordance with this contract.

XI. GENERAL PROVISIONS

- 11.1 This Contract, or any of the rights, duties, or obligations of the parties hereunder, shall not be assigned by either party without the express written consent and approval of the other party.
- 11.2 Any notice required to be given pursuant to the terms and provisions of this contract shall be in writing, postage prepaid, and shall be sent by certified mail, return receipt requested, to DRS at the mailing address listed on the application. The notice shall be effective on the date indicated on the return receipt.

Department of Rehabilitation Services
Attn: Network Management
P.O. Box 57630
Oklahoma City, OK 73157-7630

The Network Newsletter serves as the primary method by which providers receive all other notifications mandated by the terms of the provider contracts. These notices from EGID may be sent via electronic newsletters distributed electronically to each Network Provider's correspondence email address. Printed newsletters are sent via the postal service to the mailing address on record for providers without internet access or those who have undeliverable email addresses.

- 11.3 Notwithstanding the provisions in Section 11.1, DRS may designate an administrator to

administer any of the terms of this Contract.

- 11.4 This Contract, together with exhibits, contains the entire agreement between DRS and the Facility relating to the rights granted and the obligations assumed by the parties concerning the provision of Facility Services to beneficiaries. Any prior agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Contract, not expressly set forth in this Contract, are of no force or effect.
- 11.5 This Contract, or any part or section of it, may be amended at any time during the term of the Contract by mutual written consent of duly authorized representatives of DRS and the Facility.
- 11.6 This Contract is subject to all applicable Federal laws, Oklahoma State Statutes and Rules and Regulations. Any provision of this Contract, which is not in conformity with existing or future legislation, shall be considered amended to comply with such legislation. Any interpretations or disputes with respect to contract provisions shall be resolved in accordance with Federal laws and the State of Oklahoma statutes.
- 11.7 The terms and provisions of this Contract shall be deemed to be severable one from the other, and determination at law or in a court of equity that one term or provision is unenforceable shall not operate so as to void the enforcement of the remaining terms and provisions of this entire Contract, or any one provision, in accordance with the intent and purpose of the parties hereto.
- 11.8 Nothing in this contract shall imply that the Facility is obligated to perform any medical procedure which would be contradicted by the Directives for Catholic Health Care Facilities.
- 11.9 In accordance with Presidential Executive Order 12549, all providers certify that neither they nor their principals are presently debarred or suspended or otherwise ineligible for participation in federal assistance programs.
- 11.10 All Providers certify that neither they nor their principals are presently debarred or suspended or otherwise ineligible according to the Excluded Parties List System (EPLS)/Office of Inspector General (OIG) excluded provider lists.

**Department of Rehabilitation Services
Network Provider Facility Credentialing Information
Contract/Applications**

The Department of Rehabilitation (DRS) requires all three addresses on the respective pages of the application.

1. **Service Address** – This address is used for the location where health care services are performed and/or the physical location of the provider. The service address will be used for the on-line provider directory which is used by members and providers to identify and locate all Department of Rehabilitation Services Network Providers.
2. **Mailing Address** – Mailing contact information, if listed, will be utilized for all legal, contractual notices as defined in section 11.2 or 12.2 of the facility contracts. An email address must be included for this contact in order to access the online fee schedules. All notices will be sent electronically.
3. **Billing Address** – This address is used for submitting all claims to Department of Rehabilitation Services for processing and appears in box 33 of the CMS-1500 claim form or box 2 on the UB-04. If box 2 is not used by the facility, the billing address appears in Box 1 of the UB-04. Claims will be paid exclusively to the billing address.

Each address must have a corresponding phone number, email address, fax number and contact person.

Insurance Certificate/Face Sheet must have name of the applicant listed as the insured. The insurance limits must be at the levels required in the contract and must indicate clearly the coverage type(s) stated in the contract. Product liability coverage in lieu of professional/medical liability is acceptable for DME only.

W-9 forms must be signed and list only the Tax ID number for each location listed on the application which will be used on claim forms

Please return entire application packet with the new information

Department of Rehabilitation Services Facility Application Requirements

Please complete the attached Application and submit with the required attachments listed below.

Complete all sections of the application. If an area of inquiry is not applicable to the facility, please indicate. If you need additional space to provide complete answers, attach additional sheets of paper and clearly indicate the item to which each sheet applies.

Retain the Contract for your records.

REQUIRED ATTACHMENTS

Please attach a copy of each of the following documents to your completed Application:

☐ **Current state(s) license(s)**

☐ **Face Sheet of current general and medical liability insurance policy**

Insurance Certificate/Face Sheet must have the name or the Facility listed as the insured. The insurance limits must be at the levels in the Contract and must indicate clearly that it is general and medical liability coverage.

☐ **W-9 form for each Federal Tax Identification Number**

W-9 forms must be signed and list only the Federal Tax Identification Number listed on the Application which will be used on claim forms submitted to Department of Rehabilitation Services.

