

# Anodyne® Therapy Care Provider Agreement

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

*Your email will be for updates from Anodyne only; List your website if you want a link at [www.anodynetherapy.com](http://www.anodynetherapy.com)*

Type of Facility: \_\_\_\_\_ Hospital \_\_\_\_\_ Outpt PT \_\_\_\_\_ Long Term Care \_\_\_\_\_ Home Health \_\_\_\_\_ Physician office \_\_\_\_\_ Other \_\_\_\_\_

Services: \_\_\_\_\_ Outpt PT \_\_\_\_\_ Wound care \_\_\_\_\_ Homebound Only \_\_\_\_\_ Homebound and Part B PT \_\_\_\_\_ Myofascial Pain/TMJ

## Anodyne Therapy agrees to provide the following support:

1. Proven clinical treatment protocols
2. Clinical implementation tools, care plan and progress note forms
3. Procedure Manual, Inservice Materials and Training DVD/Video
4. Packet of 5.07 10 Gram Monofilaments
5. PR and Marketing tips and tools
6. Starter Pack of brochures to market your center to referring providers and patients
7. Referral Program for patients and providers looking for a treatment center
8. Reimbursement information and support
9. Toll-Free Phone and FAX for ongoing technical and clinical support

## Anodyne Therapy Care Provider listed above agrees to:

1. Order an Anodyne Therapy Professional System
2. Agree to accept patient referrals for the Anodyne Care Program for all insurances you can accept
3. Agree to follow the Anodyne Protocols and Precautions as outlined in the Procedure Manual
4. Provide information to all patients at end of treatment program about how to get a home system
5. Promote the program in the local community
6. Be listed on the [www.anodynetherapy.com](http://www.anodynetherapy.com) website as an Anodyne Therapy Care Provider

**This agreement may be terminated by either party with 30 days written notice.**

Customer Name \_\_\_\_\_ Title \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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