



**Case ID Number:** \_\_\_\_\_

PROGRAM REQUESTED	
Program Type	Bariatric Services

CONTRACT RATE SUMMARY
<p>This agreement shall remain valid as long as there are no changes in the patient's insurance benefit program or program eligibility before the Bariatric occurs. In consideration of facility's agreement to perform the covered Bariatric services, the payor agrees to the terms as in this contract summary, including payment to providers for patient services. Payor is responsible for the damages, claims, liabilities, or judgment that may arise as a result of payor's negligence.</p>

Contracted Program Type	Bariatric Case Rate		Inlier Days	Outlier Per Diem Rate
Gastric Band	Hospital \$xxx	Professional x% of Billed Charges	x	\$xxx
Gastric Bypass	Hospital \$xxx	Professional x% of Billed Charges	x	\$xxx
Sleeve Gastrectomy	Hospital \$xxx	Professional x% of Billed Charges	x	\$xxx
Duodenal Switch	Hospital \$xxx	Professional x% of Billed Charges	x	\$xxx
Lesser of Language			Pre/ Post Payable	
xx% of Billed Charges			xx% of Billed Charges	

Contracted Provisions	Provision Description
Bariatric Surgical Services	<p>The Bariatric Phase includes inpatient or outpatient hospital and professional charges for the inlier days and any applicable outlier days. The Bariatric Phase begins on the day of surgery and ends at discharge. If inlier days have expired and patient has not discharged then outlier days apply until discharge.</p> <p>Bariatric Surgical Services include:</p> <ul style="list-style-type: none"> <li>• All hospital and professional services and supplies</li> <li>• All health services, and ancillary related services, including any medical equipment, pharmaceuticals, blood products, laboratory services, diagnostic, radiology services and nursing care.</li> </ul>
Lesser of Language	The case rate payment shall be the lesser of xx% of Billed Charges or the bariatric case rate.
Pre-Surgical Care/ Post-Surgical Care	Services and supplies for care outside of the Bariatric phase, starting at evaluation and ending one year from discharge, shall be reimbursed according to Payor's direct contract with Facility or, in the absence of a direct contract at the pre and post phase listed in table above.

# Confidential Information

Readmission	Readmission within X days of discharge from the initial surgical admission shall be paid at the Outlier Days Per Diem rate listed above.
Death During Admission	Reimburse at the case rate provisions listed above.
Additional Provisions	Discharge medications payable in accordance with payor's direct contract with provider or, if no contract, xx% of Billed Charges.
Payment Schedule	Payor will pay provider all payments due within 30 days of INTERLINK's receipt of a clean claim.

Provider Tax ID Number(s)	Provider's
<ul style="list-style-type: none"> <li>• 00-000000</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Name</li> </ul>

Send Claims to:	Address
Claims Submission Address	INTERLINK Health Services, Inc. Attn: Bariatric Claims 4660 NE Belknap Court, Suite 209 Hillsboro, Oregon 97124 Phone: (800) 599-9119 Fax: (503) 640-2028

**Note from INTERLINK:** This document is a summary of relevant provisions for the specific Bariatric type and facility identified above, as contained in the INTERLINK Agreement. **Payor agrees to abide by all applicable terms in the Global Contract, including those summarized in this document.** Relevant payment and contract terms are provided above, although exact language is not always used. For clarification and/or exact contract language, contact INTERLINK Operations at (800) 599-9119. Rates are effective only upon MOU execution or with a signed Access Agreement and HIPAA Agreement on file with INTERLINK.