PREFERRED PROVIDER REFERRAL AGREEMENT

THIS AGREEMENT is made and entered into this 1st day of September, 1990, between the CITY OF REDLANDS ("City"), and CHARTER HOSPITAL OF REDLANDS, through its Hospital and Counseling Centers ("Provider").

A. Provider operates facilities authorized to provide inpatient and outpatient psychiatric and substance abuse treatment services.

B. City desires to refer, on a non-exclusive basis, employees and eligible dependents (also referred to as "patients" and "clients") to Provider for psychiatric and substance abuse treatment services.

C. Provider and City desire to establish a consistent referral process to ensure quality and continuity of care and to provide mechanisms for cost and treatment accountability for employees and eligible dependents referred by City to Provider for psychiatric and substance abuse treatment services.

NOW, THEREFORE, the parties agree as follows:

A. PROVIDER agrees:

1. To provide outpatient psychiatric and substance abuse treatment services to employees and dependents referred by City.

2. To secure the patient's consent to release information to City.

3. To advise City of new treatment locations, and changes in current locations and identify primary contact in each facility.

4. To maintain during the term of this agreement all governmental licenses, permits, authorizations and approvals; maintain accreditation by the Joint Commission on Accreditation of Healthcare Organizations; and maintain adequate general liability and professional liability insurance.

5. Provider agrees to accept payment due under this Agreement as payment in full for outpatient services. Refer to attached "Schedule Of Fees".

B. CITY agrees:

1. To retain the right to identify the treatment resources to be used for each referral and is not bound to refer anyone to Provider.

2. To provide information to its referring offices on their responsibilities under this agreement including pre-treatment notifications, discharge planning, and billing.

3. To have its staff provide information to Provider to assist in assessment, treatment and aftercare of the referred employee and/or eligible dependent(s).

4. To encourage family members, whenever possible, to become involved in the treatment process.

5. To maintain the confidentiality of the referred employee/family member by obtaining a release of information from the individual prior to referral.

C. CITY and PROVIDER mutually agree as follows:

1. The term of this agreement shall be for one (1) year expiring on September 1, 1991.

2. The terms of this agreement include as follows:

   (a) The agreement may be terminated in general or with respect to a specific Provider facility by either party upon thirty (30) days written notice to the other party without cause.

   (b) In the event any one of the Provider's facilities' license is revoked or insurance cancelled, this agreement, as it applies to the facility in question, will be terminated effective the date of revocation or cancellation.

   (c) In the event this agreement is terminated for any reason specified above, Provider will continue to provide covered services to clients who are outpatients as of the date of termination until those clients are transferred to another provider or discharged.

(d) In the event item (c) above should occur, City is obligated to pay for Provider's services until the time of client's transfer or discharge.

3. During the term of the agreement, compensation due to Provider shall be paid to Provider in a timely fashion so that each payment is received by Provider no later than thirty (30) days after receipt of the UB-82 by City. In the event Provider does not receive payment within thirty (30) days after the receipt of a claim by City, Provider should be entitled to receive as payment for any such claim its usual and customary billed charges.

4. If City's benefits change at any time during the course of this agreement, Provider has the right to renegotiate the payment provision with City. City agrees to notify Provider of any proposed changes in its benefit plan by providing Provider sixty (60) days written notice prior to the effective date of change in the benefit plan.

5. This agreement represents the entire understanding between City and Provider and no representations, inducements or agreements, oral or otherwise, between the parties not contained in this agreement shall be in any force or effect.

6. This agreement may not be modified, changed or terminated, in whole or in part, in any manner other than by an agreement in writing duly signed by both parties.

THIS AGREEMENT has been executed on the date above written by the persons authorized to act in the respective parties' names.

"City"	"Provider"
CITY OF REDLANDS	CHARTER HOSPITAL OF REDLANDS
By: _____	By: _____
Title: MAYOR	Title: Administrator

CHARTER HOSPITAL OF REDLANDS

CHARTER HOSPITAL OF REDLANDS

SCHEDULE OF FEES

	Proposed	Actual Charge
Individual Therapy	$60.00	$75.00
Family Therapy	$70.00	$85.00
Group Therapy	$30.00	$30.00

ADDITIONAL SERVICES

INITIAL ASSESSMENT FREE

24-HOUR CRISIS LINE: (800) 533-4673

SEMINAR WORKSHOPS (Example: "Drugs And Alcohol In The Workplace"; "Stress Management")