

HealthChoice

Network Provider

Pathology Group

Contract

TABLE OF CONTENTS

I.	RECITALS	1
II.	DEFINITIONS.....	1
III.	RELATIONSHIP BETWEEN THE INSURANCE BOARD AND THE PATHOLOGY GROUP	3
IV.	PATHOLOGY GROUP SERVICES AND RESPONSIBILITIES	3
V.	INSURANCE BOARD SERVICES AND RESPONSIBILITIES	4
VI.	COMPENSATION AND BILLING.....	5
VII.	UTILIZATION REVIEW.....	6
VIII.	LIABILITY AND INSURANCE	8
IX.	MARKETING, ADVERTISING AND PUBLICITY	8
X.	DISPUTE RESOLUTION	8
XI.	TERM AND TERMINATION.....	9
XII.	GENERAL PROVISIONS	9

APPENDIX:
SIGNATURE PAGE



Network Provider Pathology Group Contract

It is hereby agreed between the Oklahoma State and Education Employees Group Insurance Board and the Pathology Group named on the signature page, that the Pathology Group shall be a provider in the Oklahoma State and Education Employees Group Insurance Board's Network of Providers.

This Contract is entered into for the purpose of defining the conditions for reimbursement by the Oklahoma State and Education Employees Group Insurance Board to the Pathology Group. It in no way is meant to impact on the Pathology Group's decision as to what is considered appropriate medical treatment.

I. RECITALS

- 1.1 The Oklahoma State and Education Employees Group Insurance Board (hereinafter, Insurance Board) is a statutory body created by 74 O.S., § 1301 et seq., as amended, to administer and manage certain insurance benefits for employees of the State of Oklahoma.
- 1.2 The physicians that comprise the Pathology Group are duly licensed by the state of practice and satisfy additional credentialing criteria as established by the Insurance Board.
- 1.3 The intent of this Contract is to provide access to enhanced quality health care, utilizing managed care components at an affordable, competitive cost to the Insurance Board and its members.
- 1.4 Failure to abide by any of the following provisions may result in non-renewal of the Contract or may be cause for termination.

II. DEFINITIONS

- 2.1 "Allowable Fee" means the maximum charge payable to a Pathology Group for a specific procedure in accordance with the provisions in Article VI of this Contract. The Pathology Group shall charge the usual and customary fee unless the fee schedule limits otherwise.
- 2.2 "Concurrent Review" means a function performed by the Insurance Board or its designee that determines and updates medical necessity for continued inpatient hospitalization.
- 2.3 "Credentialing Plan" means a general guide and process for the acceptance, cooperation and termination of participating physicians, physician groups and other health care professionals and facilities.

- 2.4 "Emergency" means a sudden onset of a medical or mental condition displaying acute symptoms that are so severe that the absence of immediate medical attention could reasonably result in:
- a) permanently placing the patient's health in jeopardy; or
 - b) causing other serious medical consequences; or
 - c) causing serious impairment to bodily functions; or
 - d) causing serious and permanent dysfunction of any body organ or part.
- 2.5 HELP/Wellness (Health Education Lifestyle Planning) means the program established to actively promote responsible behavior and the adoption of lifestyles that are in the best interest of the Plan member's good health.
- 2.6 "Pathology Group Services" means those acute care inpatient and outpatient Pathology Group services that are covered by the State and Education Employees Health Insurance Plan.
- 2.7 "Medical" means belonging to the study and practice of medicine for the prevention, alleviation or management of a physical or mental defect, illness, or condition.
- 2.8 "Medically Necessary" means services or supplies that, under the provisions of this Contract, are determined to be:
- a) appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition, and
 - b) provided for the diagnosis and treatment of the medical condition, and
 - c) within standards of acceptable, prudent medical practice within the community, and
 - d) not primarily for the convenience of the member, the member's Pathology Group or another provider, and
 - e) any condition which, if left untreated, could deteriorate into a life threatening situation, and
 - f) the most appropriate supply or level of service that can safely be provided.
- 2.9 "Medical Services" means the professional services provided by a Network Pathology Group and covered by the Insurance Board's Plan.
- 2.10 "Members" means all persons covered by the Insurance Board's Plans, including active, retired, or vested employees, survivors and others on approved leave or disability and their covered dependents eligible at the time of service.
- 2.11 "Network Pathology Group" means a Pathology Group that has entered into this Contract with the Insurance Board to accept scheduled reimbursement for covered medical services provided to members.
- 2.12 "Network Physician" means a licensed practitioner of the healing arts who has entered into a Contract with the Insurance Board to accept scheduled reimbursement for covered medical services provided to members. The Pathology Group must be comprised of practitioners of the healing arts who are duly licensed in the state of practice and satisfy credentialing criteria established by the Insurance Board.

- 2.13 "State and Education Employees Health Insurance Plan" means the HealthChoice benefit plan designed to enhance the quality of care, and to financially incentivise members to use Network Providers.
- 2.14 "Third Party Payor" means an insurance company or other entity making payment directly to the Pathology Group on behalf of the Insurance Board.

III. RELATIONSHIP BETWEEN THE INSURANCE BOARD AND THE PATHOLOGY GROUP

- 3.1 The Insurance Board has negotiated and entered into this Contract with the Pathology Group on behalf of the members of the State and Education Employees Health Insurance Plan. The Pathology Group, is an independent contractor that has entered into this Contract to become a Network Provider and is not, nor is intended to be, the employee, agent or other legal representative of the Insurance Board in the performance of the provisions of this Contract. Nothing in this Contract shall be construed or be deemed to create a relationship contrary to that of independent contractor for the purposes of this Contract.
- 3.2 The Insurance Board and the Pathology Group agree that all of the parties hereto shall respect and observe the physician/patient relationship, which will be established and maintained by the Pathology Group. The Pathology Group may choose not to establish a physician/patient relationship if the Pathology Group would have otherwise made the decision not to establish a physician/patient relationship had the patient not been a member. The Pathology Group reserves the right to refuse to furnish services to a member in the same manner as they would any other patient.
- 3.3 Nothing in this Contract is intended to be construed, or be deemed to create any rights or remedies of any third party, including but not limited to, a member or a Network Provider other than the Pathology Group named in this Contract.

IV. PATHOLOGY GROUP SERVICES AND RESPONSIBILITIES

- 4.1 The Pathology Group shall provide quality, medically necessary health care services to members, in a cost efficient manner.
- 4.2 For the purposes of reimbursement, the Pathology Group shall provide services to members that are medically necessary and covered under the Health Insurance Plan, in the same manner and quality as those services are provided to all other patients of the Pathology Group.
- 4.3 The Pathology Group agrees to make reasonable efforts to refer covered members to those Network Providers and facilities with which the Insurance Board contracts, for medically necessary services that the Pathology Group cannot or chooses not to provide. Failure of the Pathology Group to use Network Providers will result in a review pursuant to the credentialing plan.

- 4.4 The Pathology Group shall prescribe for Insurance Board members medications identified on the adopted formulary or explain, in writing, on behalf of the members of the Insurance Board why it is medically inappropriate to do so.
- 4.5 The Pathology Group shall participate in the pre-admission certification, concurrent review and prior authorization procedures provided in Article VII and for purposes of reimbursement to abide by decisions resulting from that review subject to the rights of reconsideration, review and appeal.
- 4.6 The Pathology Group shall furnish, at no cost to the Insurance Board, any medical and billing records covering any Pathology Group services, for any member, with the understanding that each member, as a condition of enrollment in the Oklahoma State and Education Employees Group Insurance Plan, has authorized such disclosure.
- 4.7 The Pathology Group shall accurately complete the Network Pathology Group Application, which is attached to and made part of this Contract. The Pathology Group shall notify the Insurance Board of any change in the information contained in the Application within 15 days of such change, including resolved litigation listed as “pending” on the original Application.
- 4.8 The Pathology Group shall reimburse the Insurance Board for any overpayments made to the Pathology Group within 30 days of the Pathology Group's receipt of the overpayment notification.
- 4.9 The Pathology Group shall submit to a patient record audit upon 48 hours advance notice.
- 4.10 The Pathology Group shall participate in HELP/Wellness promotions sponsored by the Insurance Board, at the Insurance Board’s allowable under the terms of the promotion.

