



PHYSICIAN HIRING SERVICE

- **6 MONTH STAFFING GUARANTEE**
- **FULL RECRUITING SERVICES**
- **SAME FAIR RATES FOR ALL POSITIONS**

END-TO-END MEDICAL STAFFING SERVICES

Six-Month Staffing Guarantee

If the hire quits or is fired within six months of the contract date we will re-promote the position at no charge

Medical Employment Agreement

Standard contract template included with each employee at no additional charge*

Fulfill All Recruiting Steps

IPS places all ads, pre-interview by phone all applicants, and recommend the well-qualified applicants for a live interview with the client

Same Reasonable Rates for All Positions

The same price for all medical doctors, nurse practitioners and physical therapists

REASONABLE RATES

Option A

- \$4,500 Fee - Prepaid In Full

Option B

- \$6,000 payment option with no-deposit (100% contingent fee)

Rates subject to change. * Subject to state and federal law, IPS, LLC does not provide legal advice or services.

QUESTIONS? CALL: 855.854.6332

ASK ABOUT
DME & INSURANCE
CREDENTIALING
AND MEDICAL
BILLING
SERVICES!

HIRING SERVICES ORDER

Yes! Please, sign up our organization up for **IPS Physician Hiring Services**. Hiring Plan Options to choose from:

- OPTION A - \$4,500 Fee - Prepaid In Full
- OPTION B - \$6,000 with No Deposit (100% contingent fee)

Clinic Name: _____

HIRING SERVICES REQUEST DETAIL

| Address/City/State/Zip | Contact Name | Phone(s) | Position/Plan Option | DP Due |
|------------------------|--------------|----------|--|----------|
| | | | <input type="checkbox"/> Physician <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Physical Therapist <input type="checkbox"/> A <input type="checkbox"/> B | \$ _____ |
| | | | <input type="checkbox"/> Physician <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Physical Therapist <input type="checkbox"/> A <input type="checkbox"/> B | \$ _____ |
| | | | <input type="checkbox"/> Physician <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Physical Therapist <input type="checkbox"/> A <input type="checkbox"/> B | \$ _____ |
| | | | <input type="checkbox"/> Physician <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Physical Therapist <input type="checkbox"/> A <input type="checkbox"/> B | \$ _____ |

Credit Card Information

Cardholder's Name (as on card): _____

Cardholders Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Fax: _____

Work Phone: _____ Email: _____

Type of Card: MasterCard Visa Discover American Express

Card Number: _____ Expiration Date: ____/____/____
(m/m/yyyy)

Credit Card Security Code: _____ Amount to be Charged: \$ _____

I understand that my business/clinic will be assessed charges for services as selected and I authorize IPS to apply charges to the credit card listed.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

PLEASE FAX COMPLETED FORMS TO 727-683-9536