

HEALTHCARE SCOPE OF SERVICES TEMPLATE

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FACILITY NAME / PROVIDER	
PROJECT MANAGER	
PHONE	
EMAIL	
MAILING ADDRESS	
CONTRACTING PARTY	
DATE	



1. PURPOSE

2. SCOPE OVERVIEW

3. SCOPE OF HEALTHCARE SERVICES

4. HEALTHCARE PROVIDER RESPONSIBILITIES

5. QUALITY AND PERFORMANCE STANDARDS

6. MEDICAL PROTOCOLS AND GUIDELINES

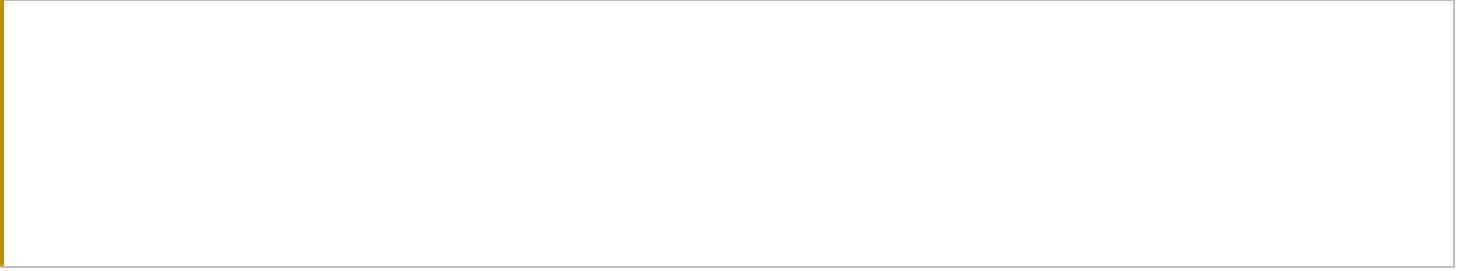
7. PATIENT CONFIDENTIALITY AND PRIVACY

8. EMERGENCY RESPONSE AND PREPAREDNESS

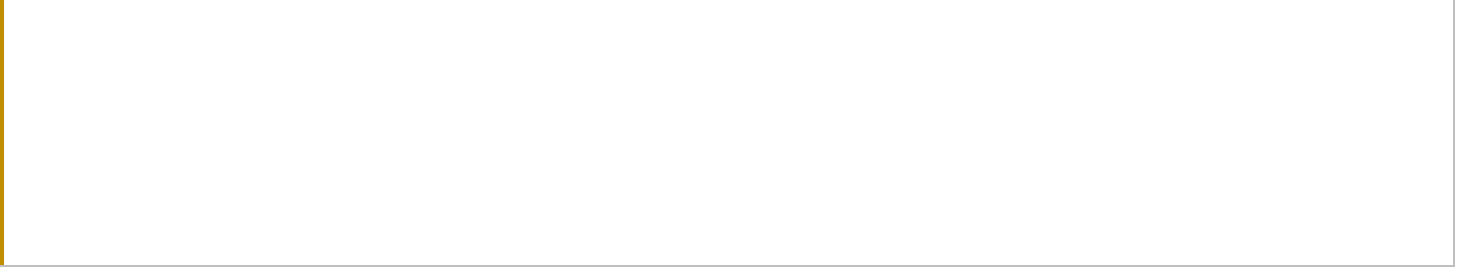
9. HEALTHCARE TECHNOLOGY AND EQUIPMENT

