



I understand that the UDOH will only pay for 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. I understand that I could use my contracting laboratory for biopsy specimens and that the UDOH will reimburse only the pathologist's fee (CPT 88305), but not the facility.

As a participating provider, I agree to submit a completed Breast Referral Form to the UDOH for each patient referred to me within 15 days of final examination. I understand that reimbursement is contingent upon receipt of this form by the UDOH. 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 March 1, 2010 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.

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Physicians Signature

Date

**PLEASE NOTE:** All procedures noted with an asterisk need pre-approval by UCCP. Please call (801) 538-6712 or 1-800-717-1811 to obtain approval for each patient needing such services.