



## **BEYOND MED PLANS, INC.**

80 SW 8<sup>th</sup> Street, Suite 2000

Miami, FL, 33130

### New Patients for you at No Cost

Welcome to the world of BMP. Our goal is to assist you in the growth of your practice through exposure to the health brokerage community as well as direct contact with the health care carrier system. Simply put, we have relationships with over 2000 insurance brokers, as well as several insurance companies who will be able to send you their clients, at no cost to you. BMP's exclusive network will expose your practice to sources of patients that typically would not be available to you. Participation in our network will allow for increased revenue that will surely surpass the typical provider in your subspecialty. This will be accomplished through several means:

- Free Community marketing of your practice and its specific services paid for by BMP
- We will be using E-blasts as well as mailers, at no cost to you.
- The acceptance of patients at minimally discounted fees driven to the practice by our network of health brokers and carriers
- Company sponsored patients and subsequent procedures
- Provider participation in the network requires no "out of pocket" cost

BMP is finalizing our network in your specific area. Patient populations will be available in the third quarter of 2020. We value the quality of our providers and their commitment to this program; therefore, our mission is not to contract every provider with interest.

If you would like to reach out to BMP directly, please email Gary at [gary@beyondmedplans.com](mailto:gary@beyondmedplans.com) or call his cell at 305-986-3643. You can also visit our website at [www.beyondmedplans.com](http://www.beyondmedplans.com)



BEYOND MED PLANS, INC.
PROVIDER AGREEMENT ADDENDUM

This Provider Agreement Addendum (hereinafter "Addendum") is entered into this \_\_\_ day of \_\_\_, 20\_\_\_, (hereinafter effective date) by and between Beyond Med Plans, Inc. and its affiliates (hereinafter collectively "BMP") and \_\_\_\_\_ (hereinafter "Provider"). BMP and Provider may be referred to herein individually as a "Party" and collectively as the "Parties. Now, therefore the Parties do mutually covenant and agree as follows:

- 1. BMP is a discount plan organization network. Provider is a physician who is licensed to provide his/her/their advertised medical services in accordance with applicable law including any applicable medical personnel.
2. The Provider hereby agrees to provide to any and all BMP eligible members a discount off the Provider's registered fees as they relate to the corresponding medical services provided to the eligible BMP member. The recommended discount percentage is twenty percent (20%).
3. The Provider, from time to time, may be asked by BMP, to confirm and/or update the Provider's fee schedule corresponding to all services that are provided to BMP members
4. All discounted fees towards services provided to BMP eligible members will be established at treatment planning/consultation visit or first medical service visit should they coincide. Should Provider's fee schedule increase during the course of a previously treatment planned/initiated medical service provided to a BMP eligible member, the discounted fee prior to the Provider fee schedule increase shall take precedence
5. The Provider hereby allows BMP the right to publish, advertise, and print Provider's name, contact information and medical specialty. This is done in an effort to promote Provider to BMP eligible members for the purpose of providing corresponding medical services aligned with the Provider's medical specialty to BMP eligible members.
6. The Provider agrees to have in full force and effect professional liability insurance in an amount not less than two hundred thousand dollars per claim and six hundred thousand dollars annual aggregate coverage and larger amounts as may be required by law OR any Professional Liability coverage as outlined by any and all state regulations.
7. The Provider agrees to adhere to all BMP rules and protocols as outlined in in the BMP rules addendum.

Provider
By \_\_\_\_\_
Print Name Title

BMP
\_\_\_\_\_
Print Name Title

Signature

Signature

Address

80 SW 8th Street, Suite 2000
Miami, FL 33130

Please e-mail to Gary@beyondmedplans.com
or 305-986-3643 for pick up.