

## **AGREEMENT**

**AGREEMENT** made this \_\_\_\_ day of \_\_\_\_\_, by and between WCH SERVICE BUREAU, INC., having a place of business at 3047 Avenue U, Brooklyn, NY 11229, hereinafter referred to as “WCH”, and \_\_\_\_\_, having a place of business at \_\_\_\_\_, hereinafter referred to as the “Client”, WCH and the Client sometimes hereinafter collectively referred to as the “Parties”, as follows:

### **WITNESSETH:**

**WHEREAS**, WCH provides services to the Client in connection with obtaining credentials for the Client with insurance carriers; and

**WHEREAS**, WCH has substantial experience and expertise in this field; and

**WHEREAS**, WCH is prepared to service said Client on the terms and conditions hereinafter set forth; and

**WHEREAS**, the Client is desirous of having WCH perform the services as hereinbefore agreed; and

**WHEREAS**, the Parties are desirous of reducing their mutual understandings and agreements to writing.

**NOW, THEREFORE**, it is mutually covenanted and agreed as follows:

1. The Client agrees that it will cooperate with WCH in scheduling meetings to obtain all of the information and prepare all of the documents necessary to submit to the insurance carrier for the purpose of obtaining credentials for said Client and WCH requires the meetings to describe the services performed by it on behalf of the Client to review the various types of insurance packages that are available to the Client.

2. The Client acknowledges that it will take approximately two weeks from the date of the initial meeting between the Parties to receive the applications from the various insurance carriers.

3. The Client agrees that upon being notified that WCH has received the application, it will promptly arrange for a meeting with WCH to prepare and complete said application.

4. WCH agrees that it will take all the necessary steps in furtherance of the Client to have the application accepted by the insurance carrier as promptly as possible, which will include the preparation of Client's file, the making of all copies and the filing of said application.

5. WCH agrees that upon receipt of proof of mailing from the United States Post Office, indicating that the application has been received by the insurance carrier, it will institute a follow-up system to know and advise the Client of the progress of such application.



6. WCH agrees that within three weeks after the application is received; it will make inquiries of the insurance carrier to ascertain that the application has been received, is complete in nature and is being properly processed by the insurance carrier.

7. WCH further agrees that a credentialing report is created after each inquiry is made to the insurance carrier and same will be furnished to the Client at three-week intervals.

8. The Client agrees that if any information has not been supplied, it will be given a reasonable time frame to comply, provide such information and any other documents that may be required by the insurance carrier.

9. WCH represents that upon the completion of the credentialing process, the Client will receive a provider identification number and the application process will have been completed.

10. The Client acknowledges receipt of a Fee Schedule and agrees to fully comply therewith.

11. The Client agrees that it will notify WCH immediately upon receipt of any correspondence, documents or applications from the insurance carrier and furnish to WCH true copies thereof promptly.

12. The Client agrees to make a full payment to WCH at the time of signing this Agreement.



13. The Client agrees that WCH is not responsible, if, for any reason, the insurance carrier rejects the application.

14. The Client agrees that WCH will not return the money back to the client if the application resulted in rejection due to client's error, or if insurance carrier denies application with a **reasonable cause**, WCH will not refund money back to the client.

**IN WITNESS WHEREOF**, the Parties have hereunto set their hands and seals on the date first above written.

**WCH SERVICE BUREAU, INC.**

By: \_\_\_\_\_

By: \_\_\_\_\_

**Client**