V. INSURANCE BOARD SERVICES AND RESPONSIBILITIES

- 5.1 The Insurance Board agrees to pay the Pathology Group compensation pursuant to the provisions of Article VI, subject to appropriate application of procedural coding recommendations.
- 5.2 The Insurance Board agrees to grant the Pathology Group the status of "Network Provider" and to identify the Pathology Group as a Network Provider on informational materials disseminated to members.
- 5.3 The Insurance Board agrees to continue listing the Pathology Group as a Network Provider until this Contract terminates.
- 5.4 The Insurance Board agrees to periodically provide the Pathology Group with access to a listing of all Network Providers.
- 5.5 The Insurance Board agrees to provide appropriate identification cards for members.
- 5.6 The Insurance Board agrees to acknowledge the confidentiality of patient's records and to only release pertinent clinical information in accordance with state and federal guidelines.

- 5.7 The Insurance Board shall give a 48 hour notice prior to an audit.
- 5.8 The Insurance Board shall maintain prior authorization, precertification and concurrent review programs in order to aid its members in making decisions that will maximize medical benefits and reduce their financial risk.

VI. COMPENSATION AND BILLING

- 6.1 The Pathology Group shall seek payment only from the Insurance Board for the provision of medical services except as provided in paragraphs 6.3, 6.4 and 6.9. The payment from the Insurance Board shall be limited to the amounts referred to in paragraph 6.2.
- 6.2 The Insurance Board agrees to pay the Pathology Group's billed charge for each procedure or the fee set by the Insurance Board for that procedure, whichever is less.
- a) The Insurance Board may reduce the payment by any deductibles, coinsurance and copayments.
 - b) The Insurance Board shall have the right to categorize what shall constitute a procedure. The Insurance Board and the member's financial liability shall be limited to the procedures allowable as determined by the Insurance Board, paid by applying appropriate coding methodology, whether the Pathology Group has billed appropriately or not.
 - c) The Pathology Group agrees not to charge more for medical services to members than the amount normally charged (excluding Medicare) by the Pathology Group to other patients for similar services. The Pathology Group may, however, contract with other third party payors for services. The Pathology Group's usual and customary charges may be requested by the Insurance Board and verified through an audit.
- 6.3 The Pathology Group agrees that the only charges for which a member may be liable and be billed by the Pathology Group shall be for medical services not covered by State and Education Employees Health Insurance Plan, or as provided in paragraphs 6.4 and 6.9. The Pathology Group shall not waive any deductibles, copayments and coinsurance required by the Insurance Board, except during times of HELP/Wellness promotions, when the copayment/coinsurance is waived by the Insurance Board.
- 6.4 The Pathology Group shall not collect amounts in excess of the Plan limits unless the member has exceeded his/her annual or lifetime maximum.
- 6.5 The Pathology Group shall refund within 30 days of discovery to the member any overpayments made by the member.

- 6.6 In a case in which the Insurance Board is primary under applicable coordination of benefit rules, the Insurance Board shall pay the amounts due under this Contract. In a case in which the Insurance Board is other than primary under the coordination of benefit rules, the Insurance Board shall pay only those amounts not payable from other sources pursuant to the applicable coordination of benefit rules, up to the Insurance Board's maximum liability under the terms of this Contract.
- 6.7 The Pathology Group shall bill the Insurance Board on forms acceptable to the Insurance Board within 60 days of providing the medical services. The Pathology Group shall use the current CPT codes with appropriate modifiers and ICD-9 or DSM-3 diagnostic codes, when applicable. The Pathology Group shall furnish, upon request at no cost, all information, including medical records, reasonably required by the Insurance Board to verify and substantiate the provision of medical services and the charges for such services if the member and the Pathology Group are seeking reimbursement through the Insurance Board.
- 6.8 The Insurance Board shall reimburse the Pathology Group within 30 days of receipt of billings that are accurate, complete and otherwise in accordance with Article VI of this Contract. The Insurance Board will not be responsible for delay of reimbursement due to circumstances beyond the Insurance Board's control.
- 6.9 The Pathology Group shall not charge the member for medical services denied during preadmission certification, concurrent review or the prior authorization procedures described in Article VII, unless the Pathology Group has obtained a written waiver from that member. Such a waiver shall be obtained only upon the denial of admission, concurrent review or prior authorization and prior to the provision of those medical services. The waiver shall clearly state that the member shall be responsible for payment of medical services denied by the Insurance Board.
- 6.10 The Insurance Board shall have the right at all reasonable times and, to the extent permitted by law, to inspect and duplicate all medical and billing records relating to medical services rendered covered members at no cost to the Insurance Board or the member.

