

PEER REVIEW SOLUTIONS, INC.

Reviewer Application

Reviewer Name: _____ DOB: _____

Former names used _____ Gender: M F

Social Security #/FEIN #: _____ NPI #: _____

1. Contact information:

Office phone: _____ Office Contact Person: _____

Cell phone: _____ Pager: _____

Email: _____

Alternate Email: _____

2. Street or office address for delivery of cases
(PLEASE DO NOT PROVIDE P.O. BOX):

3. Mailing address where you would like to receive
your checks:

4. General Statements:

- I will notify the office immediately if there is a possible conflict of interest.
- I will be available to work in the time frame of 3 to 4 days for standard reviews.
- I will be willing to speak with the provider of service as requested by PRS.
- I am available to do expedited reviews (24-72 hours) as requested by PRS.
- I am willing to receive cases electronically (via secure email/secure web link).
- I am interested in receiving my checks via direct deposit.
- Are you fluent in any foreign languages? Please list: _____
- I work in active practice at least ten hours per week? If not, please indicate the number of hours per week: _____
- I will notify PRS immediately of any possible conflict of interest issue with any case assigned to me. (as defined in the Conflict of Interest Agreement)

5. Board Certification: List recognized board, certification and expiration dates

- 1) _____ Issue Date: _____ Exp. Date: _____
- 2) _____ Issue Date: _____ Exp. Date: _____
- 3) _____ Issue Date: _____ Exp. Date: _____
- 4) _____ Issue Date: _____ Exp. Date: _____

6. Please list all States where licensed:

(Please circle below)

- 1) _____ License #: _____ Active Inactive
- 2) _____ License #: _____ Active Inactive
- 3) _____ License #: _____ Active Inactive
- 4) _____ License #: _____ Active Inactive
- 5) _____ License #: _____ Active Inactive

* Please attach separate page listing any additional licenses, w/activity status.

7. Please list all current Federal and State drug registrations below:

Drug enforcement Administration:

Certificate Number: _____

- 1. Issue Date: _____ Exp. Date: _____

State Controlled Substance Registration:

1. Certificate Number: _____

- 2. Issue Date: _____ Exp. Date: _____

State Controlled Substance Registration:

1. Certificate Number: _____

- 2. Issue Date: _____ Exp. Date: _____

State Controlled Substance Registration:

1. Certificate Number: _____

- 2. Issue Date: _____ Exp. Date: _____

Printed Name: _____

Reviewer's Signature: _____

Date: _____

PEER REVIEW SOLUTIONS, INC.

Reviewer Questionnaire

Please answer the following questions and provide the requested information to Peer Review Solutions, Inc. (“PRS”).

If you answer Yes to any of the following questions below, please attach a separate page and provide a full explanation for your response. Please reference the question on the attached page of explanation.

Insurance Coverage & Legal History:

(Please Circle Below)

1. Has your license to practice, in any jurisdiction, ever been investigated, voluntarily or involuntarily limited, suspended or revoked or do you have any current pending challenges? YES NO

2. Have any of your board certifications ever been revoked? YES NO

3. Have you ever been named as a defendant in a malpractice suit? YES NO

4. Have any judgments been made against or settlements been agreed to in any professional liability case involving you? YES NO

5. Are there any professional liability lawsuits pending against you at this time? YES NO

6. Have you ever been convicted of a felony? YES NO

7. Have you ever been convicted of a misdemeanor related to the health care profession or health care activities? YES NO

8. Are you self insured? YES NO

Name of Current Malpractice Insurance Carrier/Self-Insured Entity			Telephone	
Address			Effective Date	Expiration Date
Policy Number	Amount of coverage per occurrence	Amount of coverage aggregate	Individual or Shared?	

Practice History:

1. Has your license to practice, in any jurisdiction, ever been investigated, voluntarily or involuntarily limited, suspended or revoked or do you have any current pending challenges? YES NO
2. Have any of your board certification ever been, or are they currently, in the process of being denied, revoked, suspended, limited, restricted or not renewed? YES NO
3. Has your narcotics registration certificate ever been suspended, revoked, restricted, voluntarily or involuntarily relinquished or is it currently being challenged? YES NO
4. Have your privileges or medical staff membership, past or present, at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed? YES NO
5. Has your participation in any federal, state or private (HMO, PPO, etc.) health insurance program ever been, or is currently, in the process of being denied, revoked, suspended, limited, restricted or not renewed? YES NO
6. Have you ever been sanctioned by a state or federal agency for any reason? YES NO
7. Have you ever been the subject of an investigation or audit by any federal, state or private health insurance program? YES NO
8. Have you ever either voluntarily or involuntarily withdrawn your application for medical staff membership or request for clinical privileges at any facility? YES NO

