Agreement Between

__________________________________________  ____________________________
Facility Name  Provider number (required)

AND

Network 8, Inc.

The undersigned, on behalf of _____________________________________________

(Facility Name)

hereby joins other Medicare-certified End-Stage Renal Disease facilities in ESRD Network 8 in
agreeing to participate in the activities of the Network as provided in 42 CFR Part 494.180(i) of
Department of Health and Human Services regulations.

It is understood that participation in Network activities is a condition of approval to receive
Medicare reimbursement for the provision of End Stage Renal Disease services.

The dialysis facility must cooperate with the ESRD Network designated for its geographic area in
fulfilling the terms of the Network’s current statement of work. Each facility must participate in
ESRD Network activities and pursue Network goals. Failure to comply may result in sanctions by
CMS.

Signed ____________________________________________

(Authorized Representative of Facility)

Date __________________________________________

The undersigned acknowledges this document as an agreement between

__________________________________________, and Network 8, Inc.

(Facility name)

Signed ____________________________________________

Executive Director, Network 8, Inc.

Date __________________________________________
Instructions for Completing Facility Agreements

The Conditions for Coverage, enacted in 2008, require that facility agreements be implemented between each Network and facilities in the Network region.

Directions:

1. Enter the facility name where indicated on the form (typically this is the “doing business as” name).

2. Enter the Medicare provider number issued by CMS.

3. Re-enter the facility name in the blank following “on behalf of”

4. Re-enter the facility name following “an agreement between”

5. Print two copies of the form and have them signed by the person authorized by the governing body to execute such agreements.

6. Forward two copies of the document to Network 8, Inc. at 775 Woodlands Parkway, Suite 310, Ridgeland, MS 39157. The agreement will be countersigned and one copy will be returned by mail or fax to the requesting person.