



Triangle Medical Solutions, Inc.
 4711 Hope Valley Road PMB 218
 Durham, NC 27707
 1-800-326-4831

Client Agreement for Enrollment in Availity EDICH Clearinghouse.

| Availity EDICH Clearinghouse Pricing | | | | | | | |
|--------------------------------------|------------------------------|-----------------|-----------------------------|-----------------|-----------------|-------------|-----------------|
| Check our Plan | Plans per Rendering Provider | Counts Included | | | Overage Charges | | Price |
| | | Included Claims | Included Eligibility Checks | Included Remits | Claims | Eligibility | |
| | 450 Plan | 450 | 450 | unlimited | .30/ea | .22/ea | \$69.95 |
| | 750 Plan | 750 | 750 | unlimited | .27/ea | .22/ea | \$119.95 |
| | 1100 Plan | 1100 | 1100 | unlimited | .25/ea | .22/ea | \$179.95 |
| | 1500 Plan | 1500 | 1500 | unlimited | .22/ea | .22/ea | \$299.95 |

Pricing shown is for the Clearinghouse plan only. A subscription for FastEMC Basic, FastEMC Total Cycle or FastEMC DME is required in addition to the Clearinghouse plan selected above.

FastEMC Total Cycle is required to post payments from the Remittance file directly to FastEMC. All FastEMC installs can load and print an EOB from an 835 Remit File.

Cancellation Policy: Allow 60 days for all charges to be billed on your account. **Cancellation must be received in writing by fax or email at least 60 days before your termination date.** If less time is given, you are still responsible for any charges incurred by your use of the Availity Advance Clearinghouse system or FastEMC.

After starting the new Availity Clearinghouse Plan, your initial support will be handled by FastEMC.

Contact FastEMC support at (800) 326-4831 x 703, or email to support@fastemc.com, or add a support ticket on the web site at www.fastemc.com. This will focus your software and clearinghouse issues to the FastEMC support staff. Availity will step in when the trouble is related to edits at Availity or other advanced issues.

Customers with AutoPay will have these charges included in the AutoPay balance each month.

Facility Name: _____ Tax ID: _____

PCA First Name: _____ Last Name: _____

PCA E-mail: _____

Number of Rendering Providers submitting claims: _____ Billing Service: YES or NO

FastEMC Account Number: _____ Billing NPI: _____

I, _____, have read and understand the terms of our agreement.
 (Print Name Here)

Signature: _____ Date: _____

(Please sign and return this via fax to (800) 326-4831 or scan and E-mail to support @fastemc.com)

List the Rendering NPI Numbers that are included in your submissions to Availity and physician names here

| | Rendering NPI Number | Physician Name |
|----|----------------------|----------------|
| 1 | | |
| 2 | | |
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Note: Rendering Provider NPI numbers are assigned to each individual doctor in your practice. This is an individual number not a billing number.