Mental & Physical Condition:

1. Are you currently using, or have you used in the past five (5) years, illegal drugs or any other chemical substance that has or may impair your ability to practice medicine? YES NO
2. Do you have any mental or physical condition that may impair your ability to perform specialty peer review activities as outline in PRS's Independent Reviewer Agreement, and as requested by PRS's client, or do you know of any reason why you cannot perform your essential duties with or without reasonable accommodation? YES NO

Please include the following documents when submitting your application:

Copy of your current CV which lists:

- Education
- Work History (past 10 years) Please indicate dates using months and years, along with a brief explanation for any gaps of more than six months.

PRS will verify license status via appropriate state health professional boards in all states where reviewer is or has been licensed.

Printed Name: _____

Reviewer's Signature: _____

Date: _____

Electronic Signature

In cases of time-sensitive peer review reports, Peer Review Solutions, Inc.'s ("PRS") authorized Quality Control ("QA") staff may attach reviewer signatures to complete case reports. Prior to affixing reviewer signatures to reports, the QA staff member may make minor, non-substantive changes to the submitted report such as formatting, typographical, spelling or grammatical changes. QA staff members are not permitted to make material, content-related changes to a peer review report under any circumstances without first discussing the issues with the Peer Reviewer and obtaining their explicit approval. QA staff must call and obtain clarification, modification or corrections directly from the Peer Reviewer who completed the review. All such contacts and clarifications, modifications or corrections are fully documented within PRS's database before making changes to the case report. To further protect and ensure the integrity and credibility of the peer review process, original reports submitted to PRS by Peer Reviewers are saved in an original uneditable version.

In order to affix electronic signatures to case reports, PRS requests your authorization for QA staff to electronically affix your signature to completed case reports. To authorize, please sign the Electronic Signature Authorization below to provide us with your template signature. Your signature will be scanned and stored in a restricted database.

Electronic Signature Authorization

I hereby authorize PRS Quality Control staff to electronically affix my signature to my completed case reports.

Name (Please Print): _____

Date: _____

Please sign in the area below, using black ink.

PEER REVIEW SOLUTIONS, INC.

Reviewer Agreement

This Agreement is made and entered into this _____ day of _____, by and between Peer Review Solutions, Inc. (hereafter referred to as “PRS”) a California corporation having principal offices in _____, CA and _____ (hereafter referred to as “Reviewer”).

In consideration of the mutual promises, representation as and warranties set forth below, the parties agree as follows:

1. Services. Reviewer is board certified in the following profession _____, licensed to practice in the State of _____, and agrees to utilize the services of PRS in order to perform peer reviews and related services (collectively referred to as Professional Services hereafter) at the request of and behalf of third party clients.

2. Support by PRS. PRS will, unless otherwise agreed, provide Reviewer with the necessary provisions and services to enable Reviewer to perform the Professional Services.

3. Availability. Reviewer will be available, as mutually agreed, to perform Professional Services at the request and on behalf of third party clients. Reviewer will perform Professional Services in accordance with the professional standards for such services, and then submit to PRS a completed report for each Professional Service rendered within the time frame dictated by PRS and/or the third party client and in a form and manner consistent with professional standards and applicable law. Reviewer will certify, in a manner and form appropriate to the situation, that each such report accurately reflects Reviewer’s professional opinion. PRS will maintain Reviewer’s report for such period of time as required by law.

4. Compensation.

a. For cases submitted by PRS’s clients and identified as fixed rate services, (i.e. Workers Comp Peer Review), PRS and Reviewer will negotiate and agree upon a fee prior to Reviewer rendering any services for such third party claim. PRS will pay to Reviewer the fixed rate agreed upon, regardless of the outcome of the review or the decision rendered to PRS’s clients by the company or Reviewer.

b. For all cases billed hourly to PRS’s client, PRS will pay to Reviewer at the rate of \$125.00/per hour. (solely for time spent on said services, regardless of the outcome of the review or the decision rendered to PRS’s client by the company or Reviewer). Reviewer’s time will include all time spent for analysis of patient’s medical records, analysis of medical plan language, clinical research if necessary, developing clinical recommendation, etc., or any other activities directly related to the case/review. If PRS’s client has requested a cap or estimate on the number of hours for a particular case, Reviewer and PRS will discuss such cap or estimate on a case by case basis. Reviewer shall provide PRS with a written invoice on a monthly basis detailing the services provided and the time spent by Reviewer in Performing the Services. PRS shall pay such invoice within thirty (30) days of receipt of payment from its client.

c. Reviewer shall be responsible for all of his or her respective expenses and costs incurred in connection with providing the Professional Services, including providing his or her own computer and access to the Internet.

