



**BlueCross BlueShield
of Oklahoma**

**Blue Plan65 SelectSM Network Addendum to the
Blue TraditionalSM Network Participating Group Agreement**

This Blue Plan65 Select Network Addendum (“Blue Plan65 Select Addendum”) to the Blue Traditional Network Participating Group Agreement (“Agreement”) is made and entered into by and between Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (“The Plan”), and the undersigned (“Group”). This Blue Plan65 Select Addendum includes all applicable terms and conditions of the Agreement currently in effect between Group and The Plan.

The undersigned parties hereby agree to the terms and conditions contained in this Blue Plan65 Select Addendum. This Blue Plan65 Select Addendum shall be effective beginning on _____

MANGUM FAMILY CLINIC

Name of Group

Authorized Signature

Name of Signatory

Title of Signatory

Date Signed

BLUE CROSS AND BLUE SHIELD OF
OKLAHOMA, A DIVISION OF HEALTH CARE
SERVICE CORPORATION, A MUTUAL LEGAL
RESERVE COMPANY

Authorized Signature

RICK KELLY

Name of Signatory

VICE PRESIDENT HEALTH CARE DELIVERY
PROVIDER NETWORK OPERATIONS

Title of Signatory

Date Signed

With respect to Blue Plan65 Select Members only, the following terms shall apply:

ARTICLE I DEFINITIONS

- 1.0 Blue Plan65 Select Member: Any person eligible to receive Professional Services pursuant to the terms of a Blue Plan65 Select Benefit Agreement.
- 1.1 Blue Plan65 Select Participating Provider: A hospital, other health care facility, physician, health care professional or other provider of medical services, equipment or supplies, under an agreement with The Plan to render Covered Services to Blue Plan65 Select Members.

ARTICLE II AGREEMENTS OF GROUP

- 2.0 Accept Reimbursement: Group agrees to accept as payment in full for Covered Services rendered to Blue Plan65 Select Members the lesser of Group's Usual Charge or the Medicare Part B allowable charge. Medicare Part B deductible and coinsurance amounts which would ordinarily be owed by the Blue Plan65 Select Member will be paid directly to Group by The Plan on behalf of the Blue Plan65 Select Member. Group shall not bill or attempt to collect any amounts directly from the Blue Plan65 Select Member except for those services not covered by Medicare Part B. The Plan will not reimburse, nor may Group collect from the Blue Plan65 Select Member, any amounts for Professional Services unless such services have been rendered to an identifiable individual patient and are supported by a written report. Group agrees to promptly refund to the Blue Plan65 Select Member any amounts which may have been collected from the Blue Plan65 Select Member in excess of the Blue Plan65 Select Member's responsibility as shown on The Plan's provider claims summary.
- 2.0.0 Written Waiver: Except where otherwise provided by applicable law, Group shall not bill or attempt to collect from the Blue Plan65 Select Member for services denied as not Medically Necessary or Experimental/Investigational/Unproven unless Group has obtained a Written Waiver prior to rendering services. A Written Waiver cannot be used for Covered Services that The Plan determines are not separately reimbursable.
- 2.1 Blue Plan65 Select Member: Group agrees to extend all Covered Services to Blue Plan65 Select Members in accordance with the applicable terms and conditions of the Agreement currently in effect between Group and The Plan.
- 2.2 Call Coverage: Group agrees to provide coverage for Blue Plan65 Select Members twenty-four (24) hours per day, seven (7) days per week by a Blue Plan65 Select Participating Provider.
- 2.3 Coordinate Health Care: Group shall coordinate the Blue Plan65 Select Member's health care with the Primary Care Physician and/or other specialists or facilities when such care is needed.
- 2.4 Maintain Staff Privileges: Group agrees to ensure that each Group Participating Physician maintains medical staff privileges at a Blue Plan65 Select Participating Hospital. Special consideration will be given to the physician whose specialty does not ordinarily require hospital privileges. Group agrees to notify The Plan of any changes in such staff privileges in writing within thirty (30) days. Failure of Group to provide such notice to The Plan may result in termination of this Blue Plan65 Select Addendum by The Plan pursuant to Article XI of the Agreement.
- 2.5 Utilization Management: Group agrees to cooperate in utilization management activities and ensure that Prior Authorization is obtained or verified for Blue Plan65 Select Members who have such requirements in their Benefit Agreement in accordance with Article VI of the Agreement.

**ARTICLE III
TERM AND TERMINATION**

In addition to the termination provisions in Article XI of the Agreement, the following provision shall apply to this Blue Plan65 Select Addendum:

- 3.0 Contract Period: This Blue Plan65 Select Addendum shall be effective as stated on the cover page of this Blue Plan65 Select Addendum and shall continue until the earlier of (1) termination of all agreements between Group and The Plan or (2) termination of only this Blue Plan65 Select Addendum between Group and The Plan in accordance with the termination provisions of the Agreement.

Refer to cover page for effective date and signatures.