

# ACU-CARE Payor Summary & Election to Participate with MULTIPLAN, INC.

**PPO Name:** MultiPlan, Inc.  
**Product:** Group Health, PPO  
**Effective Date:** January 1, 2008

1. The above-named parties entered into an agreement under which Acu-Care (Network Provider) agreed to accept negotiated rates of reimbursement (“Contract Rates”) as reimbursement in full for services rendered to individuals (“Participants”), covered under health benefit plans (“Benefit Programs”) issued or administered by contracted customers of MPI (“MPI Clients”);
2. Effective October 18, 2006, MPI acquired Private Healthcare Systems, Inc. (“PHCS”); and
3. Network Provider and MultiPlan desire to amend the MultiPlan Agreement to update the other terms specified in the MultiPlan Agreement.

## CONTRACT RATE SUMMARY

**Reimbursement rates:** Practitioner shall accept as payment in full, the lesser of Practitioner billed charge or the amount set forth below:

**% Medicare current year RBRVS:** Evaluation & Management 110%  
**For non-Medicare & non-listed codes:** 50% off billed charges

Procedure Codes billed as follows	Code	Contract Rate
Acupuncture, First 15 minutes	97810	\$50.57
Acupuncture, Additional 15 minutes	97811	\$38.86
Electro Stimulation, First 15 minutes	97813	\$54.08
Electro Stimulation, Additional 15 minutes	97814	\$43.93

## Claims Procedures:

1. **Network Recognition** Provider agrees to recognize and accept the names and logos of MultiPlan, Inc. and its subsidiaries (see logo sheet), when displayed on the I.D. cards and/or Explanation of Benefits forms (EOBs) issued by Payors/Clients as authorized identifiers (“Authorized Logos”) and evidence of their respective rights to access Network Provider and to reimburse Network Provider at Contract Rates.
2. Provider shall follow the instructions listed on the Insureds “MultiPlan” identification card as to the appropriate direction of claim submission for that insured.
3. All benefits and eligibility is to be verified through the insureds insurance carrier or employer. MultiPlan does not verify eligibility, or benefits, make claim payments or benefit determinations.
4. Claims must be submitted on a HCFA 1500 and must have all required information.
5. MultiPlan, Inc. will require Payors/Clients to pay a clean claim submitted by Provider within thirty (30) business days of receipt, or the Payor shall forfeit the right to pay such claim at the negotiated reimbursement rate(s).
6. **Coordination of Benefits**
  - a. Network Provider will cooperate fully with MPI and/or Clients in providing information with respect to other entities providing primary medical coverage or otherwise having payment responsibility for services rendered to Participants, and in all other matters relating to proper coordination of benefits. When a Client is primary payor, Group shall accept from Client as payment in full for Covered Service the contract Rates established hereunder, less the appropriate Co-payment, Deductible, and Co-insurance.
  - b. Except as otherwise required by law, if Client is other than primary under the coordination of benefits rules, Network Provider will accept from Client, as payment in full, the amount of the Participant’s Co-payment, Deductible, and Co-insurance under the primary plan to the extent of the benefit available for covered services under the Benefit Program and such payment will not exceed the Contract Rate.

**Special Procedures:**

Upon termination of this Agreement for any reason, Network Provider will inform Participants seeking health care services that Network provider is no longer a Network Provider.

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.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date