VII. UTILIZATION REVIEW

- 7.1 The Pathology Group shall adhere to and cooperate with the Insurance Board's pre-certification, concurrent review and prior authorization procedures. These procedures do not guarantee a member's eligibility or that benefits are payable, but assure the physician that the medical services to be provided are covered under the Plan.
- 7.2 The Pathology Group, or its representative, shall notify the Insurance Board, or its designee, of any admission. The Pathology Group shall request precertification at least three days prior to the scheduled admission. A request for certification shall be made within one working day after an emergency admission, or observation stay with a duration greater than 24 hours. Such notification shall be at no charge to the Insurance Board or the member. Failure to comply with the precertification, concurrent review or prior authorization requirements, shall result in the Pathology Group's reimbursement being

penalized by 10% if medical necessity is confirmed retrospectively and, if not confirmed, there shall be no reimbursement.

- 7.3 The Pathology Group or its representative shall notify the Insurance Board or its designee of any outpatient surgical procedure, which is to be accomplished outside the Pathology Group.
- 7.4 The precertification, prior authorization and concurrent review requirements are intended to maximize insurance benefits assuring that hospital and medical services are provided to the member at the appropriate level of care. In no event is it intended that the procedures interfere with the physician's decision to order admission or discharge of the patient to or from the hospital.
- 7.5 The Insurance Board shall maintain review procedures and screening criteria that take into account professionally acceptable standards for quality medical care in the community. The Insurance Board or its designee shall consider all relevant information concerning the member before medical necessity is approved or denied.
- 7.6 The Insurance Board, or its designee, shall respond to requests for precertification by immediately assigning a code number to each request.
- 7.7 At the time of the precertification request the Pathology Group should be prepared to give the following information:
 - a) member's name and social security number,
 - b) age and sex,
 - c) diagnosis,
 - d) reason for admission,
 - e) scheduled date of admission,
 - f) planned procedure or surgery,
 - g) scheduled date of surgery,
 - h) name of hospital,
 - i) name of physician, and
 - j) member status (i.e.: employee, dependent).
- 7.8 The Insurance Board shall not retrospectively deny any previously approved care. The Pathology Group and/or its designee shall update the Insurance Board, or its designee, as the member's condition or diagnosis changes. Updated information may result in a change of the originally approved length of stay.
- 7.9 Upon the member's request, the Insurance Board shall reconsider any non-approved services. The Pathology Group may submit a formal written appeal to the Insurance Board.
- 7.10 The Pathology Group shall request precertification before the admission or referral of members to non-network hospitals. The Insurance Board shall review emergency referrals to non-network hospitals to determine whether the admission was medically necessary and an emergency as defined in this Contract.

- 7.11 The Pathology Group shall request prior authorization from the Insurance Board or its designee for the following:
- a) solid organ transplantation, including autologous bone marrow transplant/high dose chemotherapy/peripheral stem cell recovery,
 - b) home health care,
 - c) durable medical equipment,
 - d) home infusion therapies,
 - e) mental health/substance abuse (day and residential treatment),
 - f) bone growth stimulators, and
 - g) breast surgeries, implants, reductions and reconstruction.

VIII. LIABILITY AND INSURANCE

- 8.1 Neither party to this Contract, the Insurance Board nor the Pathology Group, or any agent, employee or other representative of a party, shall be liable to third parties for any act by commission or omission of the other party in performance of this Contract and the terms and provisions herein.
- 8.2 The Pathology Group shall be required to obtain general and medical liability coverages for claims of acts and omissions of the Pathology Group and its employees and agents. Such coverage shall be maintained at a level of not less than \$1,000,000 per occurrence and \$1,000,000 aggregate. The Insurance Board shall be notified 30 days prior to cancellation. If coverage is lost or reduced below specified limits, this Contract may be canceled by the Insurance Board.

IX. MARKETING, ADVERTISING AND PUBLICITY

- 9.1 The Insurance Board shall encourage its members to use the services of the Network Pathology Group.
- 9.2 The Insurance Board shall have the right to use the name, address and phone number of the Pathology Group in a provider listing for purposes of informing members and prospective members of the identity of the Pathology Group, and otherwise carrying out the terms of this Contract.
- 9.3 The Pathology Group, upon prior approval of the Insurance Board, shall have the right to publicize its status as a Network Provider.

X. DISPUTE RESOLUTION

- 10.1 The Insurance Board and the Pathology Group agree that their authorized representatives will meet in a timely manner, and negotiate in good faith, to resolve any problems or disputes that may arise in performance of the terms and provisions of this Contract. Nothing in this Article shall interfere with either party's rights under Article XI.

