



Provider Letter of Commitment

AmeriHealth Mercy Family of Companies
Language Services Associates

Health Plan Participating Provider Name: _____

Health Plan Provider ID#: _____

Billing Contact: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Fax Number: _____

E-Mail Address: _____

The above named [Health Plan] Participating Provider(s) agrees to the following:

<input type="checkbox"/> Interpreting by Telephone	<p>Payment terms are net 30 days from date of invoice. Each provider is responsible for payment of their invoices. AmeriHealth Mercy Family of Companies will not be responsible or liable for payment of provider's usage.</p> <p>All Provider Pricing is based on enclosed Attachment A. For specific pricing questions please contact:</p> <p>Jim Pastore jpastore@lsaweb.com 215.259.7000 x 55316</p>
<input type="checkbox"/> Face to Face Interpreting	
<input type="checkbox"/> Document Translation	

Attention Participating Provider

By Signing below, Provider acknowledges that provider is responsible for all charges and fees associated with the use of the interpretation services described in Exhibit A ("Services") attached hereto and Amerihealth Mercy Family of Companies shall not be responsible or liable for payment of any services from the use of the Services.

Authorized Signature: _____

Print/Name/Title: _____

Date: _____

Please return to: Language Services Associates
Attn: Jim Pastore
jpastore@lsaweb.com
215.259.7000 ext 55316
455 Business Center Drive - Suite 100
Horsham, PA 19044



Exhibit A - Rates for Services

Language Services Associates, Inc.

Interpretation By Telephone (IBT)	Cost
Unscheduled Telephonic Interpreter Services – Over 200 Languages Rate Based on Monthly Minutes 0-15,000 minutes 15,001-25,000 minutes 25,001 + minutes <ul style="list-style-type: none"> • Dedicated toll free number • Complete implementation • Real time reporting tools and materials • Dedicated support and account management • Unlimited InterpreTRAC® license • Utilization reviews 	Charges per minute: \$1.25 Spanish/ \$1.35 all other \$1.14 Spanish/ \$1.24 all other \$1.10 Spanish/ \$1.20 all other Included Included Included Included Included Included
3 rd Party Dial Out	\$1.14 per call
Dual Handset Phones/ Digital Cradles	\$1.00/month/phone
Cordless Dual Hand Set Phones	\$1.00/month/phone

Telephonic interpreting charges will be billed monthly. All other services will be billed on a project-by-project basis.

Face-to-Face Interpretation Services	Cost
On-Site Interpreting – Consecutive, Simultaneous American Sign Language (ASL)	\$75/hr - \$120/hr \$90/hr - \$150/hr per interpreter

Two hour minimum. Travel time and reimbursement for mileage, tolls, and parking additional. Two hour minimum will be incurred for assignments canceled within 24 hours of scheduled assignment. ASL and Japanese require 48 hours notice for cancellation. Weekend and Monday cancellations must be made prior to the proceeding Friday. Rates and number of interpreters required for ASL & Face to Face interpreting depend on the scope of the assignment. Please call for specific rates and requirements. A 25% rush surcharge will be added to the interpreter rates for all requests made less than 1 full business day(s) prior to the assignment start time.

*Document Translation and Localization Services	Cost
Document and Website Translation	\$0.16 - \$0.40/word
Desktop Publishing	\$75/hour
Programming and Testing	\$85/hour

Translation memory discounts apply on a sliding scale according to percentage of match and prevailing per word rate by language. A \$150 minimum applies per language, per project. Per word pricing may be higher or lower depending on content matter or for rare languages. Rush charges may apply as determined by LSA. Depending on the scope of the project, a Project Management fee may apply.