

1. SERVICES PROVIDED

The Provider, **Care Wave Mobile Ultrasound**, agrees to perform the following diagnostic ultrasound services (check all that apply):

- Carotid Ultrasound
- Venous Duplex (Upper/Lower Extremity)
- Arterial Duplex (Upper/Lower Extremity)
- Abdominal Aortic Aneurysm Screening
- Echocardiogram
- Other: _____

Care Wave Mobile Ultrasound shall lease to the Practitioner the portable diagnostic ultrasound equipment and shall provide a qualified technologist to perform diagnostic tests under the Practitioner's supervision. This arrangement enables the Practitioner to furnish the technical component (TC) of diagnostic services to patients within the Practitioner's own practice.

2. PRICING & PAYMENT TERMS

- **Half-Day Rate (4 hours):** \$_____
- **Full-Day Rate (8 hours):** \$_____
- **Minimum Volume:** Facility agrees to a minimum monthly booking of _____ days.
- **Invoicing:** Care Wave Mobile Ultrasound will invoice the Facility or ordering physician on a [Weekly / Monthly] basis. Payment is due within **15–30 days** of the invoice date.
Late payments may incur a **\$25 fee**.

The Practitioner is solely responsible for billing and collecting fees from all third-party payors, including Medicare, Medicaid, and private insurance, for ultrasound services performed under this Agreement. Care Wave Mobile Ultrasound waives any right to bill patients or third-party payors directly for such services. The Provider's fee to the Practitioner is a flat service rate and is not dependent on the volume or value of reimbursed claims.

3. TERM & TERMINATION

- **Initial Term:** This Agreement shall remain in effect for one (1) year and shall automatically renew for successive one-year terms.
- **Termination:** Either party may terminate this Agreement with **30 days' written notice**.

4. LIABILITY & COMPLIANCE

The Provider shall ensure that all ultrasound images and technical reports are transferred to the Practitioner's PACS or medical record system following each procedure. All documentation must support medical necessity and include appropriate CPT and ICD-10 codes for billing purposes.

- **Insurance:** The Provider shall maintain professional malpractice insurance with minimum coverage of **\$1,000,000 per occurrence.**
- **Credentials:** All sonographers supplied by Care Wave Mobile Ultrasound shall hold RDMS and/or RVT certification and shall provide proof of active ARDMS status annually.
- **HIPAA Compliance:** Both parties agree to comply with all HIPAA regulations regarding patient privacy and data security.

5. SIGNATURES

Provider:

Signature: _____ Date: _____

Print Name/Title: _____

Facility/Practitioner:

Signature: _____ Date: _____

Print Name/Title: _____