

SCOTLAND HEALTH CARE SYSTEM
INFUSION CLINIC
MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU") is made this _____ day of _____, 202_, between _____ (hereinafter referred to as "Ordering Provider"), and Scotland Health Care System (hereinafter referred to as "SHCS"), located at 500 Lauchwood Dr., Laurinburg, N.C. 28352.

RECITALS:

WHEREAS, SHCS provides medication/blood infusion and related services to patients of Ordering Provider;

WHEREAS, SHCS in conjunction with the Ordering Provider assumes care for the patient for the infusion and ancillary services performed by SHCS related to the infusion, which includes making recommendations to the Ordering Provider for pre- and post-infusion medications for the patient; and

WHEREAS, Ordering Provider agrees to work and communicate with infusion service's staff in response to requests regarding the care of the patient relating to the infusion(s).

NOW, THEREFORE, in consideration of the mutual agreements and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, it is mutually agreed by and between the parties of this MOU that they will abide by recitals contained herein.

TERM AND TERMINATION: The term of this MOU shall commence on the date set forth above and shall continue until terminated by either party upon not less than sixty (60) days prior written notice to the other.

IN WITNESS THEREOF, SHCS and Ordering Provider have executed this MOU on the day and year first written above by their duly authorized representatives.

Scotland Health Care System

Ordering Provider: _____

By:  _____

By: _____

Name: Shelly Strickland Lowery, M.D.

Name:

Title: Chief Medical Officer

Title: