

## SERVICES AGREEMENT Health Screenings & Influenza Vaccinations Insurance Billed

Company:	Minidoka County School District			
Company Mailing Address:	1151 7th Street			
2 0	Heyburn, Idaho 83336			
Company Contact Information:	(t) 208-679-2400			
	(f) 208-679-5877			
	(e) mwidmier@minidokaschools.org			
Company Contact Person:	Michele Widmier			

Date(s) of Service:	Jan. 17 <sup>th</sup> -20 <sup>th</sup> , 2017.
	- Exact clinic dates/times are TBD and will be approved by Minidoka
	School District
Clinic Location(s):	TBD. See above.
Company Health Plan:	Select Health
Other Applicable Plan Types:	

Service Provider:	Preventative Health, LLC				
Provider Address:	531 S. Fitness Pl., Suite 100				
	Eagle, Idaho 83616				
Provider Contact Information:	Brad Mauzerall				
	(t) 208.853.2273				
	(f) 208.376.3831				
	(e) brad@preventativehealthscreenings.com				

- 1. **Agreement**. This Agreement is between Minidoka County School District (the "**Company**") and Preventative Health, LLC ("**Preventative Health**").
- 2. **Services**. Preventative Health will provide the services described in Exhibit A (the "Services"), at the above-stated "Clinic Location(s)" on the above-stated "Date(s) of Service" for the Company's employees, employees' spouses and/or employees' dependents ("Participant(s)") who, as of the Date(s) of Service, are enrolled in the above-referenced Company Health Plan (the "Plan"). Prior to the commencement of the Services, the Company will certify the Plan enrollment. The Company acknowledges that all Services may be performed by Preventative Health, in addition to other services as requested by the Participant and deemed medically necessary. Preventative Health will obtain a signed Patient Registration and Consent Form from each Participant in a form substantially similar to the form attached hereto as Exhibit B prior to performing the Services, together with a copy of Participant's photo identification. Preventative Health will retain such forms securely and confidentially in its records.
- 3. Payment for Services. Preventative Health shall seek payment for the Services solely from the Plan and/or the Participant's insurance. In the event the Participant requests additional services not set out in Exhibit A, Preventative Health will bill the Participant's insurance, if any, and then will invoice the Participant for any uncovered costs. The Company will provide Preventative Health with any contact and/or insurance information in its possession as may be necessary or appropriate to contact a Participant for payment for any services rendered by Preventative Health on the Participant's behalf, as determined by Preventative Health, as consented to by Participant. Preventative Health acknowledges and agrees that the Company will have no obligation to pay Preventative Health for Services provided to any Participant. Preventative Health agrees to verify insurance benefits for each Participant prior to the Date(s) of Service to ensure coverage, where given reasonable time to do so.

- 4. **Cancellation**. In the event the Company cancels the Services with less than ten (10) business days' advance written notice from Date of Service, and does not reschedule the Date of Service for another mutually agreed upon date within 6 months of the original Date of Service, the Company will pay \$500.00 to Preventative Health as liquidated damages, and not as a penalty, payment of which will be Preventive Health's sole and exclusive remedy and the Company's only liability for cancellation of the Services under this Agreement.
- 5. Health Insurance Portability and Accountability Act (HIPAA). Preventative Health acknowledges that in performing its services herein, it will have access to and receive protected health information ("PHI") of Participants. Preventative Health agrees to take appropriate steps to protect the privacy and security of the PHI as required by applicable law, including without limitation, the Health Insurance Portability and Accountability Act of 1996 as amended, and its implementing regulations and adopted standards ("HIPAA"), the Health Information Technology and Economic and Clinical Health Act, as incorporated into the American Recovery and Reinvestment Act of 2009 ("HITECH") and the Final HIPAA Omnibus Rules of 2013 ("New Omnibus Rules"). Preventative Health and the Company acknowledge that Participants will provide their PHI directly to Preventative Health and not to the Company. The Company will not have and does not desire access to the Participants' PHI, with the exception of an aggregate data report with non-identifying information.
- 6. **Insurance**. Preventative Health will maintain Professional Liability Insurance in the amount of \$1,000,000 per claim and \$3,000,000 in the aggregate, and General Liability Insurance in the amount of \$1,000,000 per claim and \$3,000,000 in the aggregate.
- 7. **Governing Law; Jurisdiction; Venue**. This Agreement, including the Exhibits attached hereto and incorporated herein will be governed by the laws of the State of Idaho. The State of Idaho will have exclusive jurisdiction for any dispute arising out of or relating to this Agreement, and Ada County, Idaho, will be the exclusive venue for any court action with regard to the subject matter herein.
- 8. **Entire Agreement.** This Agreement, including all Exhibits attached hereto and incorporated herein supersede any prior agreements or understandings (whether in writing or oral) between the parties with respect to the subject matter herein. Any amendment to this Agreement must be in writing and signed by both parties.

