

ADDENDUM TO PARTICIPATING PROVIDER AGREEMENT (1390)

This addendum is entered into by and between _____ hereinafter referred to as "PROVIDER" and **Premier Provider Network, Inc.** hereinafter referred to as ("PPNI"), a Texas Corporation having its principal office in Harris County, Texas.

RECITALS

PROVIDER and PPNI entered into an Agreement, referred to as the original Agreement and this Addendum shall supplement the original Agreement, where this Addendum and the original Agreement conflict this Addendum shall control.

Upon termination of such Agreement, PROVIDER will continue to honor the existing discounted rates for members undergoing a course of treatment at the time the contract is terminated and until the course of treatment is complete. PROVIDER agrees to use best efforts to use services of other contracted ancillary service providers when necessary and as consistent with the standard of care.

Provider agrees to the provisions set forth in the Minimum Standards for Provider Participation and agrees to comply with PPNI's Policies for Provider Participation including but not limited to the Credentialing and Re-Credentialing, Dispute Resolution, Quality Assurance, Grievance Programs and PPNI's provider Procedure Manual. Provider authorizes PPNI to lease out this contractual agreement to other medical plan organizations for the purpose of solicitation to its Patients for medical services. Provider agrees to abide by the PPNI coverage, availability, and accessibility policies and procedures and acknowledges that PPNI will monitor accessibility, quality of care and conformance. Provider also agrees to practice within the scope of his/her licensure and will provide twenty-four (24) hours per day, seven (7) days per week coverage.

Provider agrees that any and all licenses or certifications required by local, state or federal agencies, boards, associations or committees have been obtained and are maintained in an active status throughout the term of this agreement. Provider agrees to notify PPNI immediately if a loss of legal authority to provide medical services should occur.

The term of this Agreement shall commence upon the date executed by PPNI and shall continue in effect until terminated by either party with or without cause upon ninety (90) days prior written notice. Upon termination of this Agreement Provider agrees to continue to honor discounted rates for all Members who are undergoing treatment until the course of treatment is complete.

DOCTORS SELECT PROGRAM FEE SCHEDULE

The follow codes (*) will be reimbursed at a total of seventy-five dollars (\$75.00) inclusive of member twenty five-dollar (\$25.00) office visit payment:

99201	99202	99203	99204	99205
99211	99212	99213	99214	99215

*** Excludes routine exams, wellness and accidents.**

All remaining fees will be paid by the member at one hundred percent (100%) of the current Medicare allowable and will be updated accordingly and in conjunction with governmental rates. Codes not recognized by Medicare will be paid by the member at seventy percent (70%) of the Provider's reasonable and customary billed charges. If the Provider's billed charges are equal to or lesser than the contractual fee, a fifteen percent (15%) courtesy discount will be applied to the Provider's billed charges. PPNI is not a claims paying agent.

These modifications are mutually agreed to by the contracting parties and are supported by legal consideration. The remaining terms of the Agreement are unchanged by this Addendum.

This Addendum will become effective as of the date executed by the Premier Provider Network (PPNI).

Provider/Authorized Signatory

Group Name

Address

City State Zip

Signature

Printed Name

Tax ID #

Date

Premier Provider Network, Inc. (PPNI)
11111 Richmond Avenue, Suite 243
Houston, Texas 77082

Signature - Teresa B. White, Director of Provider Relations

Date