

Single Case Agreement

This **Single Case Agreement** ("**Agreement**") is entered into on _____ ("**Effective Date**")

by and between the following parties:

Insurer

Provider

The Insurer and the Provider may be referred to individually as a "**Party**" and collectively as the "**Parties.**"

WHEREAS, the Insurer administers health benefit plans that provide coverage to eligible members;

WHEREAS, the patient identified below ("**Patient**") is a covered member under a plan administered by the Insurer;

WHEREAS, the Provider is not part of the Insurer's contracted provider network;

WHEREAS, the Insurer has determined that services provided by the Provider are necessary for the Patient due to continuity of care needs or the unavailability of suitable in-network providers;

WHEREAS, the Parties wish to establish the terms under which the Provider will render services to the Patient at agreed rates equivalent to in-network benefits;

NOW, THEREFORE, the Parties agree as follows:

1. Purpose and Scope

This Agreement sets forth the terms under which the Provider will deliver specified healthcare services to the Patient on a one-time, case-specific basis. This Agreement applies solely to the Case described herein and does not establish an ongoing contractual relationship or network participation.

2. Patient and Case Information

Item	Details
Patient Name	
Member ID	
Date of Birth	
Diagnosis/Condition	
Authorized Services	
Authorization Number (if applicable)	
Service Location	
Authorized Service Period	

The Provider shall only render services that are expressly authorized under this Agreement.

3. Provider Obligations

The Provider agrees to:

- Provide medically necessary services consistent with accepted professional standards and applicable regulations.
- Obtain and maintain all required licenses, certifications, and credentials.
- Submit accurate and complete claims and supporting documentation to the Insurer in a timely manner.
- Comply with reasonable utilization review, preauthorization, and care management requirements communicated by the Insurer.
- Maintain appropriate clinical records for the services provided and make such records available upon lawful request.

5. Compensation and Payment Terms

The Insurer shall compensate the Provider for authorized services as follows:

Service Description	Rate	Billing Code (if applicable)

Payment shall be made within _____ days of receipt of a complete and accurate claim submission.

The Provider agrees to accept the agreed rates as payment in full for covered services, except for any applicable patient responsibility such as deductibles, copayments, or coinsurance as defined by the Patient's benefit plan.

6. Patient Financial Responsibility

The Patient shall be responsible only for applicable in-network cost-sharing amounts under their benefit plan. The Provider agrees not to bill the Patient for amounts exceeding such responsibility for services covered under this Agreement.

7. Term

This Agreement shall commence on the Effective Date and remain in effect solely for the duration of the Authorized Service Period, unless earlier terminated in accordance with the Termination clause.

8. Termination

Either Party may terminate this Agreement:

- For cause, if the other Party materially breaches its obligations and fails to cure such breach within _____ days after written notice.
- If the services are no longer medically necessary or are no longer authorized by the Insurer.
- Upon mutual written agreement of the Parties.

Upon termination, the Provider shall be entitled to payment for authorized services rendered up to the date of termination. Obligations relating to payment, confidentiality, and records shall survive termination.

9. Confidentiality and Data Protection

Each Party shall protect the confidentiality of Patient information and other sensitive data in accordance with applicable privacy and data protection requirements. Such information shall only be used for purposes related to this Agreement and shall not be disclosed except as required by law or authorized by the other Party.

10. Independent Status

The Provider is an independent contractor and is not an employee, agent, or representative of the Insurer. Nothing in this Agreement shall be construed to create a partnership or joint venture.

11. Compliance with Laws

Each Party shall comply with all applicable laws, regulations, and professional standards in performing its obligations under this Agreement.

12. Limitation of Liability

To the extent permitted by applicable law, neither Party shall be liable for indirect or consequential damages arising from this Agreement. Each Party remains responsible for its own acts and omissions in the performance of services.

13. Governing Law and Dispute Resolution

This Agreement shall be governed by the laws of _____.

Any dispute arising under this Agreement shall first be addressed through good faith discussions between the Parties. If unresolved, the dispute shall be submitted to the competent courts of _____.

14. Entire Agreement

This Agreement constitutes the entire understanding between the Parties regarding the subject matter and supersedes all prior communications or agreements related to the Case.

15. Amendments

This Agreement may only be amended by a written document signed by both Parties.

16. Notices

All notices under this Agreement shall be in writing and delivered to the addresses stated above or to such other address as designated in writing by a Party.

Signatures

By signing below, the Parties acknowledge and agree to the terms of this Single Case Agreement.

Insurer

Name

Date

Signature

Provider

Name

Date

Signature



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