



Out-of-State Workers' Compensation Letter of Agreement

This Letter of Agreement is entered into between **Movement Orthopedics, PLLC** ("Provider") and the undersigned Workers' Compensation Insurance Carrier/Employer ("Payor") for the purpose of providing medical treatment to an injured worker whose claim is governed by the workers' compensation laws of a state other than Michigan.

Patient / Claim Information

Patient Name:		Date of Birth:	
Date of Injury:		WC Claim #:	
State of Jurisdiction:		Body Part:	
Insurance Carrier:			

Terms of Agreement

1. The Payor agrees to reimburse Movement Orthopedics, PLLC at the **Michigan Workers' Compensation fee schedule** rates for all authorized medical services rendered to the above-named patient.
2. If the state of jurisdiction has a fee schedule that exceeds Michigan's rates, the Payor agrees to reimburse at the **higher of the two fee schedules**.
3. The Payor agrees to process and pay all clean claims within **30 days** of receipt.
4. Pre-authorization for treatment will be obtained as required by the jurisdiction's workers' compensation regulations.
5. The Payor agrees to provide written notification of any **utilization review determination** within the time frame required by the governing jurisdiction.
6. Movement Orthopedics will provide medical reports and documentation as required by the jurisdiction's workers' compensation regulations.
7. This agreement shall remain in effect for the duration of the patient's treatment unless terminated in writing by either party with **30 days' notice**.
8. Any disputes regarding billing or payment shall be resolved in accordance with the **Michigan Workers' Disability Compensation Act** and applicable regulations.

Payor Information

Company Name:			
Contact Name:		Title:	
Address:			
Phone:		Fax:	
Email:			

By signing below, the Payor acknowledges and agrees to the terms outlined in this Letter of Agreement.

Payor Signature
Printed Name / Title
Date

Movement Orthopedics, PLLC

Provider Signature
Printed Name / Title
Date