



**\*REVISED\*CONFIRMATION SERVICE AGREEMENT FOR TEMPORARY HEALTHCARE PROFESSIONAL COVERAGE**

This Confirmation is hereby issued pursuant to the Service Agreement for Temporary Healthcare Professional Coverage ("Agreement") entered into on 12/20/2022 by and between Mid-Ohio Educational Service Center ("Client") and CompHealth Medical Staffing ("CompHealth"). The date of issue for this Confirmation is **11/01/2024**. This Confirmation confirms the Assignment herein described under the terms and conditions herein described. In the event this Confirmation conflicts with the terms and conditions of the Agreement, this Confirmation shall control, but only with respect to the Assignment it describes. Capitalized terms used herein shall have the definitions assigned to them in the Agreement.

**ASSIGNMENT DATES, PROVIDER NAME, SPECIALTY AND LOCATION**

This Assignment is for the time period from 08/19/2024 to **10/31/2024 (previously scheduled to end on 10/30/2024)**.

The specialty of the Provider requested is: Occupational Therapy. The name of the Provider Client has accepted for this Assignment is: Sonya Mitchell ("Provider"). Client has requested provider coverage at Client's facility located below:

**Worksite(s)**

Mid-Ohio Educational Service Center  
890 W 4th St  
Ontario, OH 44906-2565

**FEES, RECRUITMENT FEE**

The Fees for the Assignment shall be as follows:

**FEE SCHEDULE:**

Rate	Rate Type	Description	OT/Callback	OT/Callback Description
\$85.00	Hours	Per Hour	\$127.50	Per Overtime hour applies after 40 Hours Per Week; Must be preapproved
\$0.67	Mileage	Rate for mileage	N/A	N/A

If applicable, Client will be billed for mileage between worksites visited on the same day at the current IRS rate. In the event during the Assignment, the IRS standard rate for mileage reimbursement should change, your mileage rate may vary to reflect the new IRS standard rate.

For your convenience, you will receive a weekly email to electronically approve time for all Providers working through your facility. An approved or signed time sheet will be considered approval by Client to pay hours noted on the time sheet, including any applicable overtime. Should you choose to have our Provider work overtime or on a facility recognized holiday, the time will be billed at 1 1/2 times the regular rate (if overtime rate is not already noted in the executed contract).

## **DEVIATIONS TO THE AGREEMENT**

This confirmation applies to the worksite identified herein and any other worksite as directed by Client.

**Setting:** School System

*If at any time our Provider is reassigned to a clinical area that does not match his/her clinical capabilities, you must inform CompHealth immediately.*

**Work Schedule:** Anticipated FMLA

M-F 37.5 hrs/wk, 5 days/wk, 7.5 hr/day, based on the school calendar

*When time off is required to offset weekend rotation, it must be taken within that same 40 hour workweek.*

**Client payroll week is:** Saturday through Sunday

**Assignment Supervisor:** Jen Crum

### **On Your First Day:**

**Address:** 890 Fourth Street, Suite 100 Mansfield, Ohio 44906

**Date to Arrive:** 08/19/2024

**When to Arrive:** 8:00 am

**First Day Contact:** Jen Crum

**What to Bring:** Photo ID

**Dress Code:** Business casual – jeans are acceptable

*CompHealth requires an orientation for each healthcare professional we place at your facility. This will provide our Provider with an understanding of facility policies, procedures and protocols, as well as an introduction to pertinent staff, layout of the facility and an overview of patients under treatment.*

*Provider will produce evidence of identity upon arrival at each assignment. Provider will present government-issued photo identification such as a driver's license, state identification card or passport.*

**Scheduled Time Off:** 0

*CompHealth and Client have mutually agreed upon the time off as outlined above. Any additional time off that is granted by the client will continue to be billed and invoiced based on the hourly guarantee as outlined in our Service Agreement.*

*Client understands and agrees that: (i) CompHealth's professional liability insurance coverage specifically does not cover Client or Provider provided telemedicine equipment or software and covers only medical negligence; (ii) applicable training in the use of telemedicine equipment and software is provided by Client and at Client's cost; and (iii) informed consent from patients for the provision of telemedicine services will be obtained by Client.*

*If at any time prior to or during the coverage period you need to contact any member of the CompHealth staff after normal working hours, you can do so by calling (800) 634-9582. It is our pleasure to be available to you 24 hours per day, 7 days per week.*