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**Collection Services Terms and Conditions- Specified International Account**

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Debtor's Name(s):** \_\_\_\_\_

**Amount to be collected:** \_\_\_\_\_

**Contingency Fee:** \_\_\_\_\_ % of the amount collected will be paid by client to OVAG. Please contact your OVAG marketing representative regarding fees prior to completing this form.

**Termination:** Termination shall not release Client from making all contingency fee payments due to OVAG through the date of termination for Services rendered. Further, OVAG shall continue to receive its contingency fee on all debtor, patient or third party payments received by OVAG or Client after date of termination for placed accounts actively worked by OVAG prior to termination.

**Invalid Claim:** Client will pay OVAG documented costs of its investigation upon proof of invalid claim.

**Invoice Terms:** Net remit to client.

**Recall Terms:** Client may withdraw an account within five (5) business days of account placement. Thereafter, client shall pay full contingency fee described herein.

**Collection:** OVAG has the right to act as the agent for client, collect the debt and receive payment. Settlements for less than 80% of the referred amount shall be approved by client before acceptance.

**HIPAA:** OVAG is HIPAA and HITECH Act compliant. Client shall provide Business Associate Agreement for execution.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

Please include all available documents to support the claim, such as

- itemized bill,
- UB04 or HCFA 1500,
- relevant correspondence, collection notes
- debtor's demographic information,
- copy of debtor's ID, copy of insurance card, etc.