



## PURCHASEORDER

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### CLIENT CONTACT INFORMATION

Company Name:

Contact: Phone

#:

Fax #:

Email:

Address:

### TRIZETTO CONTACT INFORMATION

Phone #: (800) 969-3666

Fax #: (314) 802-6822

Email: [physiciansales@cognizant.com](mailto:physiciansales@cognizant.com)

Address: 3300 Rider Trail South  
Earth City, MO 63045

### EDI SERVICE PACKAGES

### MONTHLY FEE

Please check the box next to the desired package.

☐ **ELECTRONIC CLAIMS including SimpleClaim™ ELECTRONIC CLAIMS  
For My Choice Wisconsin (Payer ID 27004) Only**

**NO CHARGE**

- Includes: Online Claims correction and Electronic Remittance Advice
- SimpleClaim™ is a direct data entry (DDE) solution for claims submission that is integrated into the TriZetto Provider Solutions website.

If additional payer claims are submitted, we will bill at the retail rate and the site will need to speak with Sales at (800) 969-3666 for contract re-negotiation.

**TERM**

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**Initial Term:** 12 months                      **Renewal Term:** 30 days

**ADDITIONALFEES**

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

## OFFER AND AGREEMENT

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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 Client signs below (the “**Effective Date**”). The Agreement supersedes any previous agreements and understandings between the Parties regarding the Services. Notwithstanding the foregoing, if Client and TriZetto have already executed an Agreement consisting of substantially similar General Terms, Business Associate Agreement and other addenda attached thereto or referenced therein that constitute the Agreement, then this Order shall amend such existing Agreement and this Order will prevail in the event of a conflict with regard to the subject matter hereof.

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### 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/GeneralTerms05232017.pdf](http://www.trizettoprovider.com/TrizettoIntranet/media/TriZetto/Legal_Documents/GeneralTerms05232017.pdf)

and the business associate agreement located at

[http://www.trizettoprovider.com/trizettoIntranet/media/TriZetto/Legal\\_Documents/BAA05232017.pdf](http://www.trizettoprovider.com/trizettoIntranet/media/TriZetto/Legal_Documents/BAA05232017.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:

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

## Client Contact Information Form

Please complete the contact information for your account.

- Any field(s) marked with an asterisk (\*) is required.
- For Role, please note the following:
  - Only one person on the account can be marked as "Primary" or "Billing." If more than one person is marked as a primary or billing contact, **only the first person marked will be entered as such.**
  - Select the option that best describes how the contact is related to the account. If none are appropriate, you may leave blank. You may have multiple roles for a contact and you may have multiple contacts with the same role (other than primary or billing contacts).
- If you have a primary or billing contact already on file and are replacing one or both of those contacts, please either make an entry to remove the previous contact, or add a note in the notes section of the new contact indicating the contact you are removing.
- If you do not indicate that you are removing the previous contact, that contact will remain active on your account.
- If you indicate you would like to remove the primary or billing contact currently on file, you must designate a contact to assume that role. If you do not, we will not be able to remove the current contact since both primary and billing contacts are required.
- It is our recommendation that a note be entered for any contact that is being removed. Be sure to include a reason for the removal so that your change can be documented appropriately.

Role	Description
Primary	This contact is authorized to make updates to your account. They will be the person contacted for important announcements from TriZetto Provider Solutions. There can only be one primary contact on the account.
Billing	This contact will receive monthly invoices and correspondence from TriZetto Provider Solutions Accounting Department. There can only be one billing contact on the account.
Implementation	This contact is responsible for initial implementation.
NHXS	If you have purchased NHXS analytics products, this is a contact who is responsible for questions regarding these products.
Credentialing	If you have purchased credentialing services, this is a contact who is responsible for credentialing questions.
IT	This contact is responsible for troubleshooting technical issues.
Vendor	This is a contact from your Practice Management System that interacts with TriZetto Provider Solutions on your behalf.

Practice Information	
*Account/Practice Name	

The signer of this agreement individual hereby represents and warrants that she or he is authorized to execute and deliver this document to TriZetto Provider Solutions, LLC.

<b>*Primary Contact</b>	
*First Name:	
*Last Name:	
*Email Address:	
*Phone:	
Fax:	
Title:	
<b>*Billing Contact (if different from Primary Contact)</b>	
*First Name:	
*Last Name:	
*Email Address:	
*Phone:	
Fax:	
Title:	
<b>*Billing Contact (if different from Primary Contact)</b>	
*First Name:	
*Last Name:	
*Email Address:	
*Phone:	
Fax:	
Title:	
Role:	