

**Notice to Patients
Status of Participation with Health Plans**

UCCRH currently has signed agreements with most major health plans. If you are a member of these Health Plans, you are probably utilizing UCCRH as an "In-Network Provider". UCCRH agrees to accept your Plan's payment as "payment-in-full", unless an item is identified to you and UCCRH as "non-covered" under your Plan or a co-pay or co-insurance that is your responsibility.

Visit co-pays should be paid by you at the time of your visit. We will later bill you for any co-insurance amount that is identified to us on your Plan's Explanation of Benefits sent to us by your Health Plan.

Tricare Prime patients are responsible for obtaining a retroactive referral from their Primary Care Manager for their visit at UCCRH.

Participating Health Plans:

- | | |
|--|--------------------------|
| <input type="checkbox"/> United Healthcare | June 1, 2009 |
| <input type="checkbox"/> Humana Military | June 11, 2009 |
| <input type="checkbox"/> Aetna Health | July 1, 2009 |
| <input type="checkbox"/> CIGNA Healthcare | September 1, 2009 |
| <input type="checkbox"/> Humana Choice Care | October 27, 2009 |
| <input type="checkbox"/> Coventry Healthcare | January 1, 2010 |
| <input type="checkbox"/> First Health Network | January 1, 2010 |
| <input type="checkbox"/> Blue Cross Blue Shield | December 12, 2009 |
| <input type="checkbox"/> Mail Handlers | February 1, 2010 |

If you are not covered by one of the plans we are currently in network with, ask about our courtesy "Out of Network" cash discount. We will be glad to assist you by providing the information needed by your plan to reimburse you under "Out-of-Network" benefits.

We are in active discussions with **CBCA** (Gulfstream), and we have expressed our interest in becoming an in network provider with them MANY times. **Please express YOUR interest to your employer and your CBCA representative.**

We are also currently in discussions with **The Care Network** (Ga Ports and Savannah Business Group), and we have expressed our interest in becoming an in network provider with them. **Please express your interest to your employer.**

In addition, UCCRH's application to participate with Medicare Part B has been in process since early May, and has recently been approved. UCCRH also plans to participate with Medicare Railroad Retirees and SuperMed.

I have read and understand the information outlined above:

Patient Signature: _____ Date: _____