10. REGULATORY COMPLIANCE

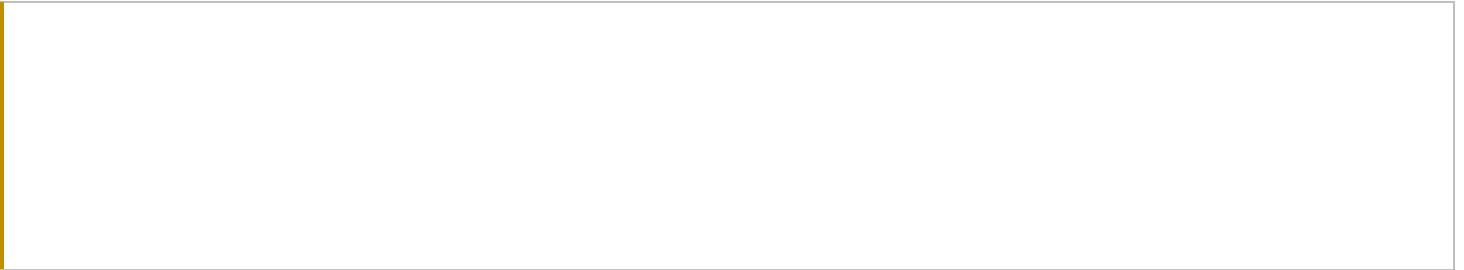
11. HEALTHCARE DOCUMENTATION



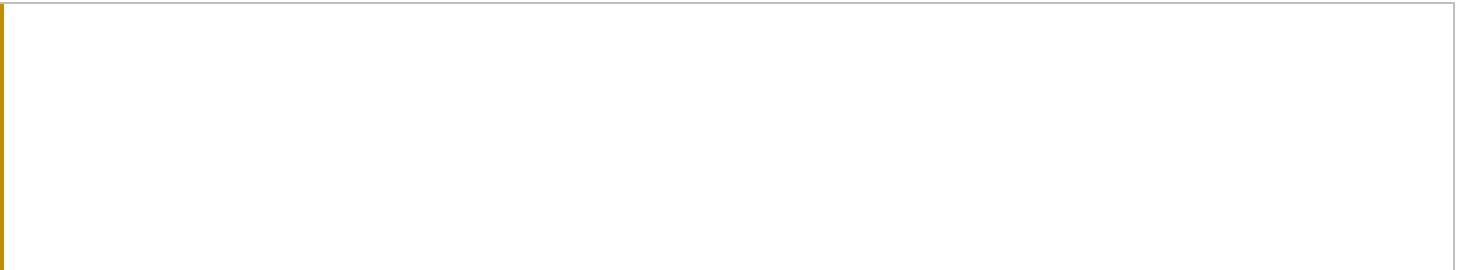
12. INFECTION CONTROL AND SAFETY



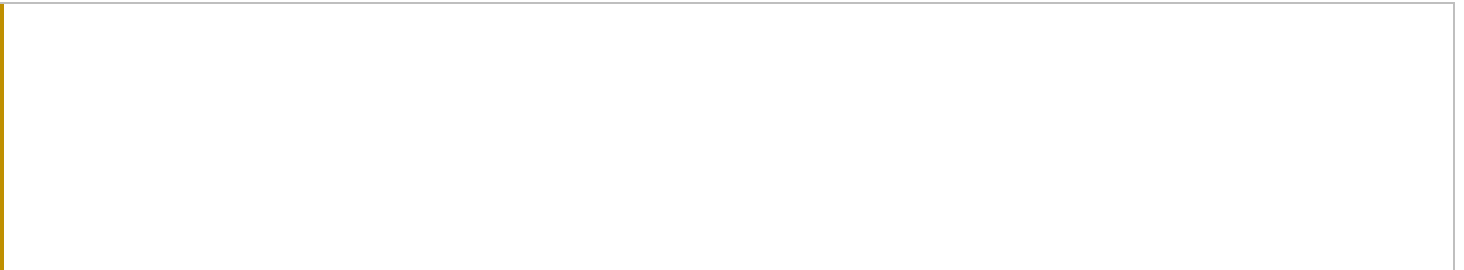
13. COMMUNICATION AND COORDINATION



14. PATIENT EDUCATION



15. BILLING AND INSURANCE



16. TERMS AND CONDITIONS

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APPENDICES

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SIGNATURES

PROJECT MANAGER	
SIGNATURE	
DATE	
SIGNATORY NAME	
SIGNATURE	
DATE	

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