



# ASPA'S Provider Address Update Form

(This is **NOT** an Application or a re-credentialing packet)

Provider Name: \_\_\_\_\_ Provider NPI Number \_\_\_\_\_

Provider email: \_\_\_\_\_

**NOTE: FORM WILL BE RETURNED IF NOT COMPLETED. PLEASE TYPE OR PRINT LEGIBLE**

## CORRESPONDENCE/MAILING ADDRESS

**CHECK ONE:** \_\_\_\_\_ ADD BELOW INFO/REMOVE PREVIOUS INFO \_\_\_\_\_ ADD INFORMATION \_\_\_\_\_ DELETE INFORMATION

Date of change: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Group NPI Number \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address, Suite Number: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Contact Email: \_\_\_\_\_

## PAY-TO/BILLING ADDRESS

**PLEASE NOTE YOUR ADDRESS ON YOUR W-9 MUST MATCH YOUR BILLING ADDRESS.**

**\*\* Completed W-9 must be attached**

**CHECK ONE:** \_\_\_\_\_ ADD BELOW INFO/REMOVE PREVIOUS INFO \_\_\_\_\_ ADD 2<sup>nd</sup> Tax ID \_\_\_\_\_ DELETE 2<sup>nd</sup> Tax ID

Date of change: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Group NPI Number \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address, Suite Number: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Contact Email: \_\_\_\_\_

## PRIMARY ADDRESS (SITE 1)

**CHECK ONE:** \_\_\_\_\_ ADD INFORMATION \_\_\_\_\_ DELETE INFORMATION

Date of change: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Group NPI Number \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address, Suite Number: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Contact Email: \_\_\_\_\_

Office Website: \_\_\_\_\_ Office Hours: \_\_\_\_\_

## **SERVICE ADDRESS (SITE 2)**

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**CHECK ONE:**     ADD INFORMATION     DELETE INFORMATION

Date of change: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Group NPI Number \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address, Suite Number: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Contact Email: \_\_\_\_\_

Office Website: \_\_\_\_\_ Office Hours: \_\_\_\_\_

## **SERVICE ADDRESS (SITE 3)**

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**CHECK ONE:**     ADD INFORMATION     DELETE INFORMATION

Date of change: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Group NPI Number \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address, Suite Number: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Contact Email: \_\_\_\_\_

Office Website: \_\_\_\_\_ Office Hours: \_\_\_\_\_

## **CREDENTIALING CONTACT INFORMATION**

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Credentialing Contact: \_\_\_\_\_

Street Address, Suite Number: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credentialing email: \_\_\_\_\_

**PLEASE NOTE:** If you have changed practices all plans you were contracted with prior to the change will follow you. If you are adding a 2<sup>nd</sup> Tax ID you will need to fill out a new ASPA PAYOR PARTICIPATION ATTACHMENT. If you do not wish to remain on the same plans you will need to indicate on the attached ASPA PAYOR PARTICIPATION ATTACHMENT.

\_\_\_\_\_  
**PRINT PROVIDER NAME**

\_\_\_\_\_  
**PROVIDERS AHCCCS Number**

\_\_\_\_\_  
**PROVIDERS Medicare Number**

\_\_\_\_\_  
**PROVIDER SIGNATURE**

**\*\* Must be signature of Authorized signor in order to be completed for processing.**

**\*\*\* Completed W-9 must be attached**

**\*\*\* Attach a current CLIA if applicable**

3030 N. Central Ave. Suite 1106, Phoenix, AZ 85012  
[www.azspa.com](http://www.azspa.com)

Telephone: 602.265.2524  
Fax: 623.999.1055

**ASPA PAYOR PARTICIPATION ATTACHMENT**

Please Review the list of Payor Below. Should you wish to make any changes, i.e. add or drop a plan please indicate below. If you do not wish to make any changes to the plans you are currently active with you do not need to fill out this form.

**PLEASE NOTE:** If you have changed practices all plans you were contracted with prior to the change will follow you. If you are adding a 2<sup>nd</sup> Tax ID you will need to fill out a new ASPA PAYOR PARTICIPATION ATTACHMENT FORM. If you do not wish to remain on the same plans you will need to indicate this below.

