

Tri-Party Agreement

AGREEMENT BETWEEN _____,
(Name of J-1 Physician Applicant)

(Name of Employer and ALL Practice Site Locations with full Address[es])

and THE VIRGINIA DEPARTMENT OF HEALTH OFFICE OF HEALTH EQUITY

TERM - This Agreement, made and entered into this _____ day of _____, _____ by and between _____ hereinafter referred to as Physician Applicant, _____ hereinafter referred to as Employer, and the Virginia Department of Health Office of Health Equity, hereinafter referred to as VDH-OHE. The terms of this Agreement shall commence as of _____ (date) and end not earlier than _____ (date).

SERVICE - The Physician Applicant and the Employer agree to accept assignment for all Medicare and Medicaid patients presenting for care. The Physician Applicant and the Employer agree to offer services to patients regardless of their ability to pay for such services.

EMPLOYMENT CONTRACT - The employment contract between the Physician Applicant and Employer is deemed to be part of this Agreement and must be no less than three (3) years in duration. The Physician Applicant agrees to provide direct patient care for 40 hours per week in not less than a four-day period, or 160 hours per month for surgical specialists and hospitalists.

VERIFICATION OF EMPLOYMENT REQUIREMENTS – Physician Applicant agrees to submit a Verification of Employment (VOE) form to VDH-OHE within 30 days of employment and every six months from the contract execution date until the date of completion of the three-year commitment. Failure on the part of the Physician Applicant to submit accurate and truthful VOE forms will result in a report of non-compliance to the U.S. Citizenship and Immigration Services (USCIS). Failure on the part of the Chief Executive Officer or Administrator of the employing entity to submit accurate and truthful VOEs will jeopardize future eligibility for J-1 physician placement at the practice site and may result in an out-of-compliance report for the Physician Applicant in the Commonwealth of Virginia.

TRANSFERS – The Physician Applicant must request and receive written authorization from VDH-OHE prior to relocating to another site. The Employer shall notify VDH-OHE immediately if the Employment Agreement with the Physician Applicant is changed or terminated for any reason. Failure to notify VDH-OHE immediately may result in the ineligibility of the Employer and/or Physician Applicant for future placements. The Employer of the Physician Applicant that transfers to another medical facility within Virginia shall submit a final VOE form upon termination of the contract to show proof of their last date of service.



DEFAULT - If, for any reason, the Physician Applicant does not fulfill (his or her) obligation under the terms of this agreement, VDH-OHE will notify the USCIS.

Physician Applicant Signature

Date

Employer Signature

Date

Sandra Serna, Director
VDH Office of Health Equity

Date