XI. TERM AND TERMINATION

- 11.1 It is agreed by the parties that no changes to the Contract, which include coverages or fee reimbursements, shall be made with less than 60 days notice to all affected parties, but for in the instance of revisions to injectable medications, in which case the Insurance Board shall implement the revisions as soon as possible with proper and timely notification to the Providers.
- 11.2 Either party may terminate this Contract with or without cause, upon giving 30 day notice pursuant to 12.2 at any time during the term of this Contract.
- 11.3 Nothing in this Contract shall be construed to limit either party's remedies at law or in equity in the event of a material breach of this Contract.
- 11.4 Following termination of this Contract, the Insurance Board shall continue to have access, at no cost to the Insurance Board, to the Pathology Group's records of care and services provided to members for five years from the date of provision of the services to which the records refer as set forth in paragraph 6.10.
- 11.5 This Contract shall terminate with respect to a Pathology Group upon:
- a) the loss or suspension of a license to practice medicine in the state of practice for any of the physicians that comprise the Pathology Group.
 - b) failure to maintain physician's professional liability coverage in accordance with this Contract for each physician that comprises the Pathology Group.
- 11.6 Following the effective date of termination, this Contract shall be of no further force or effect, except that each party shall remain liable for any obligations or liabilities arising from activities carried on by it hereunder prior to the effective date of termination of this Contract.

XII. GENERAL PROVISIONS

- 12.1 This Contract or any of the rights, duties, or obligations of the parties hereunder, shall not be assigned by either party without the express written consent and approval of the other party.
- 12.2 At any place within this Contract that notice is required, it is the intention of the parties that only those with regard to termination by either party of participation in the Contract must be sent by certified mail, a return receipt requested, at no other time when notice is required by this Contract is there an obligation by either party to use certified mail.
- 12.3 Notwithstanding the provisions in Section 12.1, the Insurance Board may designate an Administrator to administer any of the terms of this Contract.
- 12.4 This Contract, together with exhibits, contains the entire agreement between the Insurance Board and the Pathology Group relating to the rights granted and the obligations assumed by the parties concerning the provision of health care services to members. Any prior

agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Contract, not expressly set forth in this Contract, are of no force or effect.

- 12.5 This Contract, or any part or section of it may be amended at any time during the term of the Contract by mutual written consent of duly authorized representatives of the Insurance Board and the Pathology Group.
- 12.6 This Contract is subject to all applicable Oklahoma State Statutes and Rules and Regulations. Any provision of this Contract, which is not in conformity with existing or future legislation, shall be considered amended to comply with such legislation. Any interpretations or disputes with respect to contract provisions shall be resolved in accordance with the laws of the State of Oklahoma.
- 12.7 The terms and provisions of this Contract shall be deemed to be severable one from the other, and determination at law or in a court of equity that one term or provision is unenforceable shall not operate so as to void the enforcement of the remaining terms and provisions of this entire Contract, or any one provision, in accordance with the intent and purpose of the parties hereto.



NETWORK PROVIDER FACILITY CREDENTIALING INFORMATION
CONTRACT APPLICATIONS

- HealthChoice requires all three addresses on the respective pages of the application.
- 1. **Service Address**-This address is used for the location where health care services are performed and/or the physical location of the provider. The service address will be used for the on-line provider directory which is used by members and providers to identify and locate all HealthChoice Network Providers
- 2. **Mailing Address**-This address is used for all correspondence (not related to claims) and credentialing information.
- 3. **Billing Address**-This address is used for submitting all claims to HealthChoice for processing and appears in box 33 of the CMS-1500 claim form or box 2 on the UB-04. If box 2 is not used by the facility, the billing address appears in Box 1 of the UB-04. Claims will be paid exclusively to the billing address.
- Each address must have a corresponding phone number, fax number and contact person.
- Insurance Certificate/Face Sheet must have name of the applicant listed as the insured. The insurance limits must be at the levels required in the contract and must indicate clearly the coverage type(s) stated in the contract. Product liability coverage in lieu of professional/medical liability is acceptable for DME only.
- W-9 forms must be signed and list only the Tax ID number for each location listed on the application which will be used on claim forms

Please return entire application packet with the new information.

HealthChoice

Network Facility

Application Requirements

Thank you for your interest in the HealthChoice Provider Network.

Please complete the attached Application and submit with the required attachments listed below.

Type or print your responses and complete all sections of the application. If an area of inquiry is not applicable to the Facility, please indicate. If you need additional space to provide COMPLETE answers, attach additional sheets of paper and clearly indicate the item to which each sheet applies.

Retain the Contract for your records.

REQUIRED ATTACHMENTS

Please attach a copy of each of the following documents to your completed Application:

Current state(s) license(s)

Face Sheet of current general and medical liability insurance policy

Insurance Certificate/Face Sheet must have the name or the Facility listed as the insured. The insurance limits must be at the levels in the Contract and must indicate clearly that it is general and medical liability coverage.

W-9 form for each Federal Tax Identification Number

W-9 forms must be signed and list only the Federal tax Identification Number listed on the Application which will be used on claim forms submitted to HealthChoice.

Contract Signature Page

Electronic Funds Transfer (EFT) Form

Copy of voided check, if electing Electronic Funds Transfer

Copy of Medicare Certification Letter

Copy of Joint Commission Accreditation Certificate (if applicable)

Copy of AAAHC Accreditation Certificate (if applicable)

Incomplete Applications will be returned

OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

HealthChoice
Network Facility Application

The completed Network Facility Application should be returned to the Oklahoma State and Education Employees Group Insurance Board in its entirety, accompanied by the applicable attachments.

You may mail or fax the completed application to:

Oklahoma State and Education Employees Group Insurance Board
ATTN: Provider Relations/Network Management
3545 NW 58th Street, Ste. 600
Oklahoma City, OK 73112
Phone: 1-405-717-8790 or 1-800-543-6044
Fax: 1-405-717-8977

GENERAL INFORMATION

Legal Name of Owner: _____

Trade Name/dba: _____

Medicare Facility Classification: _____ Medicare Number: _____

LICENSE INFORMATION

State: _____

License Number: _____

Expiration Date: _____

Copy of facility license is required for each state of practice

ACCREDITATION

Is this Facility accredited by the Joint Commission? Yes No

Joint Commission Program ID Number: _____

Date of most current accreditation: _____ Expiration Date: _____

ACCREDITATION

Is this Facility accredited by the AAAHC? Yes No

AAAHC Program ID Number: _____

Date of most current accreditation: _____ Expiration Date: _____

INSURANCE INFORMATION

Copy of Insurance Certificate/face Sheet is required

Please provide the following information about the Facility's current general and medical liability insurance coverage:

Name of Carrier: _____

Limits of General and Medical Liability:

Per Occurrence: _____

Expiration Date: _____

IMPORTANT FACILITY CONTACTS

CEO/Administrator: _____

Telephone Number: () _____

Fax number: () _____

Email Address: _____

Contracting/Managed Care: _____

Telephone Number: () _____

Fax Number: () _____

Email Address: _____

ADDRESS INFORMATION

Federal Tax ID Number: _____ National Provider Identifier Number: _____

Attach a completed W-9 form for each Federal Tax ID number

PHYSICAL ADDRESS-physical location of the Facility

This address and phone number will appear on the website provider directory

Physical Address: _____

(City)

(State)

(Zip)

Phone: (_____) _____ Fax: (_____) _____

Contact Person: _____

Email Address: _____ Phone: (_____) _____

MAILING ADDRESS-for correspondence/credentialing

Mailing Address: _____

(City)

(State)

(Zip)

Phone: (_____) _____ Fax: (_____) _____

Contact Person: _____

Email Address: _____ Phone: (_____) _____

BILLING/REMIT ADDRESS – for claim payments and remittance statements

ALL BILLING INFORMATION BELOW MUST MATCH THE INFORMATION REFLECTED ON THE CLAIMS SUBMITTED

Name Submitted on Claims: _____

Billing Office Name (if applicable) _____

Billing Address: _____

(City)

(State)

(Zip)

Phone: (_____) _____ Fax: (_____) _____

Contact Person: _____

Email Address: _____ Phone: (_____) _____

ADDITIONAL LOCATION

Federal Tax ID Number: _____ National Provider Identifier Number: _____

Attach a completed W-9 form for each Federal Tax ID Number

PHYSICAL ADDRESS-physical location of the Facility

THIS ADDRESS AND PHONE NUMBER WILL APPEAR ON THE WEBSITE PROVIDER DIRECTORY

Physical Address: _____

(City)

(State)

(Zip)

Phone: (_____) Fax: (_____)

