



I understand that women who are screened through the UCCP BeWise clinic become my patients and I am responsible and accountable for those women who present with abnormal lab values and need further diagnostic services and treatment referral.

I also understand that I am responsible for determining which of the diagnostic services listed below will be provided to her and for informing the patient and the UCCP of all test results.

<b>CPT</b>	<b>Description</b>	<b>UCCP RATE</b>
99201	Office visit for new patient–problem focus 10 min face to face	\$32.00
99202	Office visit for new patient–expanded problem focus 20 min face to face	\$59.00
99203	Office visit for new patient–expanded problem focus 30 min face to face	\$90.00
99211	Office visit for established patient-minimal problem 5 min face to face	\$17.00
99212	Office visit for established patient-problem focus 10 min face to face	\$35.00
99213	Office visit for established patient-expanded problem focus 15 min face to face	\$57.00
80061	Lipid Panel	\$19.00
82465	Cholesterol, total	\$6.00
83718	HDL cholesterol	\$11.00
82947	Glucose; quantitative	\$5.00
82948	Glucose; blood, reagent strip	\$4.00
82951	Glucose tolerance test, three specimens	\$12.00
83036	Hemoglobin, glycated (HbA1c) <i>used in lieu of other glucose testing for those with previous diagnosis of diabetes</i>	\$13.00
80048	Basic Metabolic profile	\$12.00
80053	Comprehensive metabolic panel	\$15.00
36415	Routine Venipuncture	\$3.00

I understand that the UDOH will only pay for **one office visit** and the services indicated by the CPT codes listed above and that the rates of reimbursement stated above must be accepted by me as payment in full for services rendered.

I also agree to bill the patients insurance first (when applicable) before billing the UCCP for any services rendered.

Only patients referred by the UCCP BeWise screening clinics who present a voucher for following-up services are eligible for this coverage.

The UDOH will not reimburse the PROVIDER for treatment or medication associated with the diagnostic procedures listed above. The woman should be referred to companies/businesses that provide low-cost medications (a list will be provided by UCCP BeWise).

As a participating provider, I agree to submit completed UCCP form and appropriate medical reports (diagnostic and progress notes) to the UCCP BeWise Program for each patient referred to me within **15** days of clinical visit. I understand that reimbursement is contingent upon receipt of this form by the

UDOH and that I must submit an itemized invoice to the UCCP. I understand that the patients referred to me have consented that I may share information related to their medical care with the UDOH.

The service period for this agreement will be ongoing from November 1, 2008 unless terminated or extended by agreement in accordance with the terms and conditions of this Provider Agreement. This agreement may be ended at any time with 30 days written notice from either the provider or the UDOH. This agreement is contingent upon the provider's certification as a physician licensed in the state by the Utah Department of Commerce, Division of Occupational and Professional Licensing.

The UCCP Accounting Staff is the contact for all matters relating to billing and reimbursement. The agreed provider shall contact the UCCP Program Director immediately if the provider is unable to fulfill any of the requirements of the agreement or if there are any questions regarding the interoperations of the provisions of the agreement.

Either the Provider or the UCCP may terminate this agreement with thirty (30) days written notice. In the event of a termination of the agreement, the UCCP will reimburse the Provider for costs incurred to the date of termination.

In acknowledgement of the aforementioned, these authorized representatives of the Provider Agreement and the UCCP do hereby indicate their consent.

_____	_____
Name (printed or typed)	Signature of the Provider Agreement Monitor
_____	_____
Business Address (printed or typed)	Business Telephone (printed or typed)
_____	_____
Date	

Important Contact Persons

Program Director: Kathryn Rowley 801-538-6233

UCCP BeWise Program Coordinator: Kalyann Filion 801-538-7009

UCCP Breast & Cervical Program Coordinator: Lynne Nilson 801-538-7049

Clinical Coordinator: Maritza Arce-Larreta 801-538-6990

Accounting and Billing: Joannah Sparks 801-538-6230