5. Term and Termination. Either party may terminate this Agreement by giving the other party fifteen (15) days prior written notice of such termination. Further, PRS may immediately terminate Reviewer relationship and this Agreement if Reviewer has materially violated his or her responsibilities, breached any representations made under the application for services or PRS determines that Reviewer's professional license or professional liability insurance has been suspended, revoked or otherwise impaired in any fashion; provided that Reviewer. has failed to provide satisfactory assurance to PRS within five (5) days of notice of such violation that the violation has been CURED and steps taken to prevent its recurrence. Upon termination, Reviewer shall immediately return to PRS all Trade Secrets (as defined below) and all other materials, including case files or client materials, provided to Reviewer by PRS and agrees to not maintain copies of the same.

6. Independent Contractors. PRS and Reviewer are independent contractors, each responsible for their own respective federal, state and local income, payroll, withholding and unemployment taxes, as well as any other applicable taxes. This Agreement does not create a partnership, joint venture, agency or employment relationship between PRS and Reviewer.

7. Insurance. Reviewer will maintain professional liability insurance sufficient to insure Reviewer in the event of any claims arising out of the rendering of professional services and in an amount not less than \$500,000 per claim, \$1,000,000 in the aggregate, and provide proof to PRS upon request. Upon lapse or loss of licensure, staff privileges and/or professional liability insurance, or upon the filing of a claim of malpractice, or disciplinary actions/and or restrictions imposed by any regulatory agency having jurisdiction over Reviewer's license to practice, Reviewer will immediately notify PRS.

8. Hold Harmless. Reviewer will hold harmless, indemnify and defend PRS, its employees, agents, shareholders, officers and directors, from and against any and all claims, demands, liabilities, costs or damages incurred as a result of the misconduct or general or professional negligence in the rendering of Professional Services hereunder. PRS will hold harmless, indemnify and defend Reviewer from and against any and all claims, demands, liabilities, costs or damages incurred as a result of the misconduct or negligence of PRS in the rendering of services hereunder.

9. Proprietary Information. Reviewer acknowledges that PRS has proprietary and privacy interests in its trade secrets which it considers proprietary and confidential. "Trade Secrets" includes, but is not limited to, PRS's computer system, website and software programs, client and medical professional data, client and customer lists and databases, marketing materials and other confidential information. The Reviewer will not, at any time, disclose any such confidential Trade Secrets to any other individual or entity unless under court order to do so in which case it will provide prior written notice to PRS. In addition, Reviewer will not at any time either during the term of this Agreement or for a period of one year after termination, solicit, directly or indirectly, employees of PRS or agents, contractors or medical professionals associated with PRS for either the benefit of Reviewer or any individual or entity.

10. Miscellaneous. This Agreement embodies the entire understanding between the parties respecting the subject matter of this Agreement and supersedes any and all prior negotiations, correspondence, understandings and agreements between the parties concerning the subject matter hereof. This Agreement shall not be modified except by a writing duly executed on behalf of the party against whom such modification is sought to be enforced. The failure of any party to require performance by another party of any provision of this Agreement shall in no way affect the full right to require such performance at any time thereafter. Should any provisions of this Agreement be found unenforceable, the remainder shall still be in effect. This Agreement has been negotiated by the parties and their respective attorneys, and the language of this Agreement shall not be construed for or against either party. The headings are not part of this Agreement. Either the original or copies, including facsimile transmissions, of this Agreement, may be executed in counterparts, each of which shall be an original as against any party whose signature appears on such counterpart and all of which together shall constitute one and the same instrument. This Agreement will be governed by and construed according to the laws of the State of California without respect to conflicts of laws principles.

REVIEWER

PRS

Name (please print): _____

By: _____

Signature: _____

Print Name & Title

Date _____

Date _____