

Agreement Between

Facility Name

Provider number (required)

AND

Network 8, Inc.

The undersigned, on behalf of

_____ (Facility name) hereby joins other Medicare-certified End-Stage Renal Disease facilities in ESRD Network 8 in agreeing to participate in the activities of the Network as provided in 42 CFR Part 494.180(i) of Department of Health and Human Services regulations.

It is understood that participation in Network activities is a condition of approval to receive Medicare reimbursement for the provision of End Stage Renal Disease services.

The dialysis facility must cooperate with the ESRD Network designated for its geographic area in fulfilling the terms of the Network's current statement of work. Each facility must participate in ESRD Network activities and pursue Network goals. Failure to comply may result in sanctions by CMS.

Signed _____
(Authorized Representative of Facility)

Date _____

The undersigned acknowledges this document as an agreement between

_____ and Network 8, Inc.
(Facility name)

Signed _____
Executive Director, Network 8, Inc.

Date _____

Adopted by Network 8, Inc. Board of Directors October 15, 2008.

Instructions for Completing Facility Agreements

The Conditions for Coverage, enacted in 2008, require that facility agreements be implemented between each Network and facilities in the Network region.

Directions:

1. Enter the facility name where indicated on the form (typically this is the “doing business as” name).
2. Enter the Medicare provider number issued by CMS.
3. Re-enter the facility name in the blank following “on behalf of”
4. Re-enter the facility name following “an agreement between”
5. Print two copies of the form and have them signed by the person authorized by the governing body to execute such agreements.
6. Forward two copies of the document to Network 8, Inc. at 775 Woodlands Parkway, Ridgeland, MS 39157. The agreement will be countersigned and one copy will returned by mail or fax to the requesting person.