

## ASSIGNMENT OF CLINICAL REVENUE AND LIMITED POWER OF ATTORNEY FOR CLINICAL BILLING, CREDENTIALING AND PROVIDER ENROLLMENT

I hereby assign, set over and convey to **UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY, INC.**, a New Jersey non-profit corporation with its principal office located at 30 Bergen Street, ADMC 12, Newark, NJ 07107 (“UPA”), for so long as UPA exists or until July 1, 2020 (whichever is earlier) and then to **RUTGERS HEALTH GROUP, INC.**, a New Jersey non-profit corporation with its principal office located at 89 French Street, Suite 4100, New Brunswick, NJ 08901 (“RHG”)(UPA or RHG referred to herein as “Assignee”), all right, title and interest which I now have or may at any time in the future have in all fees, credits and other payments (collectively, “income”) related to patient care services furnished by me as an employee of Rutgers, The State University. All income derived from such patient care services shall be (in Assignee’s sole discretion) billed for, collected by and retained by Assignee as its sole and exclusive property and distributed in accordance with the practices and procedures of Assignee and I forever waive any claim to such income. I further grant Assignee a limited power of attorney to represent me in the appeal of any claim denials or in investigations or reviews of claims for patient care services furnished by me. In the event regulatory and/or third party payment programs require any or all patient care services performed by me as an employee of Rutgers, The State University to be billed in my name and my National Provider Identifier (“NPI”), I hereby designate, authorize and appoint Assignee as my agent and grant it a limited power of attorney to bill on my behalf for patient care services performed by me and to obtain provider numbers on my behalf to facilitate such billing. I agree that Assignee may use my NPI number in billing for services that I perform for Assignee. I agree to promptly pay over to Assignee any fees for such patient care services which I may receive.

I hereby grant Assignee a limited power of attorney to take any and all actions and execute any and all documents (including network participation agreements) as fully as I could do if personally present, in connection with credentialing, qualifying and enrolling me (under my NPI number) as a participating provider in any government-sponsored health programs (including, but not limited to, Medicare and Medicaid), and/or commercial health insurance plans or programs (including, but not limited to, managed care plans and/or third-party payor programs), as well as alternative payment model programs (such as an accountable care organization), all as determined by Assignee in its sole discretion from time to time.

The foregoing covenants are irrevocable and shall survive the termination of my employment with Rutgers, The State University with regard to services provided by me prior to such termination.

Acknowledged, accepted and agreed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness