

SAMPLE AGREEMENT

HEALTH CARE RESPONSIBILITY ACT
AGREEMENT TO PROVIDE EMERGENCY MEDICAL SERVICES
BETWEEN

Hospital: _____
and

County: _____

In order to meet the hospital participation requirements under the Health Care Responsibility Act, F.S. 154 and Administrative Rule 59H-1, this agreement is entered into between _____, hereinafter referred to as the "hospital" and _____ County of Florida, hereinafter referred to as the "county."

A. The Hospital Agrees:

1. To provide emergency inpatient and outpatient hospital care to county residents who are deemed indigent and who qualify for assistance under the Health Care Responsibility Act.
2. To comply with the statute, rules, policies, procedures and other provisions outlined by the Health Care Responsibility Act.

B. The County Agrees:

1. To determine eligibility and reimburse the hospital in accordance with the Health Care Responsibility Act.
2. To reimburse the hospital at _____ percent of the hospital's Medicaid inpatient and outpatient per diem rates in effect at the time hospital services are rendered to county residents qualified for assistance under the Health Care Responsibility Act.

3. To send payments to:

"Insert Hospital's Name and Mailing Address"

C. It is Mutually Agreed that:

1. This agreement shall begin on _____ and continue in effect until renegotiated or terminated.
2. This agreement may be terminated at will and without cause by either party, upon no less than 30 days notice. Said notice shall be delivered by certified mail or in person.

For the Hospital:

For the County:

(signature)

(signature)

(name - type or print)

(name - type or print)

(title)

(date)

(title)

(date)