



5886 De Zavala Rd., Suite 102-490
San Antonio, Texas 78249

P 530 229-0337
F 888 398-0016

Sent via email: johnschmidt@gmail.com

Hello Dr. Schmidt:

It was good discussing your business. Per the information you supplied to me on the phone, I prepared the following quote.

Based on your scope of care for your facility accreditation, we propose providing you with the following:

- Assistance in preparing your Accreditation Application
- Policies and Procedures and related forms
- Corporate Compliance Policy and related forms
- HIPAA policy and related forms
- Employee policy, sample employee file and instructions to set-up.
- *Employee first year annual training required (HIPAA, Compliance, Hazard Communication & Blood-borne pathogens, to name a few).
- *Performance Improvement Program set-up and one quarterly Performance Improvement subscription
- *Onsite or virtual mock survey of your facility readiness and preparation assistance (onsite option is plus travel)

You will be provided with a live webpage with all your policies and procedures and related items as listed above. Our live web page will be your digital bookcase which will include, for one full year, any changes automatically updated should changes occur in Medicare accreditation requirements.

The total cost for a full-service Consult is ~~\$3950.00~~ **\$2950.00** as described above plus travel (travel is not required; we can work remotely via skype or facetime). **Or, \$1950.00 \$1550.00** if you choose everything listed above except those marked with an * and would like to implement on your own where you get access to our consulting for an entire year. Consulting and policy package renewal after one year would be only \$159/year.

Please read and fill out and execute the attached invoice and return to us, along with the attached facility intake, via fax at 888 398-0016.

Consultants PRN Inc.
An Arizona Corporation
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Once you have returned the agreement to us with payment in full we will begin developing your policies and publish them on your private webpage sending you your user name and password for you to access.

You need not stress over the complexity of this process - that is our job. We will teach you the best way to handle each accreditation situation and guide you to a successful outcome.

You can rest assured that we will cover all the bases to enable you to comply with the necessary standards for Accreditation.

Sincerely,

Minerva Mendoza MBA, COF, CDME
Consultants PRN

The greatest compliment you can give me is your referral to a friend or colleague! Thank you.

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Accreditation Consulting Intake

Legal Name						
Corporate address						
City		State		Zip		
DBA name						
Facility Physical Address						
City		State		Zip		
Facility mailing address (if different)						
City		State		Zip		
Telephone		Fax				
Primary contact person	Name		Email address		Cell #:	
Hours of Operation open during lunch closed for lunch from _____ to _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Type of corporation of business structure (X appropriate box)											
C Corp		S Corp		LLC		LLP		Partnership		Sole Proprietor	
Corporate officers/partnership names						Title			% Ownership		

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Credentialed Practitioners (Pharm, RT, OT, PT, CO, COF, CFOM, CPed, RN etc)	
Name	Credential # or license #

Compliance (These names will be added throughout your policy manuals)	
Corporate Compliance Officer	
HIPAA Privacy Officer	
HIPAA Security Officer	

Employee Names (please print)	

Mission statement don't have one-need help	
Do you require a drug testing policy for employees?	Yes No
Do you currently have a Policy Manual? Yes No	Date updated:
Do you have an employee manual? Yes No	Date updated:
Are you now accredited? Yes No	When does it expire?
With what organization?	

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Performance Improvement		
Do you have a formal performance improvement program?	Yes	No
Are you doing quarterly PI reports?	Yes	No
Are you current with your quarterly PI reports?	Yes	No

Ongoing Employee Competency		
Are you using any online employee education programs/services? If so-which one(s)?	Yes	No
Do you have a system to monitor employee competencies?	Yes	No

Scope of Care		
Are you planning to dispense anything other than braces and splints?	Yes	No
If so, please list:		

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ConsultantsPRN
 Mailing address:
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 San Antonio, TX 78249
 P (530) 229-0337
 F (888) 398-0016
 Consultants@consultantsprn.com

INVOICE

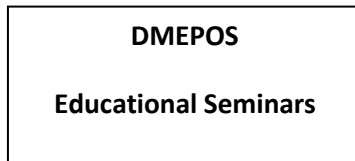
BILL TO: Dr. Schmidt	Email address: johnschmidt@gmail.com Contact Phone: (480) 717-7885
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Date	Our order#	Sales Rep	FOB	Ship Via	Tax ID
		Minerva Mendoza			

Quantity	Item	Description	Taxable	Unit Price	Total
1	PP-MM	Policy Package		\$1950.00	\$1950.00
		Discount		(\$400.00)	(\$400.00)
Subtotal	\$1550.00				

Tax	
Shipping	
Miscellaneous	
Balance Due	\$1550.00

I/we authorize Consultants PRN, Inc. to charge my/our credit card the amount of \$ _____.
 Cardholder agrees to pay ConsultantsPRN Inc. for all amounts authorized herein; if Cardholder fails to effectuate payment to Consultants PRN Inc. all amounts authorized herein, Cardholder agrees to be responsible for all collection costs, including attorney fees, court costs and fees associated with any action brought by Consultants PRN Inc. Cardholder hereby agrees to be subject to the jurisdiction of the courts of Arizona. There is no claim or refund if any travel arrangements have been made. It is my intent that a fax copy of this agreement is acceptable as an original signature.



Name on card _____
 Credit card: Visa MasterCard American Express Discover Card

Billing address on card: _____

City: _____ State: _____ Zip: _____

Credit card number: _____

Exp date: _____ Security Code: _____

Signature of cardholder _____ Date _____

Fax this back to us at (888) 398-0016