



**PATHWAYS TO  
smartcare**

## Pathways to SmartCare HealthMart

### Wellness Provider Membership Application

We would like to invite you to credential with Pathways to *SmartCare* HealthMart network. Please fill out the credentialing application completely. If a question does not apply to you, draw a line or write N/A so that every question has been addressed. We request that you **print** your answers in **ink**.

If you have any questions about completing the form, please contact our office for assistance or further information. The following credentialing materials must be forwarded with your application:

- Current copy of **Resume/Curriculum Vitae**
- Copy of **Professional Liability Policy and cover sheet**
- Copy of **License, if applicable**
- Signed **Provider Agreement**

Mail the completed application and credentialing materials to the address listed above. The \$100 application fee must be paid when you submit the application. If you are not accepted into the network, you will receive a full refund.

Payments will be accepted by check or credit card.  
Checks should be made out to American Health Fairs.

**Thank you for your interest in Pathways to SmartCare!**

## Practice Information

General Information				
Name:		Tax ID #:		
Company Name:				
Street Address:				
City:	State:	Zip:	County:	
Phone:	Fax:			
Email:	Web Site:			
Office Hours:				

*(list additional office locations and hours on a separate sheet)*

## Practice Information

Owned by/Affiliated With:				
Specialty:	Accepting New Patients?	<input type="checkbox"/>	Yes	No
Please list the specialty categories that you would like to be listed under in our directory:				

Please list any foreign languages spoken in your office:

## Risk Management Information

1.	Has your professional liability insurance ever been cancelled denied?		Yes	No
2.	Has your professional license ever been denied, restricted, limited, suspended or revoked; have you ever been reprimanded by a state licensing agency; or are any of these actions pending with respect to your license, in Pennsylvania or any other state?		Yes	No
	<i>If yes, in what state?:</i>	<i>Date:</i>	<i>License State and Number:</i>	
3.	Do you now have or have you ever had a chemical dependency problem (legal or illegal drugs)?		Yes	No
4.	Are you currently taking any medications that may affect either you clinical judgment or motor skills?		Yes	No
5.	Other than traffic offenses, have you been convicted of a crime or do you have any felony or misdemeanor charges pending?		Yes	No
6.	Do you have any condition that affects the performance of your duties, with or without accommodation?		Yes	No
7.	Have you voluntarily relinquished hospital privileges, academic appointments or any other professional status while an investigation was conducted?		Yes	No
8.	Have you voluntarily relinquished any licensure or registration?		Yes	No

## Credentialing/Education/Training Information

School:	
City/State/Country	
Date Started:	Date Completed:
Internships:	
Locations:	

***\*\*Please review and sign provider agreement below\*\****

## HealthMart Wellness Provider Agreement

THIS AGREEMENT is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between **AMERICAN HEALTHCARE GROUP, INC.**, a Pennsylvania corporation (hereinafter referred to as "AHG") and \_\_\_\_\_ (hereinafter referred to as "Provider"),

### WITNESSETH

THAT WHEREAS, AHG is engaged in the business of utilizing health and wellness networks to provide health care and wellness services to those persons who wish to avail themselves of such services, such persons being hereinafter referred to as "Members", and

WHEREAS, AHG desires to procure the use of the facilities, equipment and services of Provider for the benefit of its Members; and

WHEREAS, AHG has made arrangements with physicians and health and wellness providers under contract with AHG (hereinafter referred to as "Health Providers") to provide discounts to AHG members; and

WHEREAS, Provider desires to make its facilities, equipment and services available for the benefit of AHG's Members through the AHG HealthMart Network at the rates hereinafter set forth; and

WHEREAS, AHG and Provider mutually desire to preserve and enhance member dignity;

NOW THEREFORE, in consideration of the foregoing and of the mutual covenants, promises and undertakings hereinafter set forth, and intending to be legally bound hereby, the parties hereto agree as follows:

1. **PROVIDER SERVICES.** Provider will make available for the use and benefit of AHG's Members the facilities, equipment and services used or provided by Provider in the provision of health care and wellness programs (hereinafter, "Services"). AHG and Provider may mutually agree in writing either to expand or limit Services made available hereunder.
2. **COMPENSATION.** Provider agrees to accept the fees outlined on Addendum A for AHG members.
3. **NETWORK FEE.** ENTITY shall pay to PSC, upon execution of this Agreement, an annual fee of \_\_\_\_\_ for membership in the HealthMart network for the period of one year from date of acceptance. If payment has been received, and ENTITY must cancel; no refund will be issued.
4. **PROVISION OF TREATMENT.** Provider shall perform its services for AHG's Members in the same manner and in accordance with the same standards as offered to all other Provider Members.
5. **COMPLAINTS.** Any complaints received by AHG with respect to Provider's Services will be forwarded to the appropriate officials at Provider's office. The matters will be submitted for resolution in accordance with Provider's regular procedures.
6. **INSPECTION OF RECORDS.** Provider and AHG agree that all Members' medical records shall be treated as confidential so as to comply with all state and federal laws regarding the confidentiality of patient records.
7. **PROVIDER'S INSURANCE AND INDEMNIFICATION.** Provider, at its sole cost and expense, shall procure and maintain such policies of general and professional liability insurance and other insurance with coverage limits reasonably acceptable to AHG, as such be necessary to insure it and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the provision of Services by Provider, the use of any property and facilities provided by Provider, and any other acts or omissions by Provider in connection with this Agreement. Memorandum copies of such policies shall be delivered to

AHG upon request. Provider further agrees to indemnify and hold harmless AHG and its officers, directors and employees against any claims, liabilities, and expense of any nature whatsoever, arising out of or related Provider's provision of Services to AHG's Members, including without limitation claims based in whole or in part on the asserted negligence of AHG or its agents or employees.

8. ROSTER. Provider agrees that AHG may use Provider's name, address, telephone number, description of facilities and description of health care services in AHG's roster of participating providers.
9. TERM. This agreement shall become effective from the date of application, and thereafter shall continue in effect from year to year unless terminated on its anniversary date by either party by a written notice thereof mailed to the other party by certified or registered mail at least sixty (60) days prior to such date. Network fees will be assessed each membership year.
10. NOTICES. Any notice required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent certified or registered mail to the recipient party at its last known address.
11. ENFORCEABILITY. The invalidity or unenforceability of any terms or provisions hereof shall in no way affect the validity or enforceability of any other terms or provisions.
12. MODIFICATION. This agreement constitutes the entire understanding of the parties hereto and no changes, amendments or alterations shall be effective unless signed by both parties.
13. ASSIGNMENT. This Agreement may not be assigned or delegated by Provider without the prior written consent of AHG or any successor thereto.
14. RELATIONSHIP OF PARTIES. It is understood and agreed that each party to this agreement, together with its agents and employees, is at all times acting as an independent contractor, and that neither party has any express or implied authority to assume or create any obligation or responsibility on behalf of or in the name of the other party.
15. NON-CIRCUMVENTION. During the term of this Agreement, and for a period of two years thereafter, Provider covenants that it shall not, directly or indirectly; provide Services to persons who have been Members of AHG at any time during the preceding two years, except pursuant to this Agreement. Provider acknowledges that any breach of this covenant would result in irreparable harm to AHG which would not be redressable by any remedy at law, and that such a breach would entitle AHG to equitable relief including specific performance and an accounting.
16. MEMBERSHIP BENEFITS. Provider will be listed in the HealthMart Guide and HealthMart Web Directory maintained by the Network. Provider will be notified of corporate, community and senior events that are scheduled that Provider can attend at a discounted cost. Provider will be allowed to participate in educational seminars, workshops, etc. that are presented at the health and wellness programs.

IN WITNESS WHEREOF, the parties hereunto have executed this Agreement.

**AMERICAN HEALTHCARE GROUP, INC.**

\_\_\_\_\_  
*Please Print*

By: \_\_\_\_\_

By: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please see next page for Addendum A\*\***

## Addendum A

Provider to choose discount to be listed in Provider Directory:

\_\_\_\_\_ 10% off all services available through Provider.

\_\_\_\_\_ 15% off all services available through Provider.

\_\_\_\_\_ 20% off all services available through Provider.

\_\_\_\_\_ 25% off all services available through Provider.

*Or*

List Services and the appropriate discounts. A fee schedule with applicable discounts may be attached and initialed to this Addendum A.