SERVICES PROVIDER:	COMPANY:
Preventative Health, LLC	Minidoka School District
By: Brad Mauzerall	Ву:
Printed Name: Brad Mauzerall	Printed Name: Dr. Ken Cox
Title: Director of Operations/Business Development	Title: Superintendent
Date: 11/9/2016	Date:

## Exhibit A - "Services"

- ✓ LIPID PANEL
- ✓ THYROID SCREENING (TSH)
- ◆ PROSTATE SCREENING (PSA) (MEN OVER 40, BLOOD TEST ONLY)
- ✓ DIABETES (HEMOGLOBIN A1c)
- ✓ COMPLETE BLOOD COUNT (CBC)
- ✓ COMPREHENSIVE METABOLIC PANEL (CMP)
- ✓ BODY MASS INDEX (BMI)
- ✓ INFLUENZA VACCINATIONS
- ▼ PREVENTATIVE WELLNESS VISIT by Nurse Practitioner/Medical Doctor
- ✓ LAB RESULTS REVIEW by Nurse Practitioner/Medical Doctor
- ✓ SECURE AND CONFIDENTIAL LAB RESULTS including
  - FOLLOW UP RECOMMENDATIONS
  - EDUCATIONAL MATERIALS
- ✓ PERSONALIZED WELLNESS CONSULTING
- ✓ VITALS, INCLUDING:
  - BMI WEIGHT HEIGHT PULSE
  - TEMPERATURE OXYGEN SATURATION BLOOD PRESSURE

## **ADDITIONAL SERVICES FOR Minidoka County School District**

✓ AGGREGATE DATA REPORT

## Exhibit B – Example Patient Registration Form

Company/Location	V	Preventative <b>Health</b>
Company/Location	The state of the s	SCREENINGS & VACCINATIONS
	Date of Service	☐ HS with NP☐ HS no NP☐ Flu Shot
	Patient Registration Form	☐ Additional Labs ☐ Cash ☐ CC ☐ Check ☐ Ins. Billed ☐ Company Invoice ☐ Other
Important: Please Print CLEARLY		
Last Name:	First Name:	M.L
Date of Birth:	Age:	Sex: M / F
Residential Mailing Address:		
now would you like to receive yo	our lab results? □ yia secure email at: □ via U.S. Mail at the addres	z ahove
	El via o.s. Man de alle addres	5, 65072.
Home Phone:	Cell Phone:	Work Phone:
rilysicidii.	I have seen my physicia	in within the last 12 months. Lifes Line
By signing this form, and on behalf of my heirs screenings and/or vaccinations are performed from any liability for any injury suffered as an from the services. I understand my results will consent to Preventative Health to disclose to may be used for statistical reporting, but the	I today ("procedures" or "services," as context may require), and esult of undergoing the procedures, and for any liability, claim or a be released to me and the responsibility of obtaining follow up me the Company or Institution that I participated in this clinic, but no at I will not be individually identified in any recognizable way.	ative Health, LLC, and/or the Company or institution where these test Preventative Health's officers, employees, agents and subcontractor damage suffered as a result of any actions or inactions taken stemmin edical treatment is solely my own. I further release, give permission at it to disclose any of the results thereof. I understand this information I consent to allow Preventative Health to contact me at the contact.
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Parking								
COLUMN TOWNS TO SELECT		94	33		48/44	51/23	57/42	
Sign Up  Genius # total (y/n) Staff	>	>	>		>	>	>	
Site contact cell #		×						
Site Contact								
Room at Clinic Site Location Contact								
Area	Between Paul & Rupert	Rupert	Outside of Town.		Paul	Heyburn	Rupert	
Clinic Address	292 West 100 South Rupert, ID 83350	310 10th Street Rupert, ID 83350 / 300 7th Street Rupert, ID 83350 (corner of 7th St. and D Street)	360 North 350 East Rupert, ID 83350		201 North 1st West Paul, ID 83347 / 155 S. 600 W. Paul, ID 83347	1151 7th Street Heyburn, ID 83336 / 1431 17th Street Heyburn, ID 83336	202 18th Street Rupert, ID 83350 / 1805 H Street Rupert, ID 83350	
Substitute (Y/N)								
<u>Clinic Location</u>	District-TLC, Food Service, 7:00a-12:00p Maintenance & Transportation	7:00a-12:00p Minico High School	3:30p-5:00p Acequia Elementary		Paul Elementary / W. Minico 7:00a-12:00p   Middle School	Heyburn Elementary/Mnt Harrison HS	Rupert Elementary (Big Valley 7:00a-12:00p Ele)./ East Minico MS	
Clinic Time	7:00a-12:00p	7:00a-12:00p	3:30p-5:00p		7:00a-12:00p	3:30p-5:00p	7:00a-12:00p	
Set Up Time	6:00a	6:00a	2:30p		6:00a	2:30p	6:00a	
Day	Jan 17th Tuesday	Weds	Weds		Thurs	Thurs	Fri	
Date	Jan 17th	Jan 18th	Jan 18th		Jan 19th	Jan 19th	Jan 20th	