PATHOLOGY SERVICES CONTRACT

This agreement acknowledges that pathologist/pathology lab (hereinafter referred to as “PATHOLOGIST”) will provide routine pathology services for patients of the facility name (hereinafter referred to as “FACILITY”).

Specimens will be transported to PATHOLOGIST by method, i.e., courier service, facility personnel, etc.

Specimens will be transported in appropriate containers and solutions provided by PATHOLOGIST.

Reports will be submitted to FACILITY in a timely manner. (May specify time limitations.)

The patient will be billed for services directly by PATHOLOGIST.

PATHOLOGIST’S Medicare provider number is ________________________________.

Term: This AGREEMENT shall be effective upon its signing and shall continue from year to year thereafter except that either party hereto may terminate this AGREEMENT with or without cause upon sixty days prior written notice to the other party at any time. In addition, either party may terminate immediately upon a breach by the other party of any term of the AGREEMENT or upon the revocation or suspension of the other party’s license to operate.

Approved:

Name of Facility _____________________________________________________________

By__________________________

Title__________________________

Date__________________________

Name of Pathologist/Pathology Lab _____________________________________________

By__________________________

Title__________________________

Date__________________________