

**CONTRACTUAL AGREEMENT BETWEEN PHYSICIAN AND MEDICAL
TRANSCRIPTION SERVICE**

This contract is made and entered into on _____ (date) by _____ (client) whose address is _____ and _____ (contractor) whose address is _____. In consideration of the mutual promises in this contract, the parties agree to abide by all the terms of this contract.

Contractor agrees to do the following: Medical transcription in accordance with client's documentation guidelines and forms. Services shall include: _____. Turnaround for transcription services shall be forty-eight (48) hours.

Pickup and delivery of the materials needed to complete this service will be made by the contractor, or his/her appointed courier, at the client's place of business at such a time agreed to by both parties. Contractor promises that the final product will be completed to the client's satisfaction.

For performing the work described above, client agrees to pay contractor the amount of _____ per gross line.

The client agrees to pay the contractor in a timely manner. The client shall be billed for services rendered on these billing dates: _____.

Either party may terminate this agreement on not less than thirty (30) days' notice.

Confidentiality: As a contractor, it is my responsibility not to violate any confidence of the patient or their family through indiscriminate discussion pertaining to patients, their treatment, diagnosis, or progress. Erroneous and nonpublic information released by me shall result in legal liability. I understand and agree that all patient records and patient information are strictly confidential and will not make any disclosures.

Errors and Omissions Insurance: It is my policy that computer-authenticated or other artificial signatures generated by means other than the actual dictating physician's signature are not endorsed by me. Therefore, the doctors should proofread their transcription for document content, accuracy and quality control.

No changes shall be made in this agreement unless those changes are agreed to in writing by both contractor and client.

Signed _____ (Contractor) Date _____

Signed _____ (Physician) Date _____