

Letter of Commitment

The provider agrees to accept Healthgram members and not balance bill for covered charges that exceed the published fee schedule. The fee schedule, summary benefit plan, and ID card are available online at www.healthgram.com.

The employer, maintaining a not for profit health care plan, subject to ERISA and DOL regulations, will:

- Pay the provider within 10-30 days of receipt of claims
- Payment will be 100% of the plan allowance less the copay
- Benefits will be standard and offer minimal copays with no deductibles or coinsurance
- All patients will be directed to and encouraged to use Healthgram welcoming providers who will not balance bill
- Not modify the plan of benefits or fee schedule without 90 days prior notice.

The provider will:

- Submit claims within 180 days
- Not balance bill Healthgram members for covered charges that exceed the published fee schedule
- Collect the copay at the time of service
- Notify Healthgram if they decide to rescind this commitment with 30 days prior notice.

We recognize this is a voluntary program. This commitment allows Healthgram to offer their members a copay only plan and the opportunity to seek care from their chosen physician or healthcare provider without the threat of being balance billed for retail charges.

Please sign and return to the fax number or address below.

Sincerely,



Paul Tate
President
Primary PhysicianCare, Inc

(Provider and Practice Name)

Address

Tax Identification# (TIN)

City, State, Zip

Specialty: _____

Phone: (____) _____ - _____

County: _____

Office Manager: _____

Signature: _____

Date: _____

Any additional info. regarding associated tax id#'s, physicians, and locations under the Healthgram Letter of Commitment

Please fax to Jeniffer White at: 704.496.2385 or
Attn: Jeniffer White
1515 Mockingbird Lane, 3rd Floor
Charlotte, NC 28209