ACPN- AMERICA’S CHOICE PROVIDER NETWORK	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
AMERIPLAN HEALTH & MEDICAL PLANS OF AMERICA	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
AZ COMPLETE HELATH AHCCCS - MEDICAID	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
AZ COMPLETE HEALTH AMBETTER	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
AZ COMPLETE HEALTH WELLCARE	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
BANNER UNIVERSITY - <b>CLOSED PANELS EXCEPT FOR EXISTING GROUPS</b>	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
CORVEL AUTO MEDICAL	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
CORVEL PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
CORVEL WORKERS COMPENSATION	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
EVERMED – <b>“PCP ONLY”</b>	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
GALAXY HEATHCARE PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
GALAXY HEATHCARE DISCOUNT CARD	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
GALAXY WORKERS COMP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTH CHOICE AHCCCS – <b>CONTACT PLAN FOR STATUS</b>	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTH CHOICE GENERATIONS MEDICARE – <b>CONTACT PLAN FOR STATUS</b>	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTH SMART COMPLETE – PPO		CLOSED PANELS	<input type="checkbox"/>	<b>DROP</b>
HEALTHSMART ACCEL	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTHSMART AUTO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTHSMART HPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTHSMART PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HEALTHSMART WORKERS COMP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
HUMANA CHOICECARE NETWORK PPO		CLOSED PANELS	<input type="checkbox"/>	<b>DROP</b>
HUMANA MEDICARE		CLOSED PANELS	<input type="checkbox"/>	<b>DROP</b>
INTEGRATED HEALTH PLAN AUTO MEDICAL PLAN	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
INTEGRATED HEALTH PLAN DISCOUNT SAVINGS CARD	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
INTEGRATED HEALTH PLAN PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
INTEGRATED HEALTH PLAN WORKERS COMP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
IMPERIAL – ALIGNMENT	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
IMPERIAL – AMERIGROUP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
IMPERIAL – HEALTHCOSMOS MEDICAL GROUP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
IMPERIAL - MARKETPLACE PLAN	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
IMPERIAL – MEDICARE	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>

MOLINA	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
MULTIPLAN AUTO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
MULTI PLAN MEDICARE ADVANTAGE PLANS	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
MULTI PLANS PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
MULTIPLAN VALUE POINT ACCESS CARD PROGRAM	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
MULTIPLAN WORKERS COMP.	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PRIME HEALTH SERVICES IME PROGRAM	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PRIME HEALTH SERVICE PERSONAL INJURY NETWORK	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PRIME HEALTH SERVICE PPO, AUTO, WORKERS COMP.	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PRIME HEALTH SERVICES TELEMEDICINE PROGRAM FOR WC	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PROVIDER NETWORK OF AMERICA AUTO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PROVIDER NETWORK OF AMERICA PRIMARY	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PROVIDER NETWORK OF AMERICA SUPPLEMENTAL	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PROVIDER NETWORK OF AMERICA WORKERS COMP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
PROVIDER SELECT INC.	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
THREE RIVERS PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
TRICARE (Health Net Federal Services)	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
UPMC	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
USA AUTO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
USA MANAGED CARE – PPO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
USA WORKERS COMP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE AUTO	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE MEDICAID	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE MEDICARE	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE PRIMARY PLAN	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE SUPPLEMENTAL PLANS	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE TRICARE	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>
ZELIS HEALTHCARE WORKERS COMP	<input type="checkbox"/>	<b>ADD</b>	<input type="checkbox"/>	<b>DROP</b>

**PLEASE NOTE** – ASPA's plans retain the right to refuse a provider access to participate under the ASPA contract. ASPA will make every effort to assist you in this process; we recommend that if you are transitioning from a direct contract or another network into an ASPA contract, that you should contact the plan prior to contacting ASPA to make sure they will allow the transfer. Please send copies of any correspondence to ASPA regarding your request to the plan.

\_\_\_\_\_  
**PRINT PROVIDER NAME**

\_\_\_\_\_  
**PROVIDERS AHCCCS Number**

\_\_\_\_\_  
**PROVIDERS Medicare Number**

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROVIDERS TAX ID**

\*\* This form must have a provider's signature in order to be completed for processing. If no signature is present plans will not be notified of the above changes

**COMPLETED W-9 MUST BE ATTACHED.**

**NOTE: YOUR ADDRESS ON YOUR W-9 MUST MATCH YOUR BILLING ADDRESS.**

3030 N. Central Ave. Suite 1106, Phoenix, AZ 85012  
www.azspa.com  
Updated 6-15-22

Telephone: 602.265.2524  
Fax: 623.999.1055

# ARIZONA STATE PHYSICIANS ASSOCIATION

Physician Agreement Attachment

## ASP A Contract for Primary Care Members (FP, IM & Peds) EverMed Direct

ASP A is excited to announce a new contract effective 7/1/18 to be the preferred network for EverMed DPC. All primary care providers and pediatricians are included in this contract with strong referral impact for non-primary care ASP A members.

