

## CorVel Payor Summary

This Payor Summary is furnished to the Provider pursuant to the Acu-Care Health Care Provider Agreement (the "Agreement"). This Payor Summary, when signed by the Provider, is incorporated into the Agreement in full.

### payor name:

CorVel is an independent provider of disability management and cost containment services to Payors, organized to operate on behalf of insurance companies, employers, third party administrators and other group (Payors).

### coverage:

Worker's Compensation

### effective date:

June 1, 1999

### claims procedures:

Provider should bill insurance company, employers, and third party administrators directly using HCFA 1500 forms.

**Rates Applicable for Workers' Compensation Health Care Services.** Provider agrees to accept as payment in full, reimbursement for covered health care services, the lesser of 90% of usual charges, 90% of usual and customary prevailing rates, or 90% of amounts based on the current state applicable Workers' Compensation Medical Fee Schedule, as amended from time to time.

**Workers' Compensation.** Provider agrees not to balance bill, beneficiaries or employees, any portion of the discounted amounts or fees exceeding any maximum allowable reimbursement published by the State.

CorVel is not the Payor, guarantor, or underwriter of the Payors providing benefits to the beneficiaries, and will not be held responsible for payment decisions.

I hereby agree to provide health care services and benefits to Beneficiaries of the above named Payor in accordance with the terms and conditions of the Agreement and this Payor Summary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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