



PURCHASE ORDER

CLIENT CONTACT INFORMATION

Company Name: Lancaster County dba The Menta
Contact: Jareth Kaup
Phone #: (402) 441-6329
Fax #:
Email: jkaup@lancaster.ne.gov
Address: 2201 S 17th St Suite 200
 Lincoln, NE, 68502

TRIZETTO CONTACT INFORMATION

Sales Rep: Leah Johnson
Phone #: (314) 898-9193
Fax #:
Email: leah.johnson@cognizant.com
Address: 3300 Rider Trail South
 Earth City, MO 63045

TERM

Initial Term: 30 Days

Renewal Term: 30 Days

EDI SERVICE PACKAGES

Select the desired package	Product Name	Product Description	Monthly Fee
<input type="checkbox"/>	Electronic Claims	Includes Unlimited Claim Status Inquiry for Participating Payers(Non-participating payers will be charged at \$0.25/inquiry) and Unlimited Individual Eligibility Inquiries for Participating Payers(Non-participating payers will be charged at \$0.25/inquiry)	\$16.00 Monthly Minimum \$16/25 claims and .64 thereafter
<input type="checkbox"/>	Electronic Remittance Advice	Electronic Remittance Advice enables you to easily store, search, access and print electronic remittance advice files from one convenient location.	\$0.00 **Included in claim price**
<input type="checkbox"/>	Paper Claims	Cost-effective solution for payers not accepting claims electronically.	\$0.53 Per Claim
<input type="checkbox"/>	Practice Management Software Change	Please confirm that your office is changing software. You will receive a new Site Id.	\$0.00

ADDITIONAL FEES

Initial Set-up Fee: \$0
Provider Add On Fee: \$50
Annual Renewal Fee: \$0

NOTES

1. Invoicing **shall not begin** until the Go-Live date of **3/1/2018 12:00:00 AM**. If no Go-Live date is listed, then invoicing shall begin 30 days after the Effective Date. (Invoicing **will begin** upon submission of live claims if earlier than the Go-Live date.)

ADDITIONAL TERMS

OFFER AND AGREEMENT

This purchase order (the “**Order**”) is merely an offer to enter into a contract until signed by Client and, if not signed, will expire 30 days after receipt by Client.

Once signed by Client, this Order, together with the General Terms, Business Associate Agreement and other addenda attached hereto or referenced therein collectively constitute the Agreement, all of which are incorporated herein by reference (the “**Agreement**”), and contain the terms and conditions under which TriZetto Provider Solutions, LLC, (“**TriZetto**”) will provide the Services, as defined in the General Terms. The Agreement is effective as of the date as of the date Client signs below (the “**Effective Date**”). The Agreement supersedes any previous agreements and understandings between the Parties regarding the Services.

CLIENT ACCEPTANCE

By signing below, Client agrees that Client has read and agrees to the General Terms found at: http://www.trizettoprovider.com/TrizettoIntranet/media/TriZetto/Legal_Documents/General-Terms-05232017.pdf and the business associate agreement located at http://www.trizettoprovider.com/trizettoIntranet/media/TriZetto/Legal_Documents/BAA-05232017.pdf. The person signing below further represents that he/she is duly authorized to execute the Agreement on Client’s behalf.

Please sign below, keeping your signature within the box:

Signature:		Scan, fax, or mail this signed Purchase Order to:
Name:		Attention TPS Sales TriZetto Provider Solutions, LLC 3300 Rider Trail South Earth City, MO 63045 1-800-969-3666 Fax: 314-802-6822 physiciansales@cognizant.com
Title:		
Date:		