### BACKGROUND:

EverMed DPC contracts with employer groups to provide primary care homes for employees and their families. Delivering consistent patient and revenue flow to the practice, total healthcare cost savings for the employer and improved access to care while lowering out-of-pocket costs for families, this is truly a win-win-win providing healthy change in the marketplace.

Why the ASP A preferred contract with EverMed DPC:

- Healthy flow of patients via employer health plans, age cap at 64.5 years of age
- Revenue positive
- Avg. EverMed patient delivers \$720/year revenue v. \$450/year Fee for Service patient
- Avg. RVU is 28% higher for EverMed DPC patient versus most commercial payers
- Consistent Monthly Clinic Revenue
- Low Administration with no billing for included services
- Limited menu of included services for the fee schedule, all other services performed as billed to the employer wrap plan as customary
- Highly efficient care model enjoyed by the practice and the patient

### REIMBURSEMENT:

Primary Care members for a fixed **Per Member/Per Month fee** as follows: (for a list of the covered services contact the ASP A

Office)	EverMed DPC Monthly Fees	Clinic Fees	DPC Fees
Individual		\$60	\$75.00
Individual + 1		\$125	\$145.00
Family up to 4		\$180	\$205.00
Additional Family Member		\$33	\$40.00

Under the ASP A preferred contract, EverMed will actively market for all ASP A Member Practices to employers throughout the region to deliver additional revenue opportunities.

### Please indicate your current level capacity for EverMed patients:

- Our Practice is ready to accept as many new patients as we can get right now.  
 Our Practice is able to accept up to \_\_\_\_\_ number of new patients right now.

Our Practice does not have capacity and cannot accept additional patients at this time. Please keep me informed as new groups are added to this contract.

Complete the information below for **each** provider and **fax to ASP A at 623-999-1055**. If you have any questions please call ASP A at 602-265-2524, ext. 210. Please include an updated W9 form

Yes  I want to Participate with EverMed Direct  
No  I do not want to Participate with EverMed Direct

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Specialty \_\_\_\_\_ Email Address: \_\_\_\_\_

# ARIZONA STATE PHYSICIANS ASSOCIATION

Physician Agreement Attachment

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## Gold Kidney Health Plan Serving CKD/ESRD patients in Arizona

### **Background:**

Gold Kidney is a Special Needs Medicare Advantage health plan addressing the unmet needs of affordable and integrated kidney care coverage for Arizona with Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD).

Gold Kidney of Arizona is a Medicare Advantage health plan that is designated to provide wholistic care for patients with Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD). In addition to the standard Medicare Advantage provider network, Gold Kidney of Arizona will add access to high-quality Kidney Care services and Integrated Case Management Services. This is an affordable plan with zero premium, zero copay Nephrologist/PCP visit and zero coinsurance for select dialysis treatments and medications. This is offered in the following counties of Arizona. Maricopa, Yavapai, Gila, Coconino, Navajo, Pima and Pinal counties.

### **Reimbursement:**

All Professional and Ancillary Services	100% of the CMS Fee Schedule after sequestration
Laboratory and Pathology Services	80% of the CMS Fee Schedule after sequestration
Radiology Services	75% of the CMS Fee Schedule after sequestration
J-codes	100% of the CMS Fee Schedule after sequestration
Durable Medical Equipment	100% of the CMS Fee Schedule after sequestration

Complete the information below for **each** provider in your practice, include a W-9 form and **fax to ASPA at 623-999-1055**.

Yes  I want to Participate with Gold Kidney Health Plan

No  I do not want to Participate with Gold Kidney Health Plan

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Specialty \_\_\_\_\_ County \_\_\_\_\_ NPI# \_\_\_\_\_

Office Contact \_\_\_\_\_

Email \_\_\_\_\_

# ARIZONA STATE PHYSICIANS ASSOCIATION

Provider Letter of Intent Attachment

## NEW ASPA PARTNERSHIP CONTRACT Prospect Medical Systems Effective July 1, 2021

### Background:

ASPA has entered into a contract with Prospect Medical Systems, a national IPA to allow our Members access to contracts which are value based, and ASPA does not have current access to. Providers will be able to choose which plans they want to participate in (Opt-In). Example of possible plans: SCAN; Cigna; Aetna; Bright Health; United and Wellcare.

Prospect Medical, a highly successful IPA, by leveraging best practices, and results-driven administrative services to manage patients under risk arrangements with health plans/CMS. They focus on helping doctors manage financial risk relationships with health plans to maximize the healthcare dollar. Founded more than 25 years ago, Prospect Medical has demonstrated its ability to responsibly and effectively manage healthcare costs without compromising quality of care. Leveraging healthcare risk expertise and administrative services, Prospect Medical can deliver value to your patients while ensuring that the healthcare services are delivered in the right setting, at the right time. Visit ProspectMedical.com for more information.

