## ATTACHMENT A EXPLANATION OF FEES AND CHARGES

Fee subject to change within a 30 day notice.

1.	Original Signup Fee:	Paid at time of signup
	Provider Office:	\$150 (For single practice and up to 5 provider group)
2.	Document Processing Fe	e: Will be charged to your account if applicable
	Provider Office:	\$25 For change of tax ID requiring new Enrollment forms or remap of providers new or upgraded computer systems.
3.	Claim Processing Fee:	Charge per claim edited and forwarded to Entity
	Provider Office:	\$0.65 For each claim edited and forwarded to Entity. No charge for claims edited and deleted from our system due to claim errors Does not include any research fees.
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4.	Research Fee: Charge	for claim follow up
	Provider Office:	\$2.50 For each claim where information has been provided to D & D Claims for research that has not aged more than 90 days from time of Facilities transmission to Company.
5.	Monthly Minimum Fee:	Charge for claims services
	Provider Office:	\$10
6.	Late Fee: \$20	
FA	CILITY	DATE
Ow.	ner	