

# Medical Service Agreement

Date: [Insert Date]

Between:

**[Clinic Name]**

Address: [Clinic Address]

Phone: [Clinic Phone Number]

Email: [Clinic Email Address]

AND

**[Provider Name]**

Address: [Provider Address]

Phone: [Provider Phone Number]

Email: [Provider Email Address]

## 1. Purpose

This agreement outlines the terms and conditions of medical services provided by [Provider Name] at [Clinic Name].

## 2. Term

This agreement shall commence on [Start Date] and continue until [End Date], subject to termination as provided herein.

## 3. Services Provided

Provider shall offer the following services: [List of Services].

## 4. Compensation

The compensation for services rendered will be based on [Payment Terms].

## 5. Confidentiality

Both parties agree to maintain confidentiality of patient records and health information.

## 6. Termination

This agreement may be terminated by either party with written notice of [Number of Days] days.

## **7. Governing Law**

This agreement shall be governed by the laws of [State/Country].

IN WITNESS WHEREOF, the parties hereto have executed this Medical Service Agreement as of the date first above written.

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[Clinic Representative Name]  
[Clinic Name]

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[Provider Name]