**Why** participate with Prospect Medical in HMO contracts?

- Continue practicing independent medicine
- Tap into new payment models, taking more risk from health plans
- Grow your practice
- Reduce office administrative work

Example of what Prospect will reimburse ASPA Providers directly as follows:

**PCP:** Tiered Per member, per month (PMPM) capitation  
Monthly member enrollment between 1-50 = \$40.00 PMPM or enrollment 51+ = \$45.00 PMPM  
**Specialist:** 90-100% of Medicare **Urgent Care:** All-inclusive Case rate or 80-95% Medicare  
**Radiology:** 85% of Medicare **Physical Therapy/OT/Speech:** \$45-50 Case rate per visit  
**Home Health; DME; Audiology; Nutrition:** 80% of Medicare  
**Ambulatory Surgery Center:** 80% of Medicare ASC **Orthotic & Prosthetics:** 65% of Medicare

**PLEASE NOTE:** This Letter of Intent **will not** opt you into any of the plans offered by Prospect. You will have the opportunity to opt in to a plan as they come up for offering. This Letter of Intent is to give Prospect an idea of what our network can offer.

Complete the information below for each provider and **fax to ASPA at 623-999-1055**. If you have any questions please call ASPA 602-265-2524, ext. 210. Please attach a current W-9 form.

**Yes** \_\_\_\_\_ I intend to Participate with **Prospect Medical plan contracts**

**No** \_\_\_\_\_ I do not want to Participate with Prospect Medical

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Specialty \_\_\_\_\_ Contact Email: \_\_\_\_\_

3030 N. Central Ave., Suite 1106, Phoenix, Arizona 85012 (602) 265-2524 FAX: 623-999-1055

**Arizona State Physicians Association (“ASPA”)  
& Prospect Medical Group AZ, Inc. (“Prospect”)  
Provider Opt-In Attachment**

**New Health Plan Contract  
SCAN Desert Health Plan, Inc. effective January 1, 2022**

Pursuant to its agreement with ASPA, Prospect is pleased to announce an opportunity for you to participate in a Medicare Advantage Global Risk Health Plan Contract (“Contract”) between Prospect and SCAN Desert Health Plan, Inc. (“SCAN”), which will take effect January 1, 2022.

**Prospect will reimburse ASPA Providers for services under the Contract as follows:**

<b>PCP</b>	\$50.00 PMPM
<b>Specialist</b>	95% Medicare fee-for-service
<b>Urgent Care:</b>	90% Medicare fee-for-service
<b>Radiology</b>	85% Medicare fee-for-service
<b>Physical Therapy/OT/Speech</b>	\$45 Case Rate
<b>Home Health; DME; Audiology; Nutrition</b>	80% Medicare fee-for-service
<b>Ambulatory Surgery Center</b>	80% Medicare ASC fee schedule
<b>Orthotic &amp; Prosthetics</b>	70% Medicare fee schedule

**Should you agree to provide services under the SCAN Contract as a Prospect Participating Provider, you will have access to Prospect’s Provider Manual, and will be required to maintain compliance with the policies and procedures set forth therein, including policies governing the following areas:**

- Eligibility Verification
- Licensing, Credentialing and Accreditation
- Referrals and Authorizations
- Claims, Encounters, and Disputes
- Records, Data Exchange, and Reporting
- Monitoring and Auditing;
- Privacy and Confidentiality of Member Information; and
- Compliance with Health Plan materials and other federal regulatory requirements (e.g., Evidence of Coverage, Medicare Coverage and CMS Contracting and Downstream Entity rules)

Prospect and ASPA strongly encourage you to participate in this Medicare Advantage opportunity. Should you have any questions, please call ASPA at 602-265-2524, ext. 210 or contact us at 3030 N. Central Ave., Suite 1106, Phoenix, AZ, 85012. Otherwise, please complete the information below and **fax to ASPA at 623-999-1055**, along with a current W-9 form.

**Yes** \_\_\_\_\_ I agree to be a Participating Provider in the Medicare Advantage Contract between Prospect and SCAN and understand I will be expected to be compliant with Prospect’s policies and procedures. (*\*Please include a separate sheet for each provider within your practice*)

**No** \_\_\_\_\_ I do not want to participate in Prospect’s SCAN Contract at this time.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Specialty \_\_\_\_\_ Contact Email: \_\_\_\_\_