☐ **Contract Signature Page**

☐ **Copy of Medicare Certification Letter**

☐ **Copy of TJC, AAAHC, or CARF Accreditation (if applicable)**

Incomplete Applications will be returned

Department of Rehabilitation Services Network Facility Application

The completed Network Facility Application should be returned to the Department of Rehabilitation Services at the Office of Management and Enterprise Services Employees Group Insurance Division in its entirety, accompanied by the applicable attachments. You may mail, fax or email the completed application to:

Department of Rehabilitation Services
ATTN: Network Management
P.O. Box 57630
Oklahoma City, Oklahoma 73157-7630
Phone: 1-405-717-8790 or 1-844-804-2642
Fax: 1-405-717-8977
EGID.NetworkManagement@omes.ok.gov

General Information

Legal Name of Owner: _____
Trade Name/DBA: _____
Medicare Facility Classification: _____ Medicare Number: _____

License Information

State: _____
License Number: _____
Expiration Date: _____
A copy of facility license is required for each state of practice.

Accreditation

Is this Facility accredited by The Joint Commission:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint Commission Program ID Number: _____		
Date of most current accreditation: _____	Expiration Date: _____	
Is this Facility accredited by the AAAHC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of most current accreditation: _____	Expiration Date: _____	
Is this Facility accredited by CARF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of most current accreditation: _____	Expiration Date: _____	

Insurance Information

Copy of Insurance Certificate Face Sheet is required.

Please provide the following information about the Facility's current general and medical liability insurance coverage.

Name of Carrier: _____

Limits of General and Medical Liability Per Occurrence: _____ Expiration Date: _____

Important Facility Contacts

CEO/Administrator: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

CFO: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Credentialing Contact: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Address Information

Federal Tax ID Number: _____ National Provider Identification: _____

Attach a completed W9 form for each Federal Tax ID number

Physical Address – physical location of the facility

THIS ADDRESS AND PHONE NUMBER WILL APPEAR ON THE WEBSITE PROVIDER DIRECTORY

Physical Address: _____

City

State

ZIP

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Mailing Address- for correspondence/credentialing

Mailing Address: _____

City

State

ZIP

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Mailing contact information, if listed, will be utilized for all legal, contractual notices as defined in section 11.2 or 12.2 of the facility contracts. An email address must be included for this contact in order to access the online fee schedules. All notices will be sent electronically.

Billing/Remit Address – for claims payments and remittance statements

ALL BILLING INFORMATION MUST MATCH THE INFORMATION REFLECTED ON SUBMITTED CLAIMS

Name Submitted on Claims: _____

Billing Office Name (if applicable): _____

Billing Address: _____

City

State

ZIP

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Additional Location

Federal Tax ID Number: _____ National Provider Identification: _____

Attach a completed W9 form for each Federal Tax ID number

Physical Address – physical location of the facility

THIS ADDRESS AND PHONE NUMBER WILL APPEAR ON THE WEBSITE PROVIDER DIRECTORY

Physical Address: _____

City

State

ZIP

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Mailing Address- for correspondence/credentialing

Mailing Address: _____

City_____
State_____
ZIP

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Mailing contact information, if listed, will be utilized for all legal, contractual notices as defined in section 11.2 or 12.2 of the facility contracts. An email address must be included for this contact in order to access the online fee schedules. All notices will be sent electronically.

Billing/Remit Address – for claims payments and remittance statements

ALL BILLING INFORMATION MUST MATCH THE INFORMATION REFLECTED ON SUBMITTED CLAIMS

Name Submitted on Claims: _____

Billing Office Name (if applicable): _____

Billing Address: _____

City_____
State_____
ZIP

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Please use copies of these pages to report any additional locations

HOSPITAL AND NON-HOSPITAL BASED SERVICES; If Applicable

Does the Hospital provide the following specialty services?

- | | |
|--|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Infusion Therapy |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Long Term Acute Care |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Psych/Substance Abuse |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Independent Diagnostic Testing Facility | <input type="checkbox"/> Sleep Study |

Does the Hospital provide the following services by a group of specialists? If yes, please list the provider group name.

- ☐ Anesthesiology Group: _____
- ☐ Emergency Physician Group: _____
- ☐ Pathology Group: _____
- ☐ Radiology Group: _____

Department of Rehabilitation Services
Network Provider Facility
Contract Signature Page

The Oklahoma Department of Rehabilitation Services and the Facility incorporate by reference the terms and conditions of the Oklahoma Department of Rehabilitation Services Facility Contract (Contract), located in Contract DRSNFCv2.6 at gateway.sib.ok.gov/drs, into this Signature Page and acknowledge the Contract is an electronic record created according to 12A O.S. § 15-101 et seq. The Oklahoma Department of Rehabilitation Services and the Facility further agree that the effective date of the contract is the effective date denoted on the copy of the executed signature page returned to the Facility. The original of the signed document will remain on file in the office of the Oklahoma Department of Rehabilitation Services.

FOR THE FACILITY:

Legal Name of Owner (Typed or Printed)

Trade Name/DBA (Typed or Printed):

Federal Tax ID Number:

Address of the Facility:

Authorized Officer or Representative (Typed or Printed)

Title

Signature

Signature Date

FOR DRS:

Executive Director
Department of Rehabilitation Services
3535 NW 58th St., Ste. 500
Oklahoma City, OK 73112

Please return completed application, signature page and required attachments to:

Department of Rehabilitation Services
Attn: Network Management
P.O. Box 57630
Oklahoma City, OK 73157-7630
Email: EGID.DRSNetworkManagement@omes.ok.gov
Phone: 405-717-8921 or toll-free 888-835-6919
Fax: 405-717-8977