



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Business Partner Agreement

Date: \_\_\_\_\_ Client Number: \_\_\_\_\_

### BUSINESS PARTNER

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_

### CONTACT

Contact Person: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
Medical Billing Software: \_\_\_\_\_

### Group Information:(If Applies)

Group Name: \_\_\_\_\_ National NPI Number: \_\_\_\_\_  
Group Address: \_\_\_\_\_  
Group City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Federal Tax ID/Soc Sec. Number (please circle) : \_\_\_\_\_ Taxonomy: \_\_\_\_\_  
Legacy Medicare Group Number: \_\_\_\_\_ Legacy State Medicaid/Medi-Cal Number: \_\_\_\_\_  
Legacy Blue Cross /BCBS Number: \_\_\_\_\_ Railroad Medicare Number: \_\_\_\_\_

### PROVIDERS (If multiple providers, please complete separate forms)

Provider Name: \_\_\_\_\_ National NPI Number: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Provider Service Phone: \_\_\_\_\_  
Provider Email: \_\_\_\_\_ Entity? \_\_\_\_\_  
License Number: \_\_\_\_\_ Federal Tax ID/Soc Sec. Number (please circle) : \_\_\_\_\_  
Legacy Medicare Number: \_\_\_\_\_ Legacy State Medicaid/Medi-Cal Number: \_\_\_\_\_  
Taxonomy: \_\_\_\_\_ Legacy Blue Cross /BCBS Number: \_\_\_\_\_  
Railroad Medicare Number: \_\_\_\_\_

Chiropractors, do you want to be signed up for American Specialty Health? \_\_\_\_\_

### Payment Information:

Initial agreed rate: \_\_\_\_\_

**(This form can be faxed to (888)319-7457)**

## **END USER LICENSE AGREEMENT FOR SIGNATURE CLAIMS**

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7. As the user, you agreeing to:
  - a. Make every effort to provide as much information as necessary to allow for all claims to be processed.
  - b. Make every effort to insure that all information is as accurate and truthful as possible.
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8. The Signature Claims software is provided "as is", for you to use at own risk with no implied warranties.
9. The Express Limited Warranty provided to you by Signature Claims provides that your exclusive remedy for any breach of the obligations of the Licensor notwithstanding any damages that you might incur for any reason whatsoever (including, without limitation, all damages referenced above and all direct or general damages), the entire liability of Signature Claims under any provision of this EULA and your exclusive remedy for all of the foregoing (except for any remedy of repair or replacement elected by Signature Claims with respect to any breach of the limited warranty) shall be limited to the greater of the amount actually paid by you for the software or U.S.\$5.00. The foregoing limitations, exclusions and disclaimers on this agreement shall apply to the maximum extent permitted by applicable law, even if any remedy fails its essential purpose.
10. You agree to hold Signature Claims harmless and indemnify Signature Claims from any liability for any event and/or occurrence with occurred prior to submission of information as well as for any liability resulting after submission of data.
11. Signature Claims is not responsible for any violation of HIPAA rules and regulations which occur due to the actions of the doctor, his staff or any other third parties.
12. Signature claims is not a party to and is not responsible for claims arising between the doctor and any third party that the doctor contracts with for medical billing services.
13. Any supplemental software or software support provided to You by Signature Claims are considered part of the Software and is subject to the terms and conditions of this EULA.
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By: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Organization: \_\_\_\_\_