

Beech Street 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:

Beech Street Corporation ("Beech Street")

Beech Street is a managed care/utilization review company that operates a preferred provider program and contracts with third party payors.

coverage:

Group Health
Workers' Compensation

effective date:

September 1, 2002

claims procedures:

1. Provider will submit bills to the address for submission of claims which is located on the back of the I.D. card (it may be Beech Street or address of Payor, it will vary.)
2. Third party payors that contract with Beech Street will reimburse Provider directly.

All billings are subject to Beech Street Billing Guidelines. See Provider Manual for more information. (Provider Manual can be accessed on www.beechstreet.com.)

reimbursement rates:

Provider Maximum Fee Schedule

This Beech Street fee schedule represents the payment due to Provider for providing Covered Services to Eligible Persons. Provider represents a discount from Provider's usual and customary charge in effect as of the date of service.

1. Non-Workers' Compensation Services

RBRVS multiple: 1.20% of 1999

All billings are subject to Beech Street billing guidelines. See Provider Manual for more information. (Provider Manual can be accessed on www.beechstreet.com.)

fee schedule effective: 7/22/05

Code	Description	Max. Allowable
97810	Acupuncture initial 15 minutes	80% of billed charges
97811	Acupuncture additional 15 min	80% of billed charges
97813	Electrical Stimulation initial 15 min.	80% of billed charges
97814	Electrical Stimulation addit'l 15 min	80% of billed charges
97112	Neuromuscular Reeducation	27.14
97139	Moxibustion/Cupping	17.93
99201	New Patient, Limited, Minor Sev.	46.83
99202	New Patient, Limited, Low-Mod. Sev.	72.59
99203	New Patient, Moderate Severity	100.66
99204	New Patient, Mod-High Severity	147.02
99211	Estab. Pt, Minimal	22.17
99212	Estab. Pt., Limited	40.48
99213	Estab. Pt, Limited, low-Mod. Severity	55.65
97010	Hot/Cold Treatment (one area)	13.34
97124	Massage	22.24

For codes that do not have a unit value assigned by RBRVS, St. Anthony's 1999 Gap Fill will be used. For codes not included (see back for fee schedule), reimbursement will be at 20% off billed charges.

2. Workers' Compensation Services

15% off of the applicable state's current workers' compensation fee schedule; or 15% off of billed charges; or the Health Benefits rates, whichever is less.

In no event would the fee schedule exceed the billed charges.

Payments are considered timely if the third party payor contracting with Beech Street issues payment within thirty (30) days following receipt of the billing. In instances where such payor does not issue payment within thirty (30) days following receipt of the billing, such payor is not entitled to the timely payment discount.

termination:

Beech Street has a 120-day group termination. Provider may terminate their participation in this contract by providing at least 90 days prior written notice to AcuCare.

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 _____