Contact Person: _____

Email Address: _____ Phone: (_____)

MAILING ADDRESS-for correspondence/credentialing

Mailing Address: _____

(City)

(State)

(Zip)

Phone: (_____) Fax: (_____)

Contact Person: _____

Email Address: _____ Phone: (_____)

BILLING/REMIT ADDRESS – for claim payments and remittance statements

ALL BILLING INFORMATION BELOW MUST MATCH THE INFORMATION REFLECTED ON THE CLAIMS SUBMITTED

Name Submitted on Claims: _____

Billing Office Name (if applicable): _____

Billing Address: _____

(City)

(State)

(Zip)

Phone: (_____) Fax: (_____)

Contact Person: _____

Email Address: _____ Phone: (_____)

*** Please use a copy of this page to report any additional locations.**

HOSPITAL AND NON-HOSPITAL BASED SERVICES; if applicable

If the hospital provides any of the following specialty services, please indicate by checking the corresponding and appropriate box:

- Yes No Ambulance
- Yes No Ambulatory Surgery Center
- Yes No Dialysis
- Yes No Durable Medical Equipment
- Yes No Home Health Care
- Yes No Hospice
- Yes No Independent Diagnostic Testing Facility
- Yes No Infusion Therapy
- Yes No Laboratory
- Yes No Long Term Acute Care
- Yes No Rehabilitation
- Yes No Psyche/Substance Abuse Facility
- Yes No Skilled Nursing Facility
- Yes No Sleep Study

If the Hospital provides the following services by a group of physicians please list the name of the physician group below:

- Yes No Anesthesiology Group: _____
- Yes No Emergency Physician Group: _____
- Yes No Pathology Group: _____
- Yes No Radiology Group: _____

OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD



Oklahoma Department
of Rehabilitation Services



Department of Corrections
Oklahoma

Electronic Funds Transfer (EFT) Form

SUPPLIER ONLY:

Legal Name of Corporate Owner: _____

Trade Name/dba: _____ Federal Tax ID #: _____

PRACTITIONER ONLY:

Practitioner's Name: _____

SSN: _____ Federal Tax ID #: _____

BANKING INFORMATION

A voided check is required. If the bank account does not have checks, a bank letter verifying the account and routing numbers will be accepted.

A deposit slip will be accepted only if the information provided below matches the MICR line containing the banking ABA number and account between these symbols | : |:

Financial Institution: _____

Account Number: _____ Routing Number: _____

Checking Savings

BILLING/REMIT

Name Submitted on Claims: _____

Billing Office Name (if applicable): _____

Billing Address: _____

(City)

(State)

(Zip)

AUTHORIZED SIGNATURE

Signature: _____ Date: _____
(Required)

Printed Signature Name: _____ Phone Number: _____

Please mail, fax or email the completed form to:

HealthChoice
Attn: Provider Relations
3545 N.W. 58th Street, Suite 600
Oklahoma City, OK 73112
Phone: 405-717-8790 or 1-800-543-6044
Fax: 405-717-8977
oseegibproviderrelations@sib.ok.gov

HealthChoice

Network Facility Contract Signature Page

The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) and the Facility incorporated by reference the terms and conditions of the HealthChoice Network Facility Contract (Contract) located in HCPGCv1.1 at <http://www.sib.ok.gov/contracts> into this Signature Page and acknowledge the Contract is an electronic record created according to 12A O.S. § 15-011 et seq. OSEEGIB and the Facility further agree that the effective date of the Contract is the effective date denoted on the copy of the executed Signature Page returned to the Facility. The original of the signed document will remain on file in the office of OSEEGIB.

FOR THE FACILITY:

FOR OSEEGIB:

Legal Name of Owner (typed or printed):

Trade Name/dba (typed or printed)

Address of the Facility:

City, State

Zip

Authorized Officer or Representative (typed or printed)

Title: _____

Signature: _____

Signature Date: _____

James L. Reese, II
Deputy Administrator, Operations/
Chief Information Officer
Oklahoma State and Education Employees
Group Insurance Board

Please return the completed Application, Signature Page and required attachments to:

**Oklahoma State and Education Employees Group Insurance Board
ATTN: Provider Relations/Network Management
3545 N.W. 58th Street, Suite 600
Oklahoma City, OK 73112
Phone: 1-405-717-8790 or 1-800-543-6044
Fax: 1-405-717-8977**