

# Healthcare Service Agreement

Date: [Insert Date]

Agreement Number: [Insert Agreement Number]

This Healthcare Service Agreement ("Agreement") is made between:

**Provider:** [Provider Name]

**Address:** [Provider Address]

and

**Client:** [Client Name]

**Address:** [Client Address]

## 1. Services Provided

[Describe healthcare services to be provided]

## 2. Duration

This Agreement shall commence on [Start Date] and continue until [End Date].

## 3. Compensation

The Client agrees to pay the Provider [amount] for the services rendered under this Agreement.

## 4. Confidentiality

Both parties agree to maintain the confidentiality of all patient information exchanged during the course of this Agreement.

## 5. Termination

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

## 6. Governing Law

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

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

---

Provider Signature  
[Provider Name]

---

Client Signature  
[Client Name]