

Please complete, sign and return this form by fax or email

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If you have any questions, please call 888.325.3396 or email naygur@ocsys.com

Contract Information			
Agency Name:			
Number of locations:		Provider Number:	
Decision Maker Contact:		Title:	
Mailing Address:		City, State and Zip:	
Phone Number:		Email Address:	
Fax Number:			
Implementation Information (for each location – add additional pages as necessary)			
Data Entry/Technical Contact:		Title:	
Phone Number:		Email Address:	

Deliverables:

- Four quarterly and one annual benchmark comparisons of key indicators of organizational performance
 - Quality Outcomes
 - Quality Operations
 - Patient Volume and Mix
 - Quality Practices
 - **New for 2008 – Iowa specific measures**
- Review of performance trends
- Analysis of performance relative to NHPCO Quality Partners components of quality
- QAPI Help Desk Support

Terms: \$600 per reporting location; \$600 for optional Corporate Reports (if checked)

Check for optional Consolidated Report for multi-location agencies

Payment Information	
Charge my: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number:	Expiration Date
Cardholder Name:	

Customer Signature _____ **Date** _____

Printed Name and Title _____