

# LETTER OF AGREEMENT

**PROVIDER NAME:** \_\_\_\_\_ **ATTN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This Letter of Agreement is between the “Provider” listed above and Health West “Network” and is entered into this day in order to provide for prompt, simple arrangement of health care services and payment arrangement. This Letter of Agreement covers all services provided to members of Health West, Insurance PAL (“Network”) and their contracted employer groups collectively known as “Client”. In exchange for good and valuable services the Provider listed above and Health West enter into this Letter of Agreement as of the effective date listed above.

## Provider Responsibilities:

1. To accept the agreed upon allowed amount in Attachment A with the full fee schedule being on file. This full fee schedule can be requested at any time by sending an email to [providers@healthwestonline.com](mailto:providers@healthwestonline.com) or calling (888) 316-1933.
2. Only balance bill the member for Copays, Deductible and Coinsurance as listed on their plan document,, benefit summary, EOP/EOB.
3. Submit clean claims to the appropriate EDI or other address provided within 6 months of rendering services.

## Network Responsibilities:

1. Bind Client to pay all clean claims according to the Fee Schedule and the plan document and benefit summary within 30 days of receipt of a clean claim.
2. Bind Client to pay 90% of all clean claims within 30 days of receipt.
3. Assist with any claim problems, appeals, or questions, on behalf of Provider and Client.

This Letter covers all services performed at the provider’s offices or other locations and is for all providers at your. Locations. Please see Attachment A for a sample list of agreed fee schedules. You may fax this Letter of Agreement back to Network with a completed W-9 form and a list of your providers including NPI’s, tax IDs and locations to: (888) 316-8572 or email to: [providers@healthwestonline.com](mailto:providers@healthwestonline.com) or contact us at: (888) 728-8364

Please confirm your acceptance of the terms outlined in this Letter of Agreement by signing below:

### Provider:

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

Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Health West

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

Title: \_\_\_\_\_

Address: P.O. Box 885

City, State, Zip: Bountiful, UT 84010

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## ATTACHMENT A - SAMPLE FEE SCHEDULE: HWI46 (Complete fee schedule available upon request)

CPT	Rate														
		29822	\$617.05		57460	\$318.26		76770	\$40.59		90465	\$23.47		95861	\$119.27
11000	\$54.27	29824	\$724.50		58150	\$1,118.25		76801	\$138.27		90466	\$13.96		95900	\$53.03
11100	\$102.50	29826	\$721.31		58260	\$931.00		76805	\$153.84		90468	\$11.43		95903	\$62.33
11301	\$92.18	29827	\$1,177.34		58262	\$1,039.73		76811	\$218.77		90471	\$23.47		95904	\$46.74
11302	\$110.35	29828	\$994.04		58300	\$89.38		76816	\$111.08		90472	\$12.04		95934	\$48.10
11306	\$95.84	29848	\$535.86		58301	\$105.91		76830	\$126.15		90473	\$15.46		96372	\$22.66
11307	\$113.18	29877	\$665.15		58563	\$1,895.90		76856	\$126.91		90633	\$28.00		97001	\$68.58
11311	\$106.39	29879	\$711.71		58565	\$2,037.14		76942	\$194.08		90636	\$97.23		97014	\$13.00
11312	\$122.87	29880	\$742.43		58570	\$1,066.00		77080	\$74.93		90648	\$26.37		97033	\$23.48
11401	\$140.60	29881	\$692.58		58571	\$1,199.65		80048	\$11.54		90649	\$140.22		97035	\$11.32
11402	\$157.01	29888	\$1,077.68		58611	\$88.29		80050	\$45.67		90657	\$6.02		97110	\$27.52
11603	\$271.57	30140	\$431.50		58661	\$726.24		80053	\$14.41		90658	\$11.71		97112	\$28.26
11604	\$300.16	30520	\$611.51		58662	\$793.80		80061	\$18.27		90660	\$22.99		97140	\$25.47
11642	\$266.69	31231	\$189.25		59025	\$55.78		80076	\$11.14		90669	\$98.34		97802	\$28.73
11643	\$314.16	31237	\$332.90		59400	\$2,095.83		81000	\$4.32		90680	\$80.18		99202	\$72.39
11721	\$45.02	31255	\$443.20		59410	\$1,082.00		81001	\$4.32		90696	\$43.22		99203	\$104.90
11730	\$99.22	31267	\$349.82		59425	\$509.41		81002	\$3.49		90700	\$23.90		99204	\$162.20
11750	\$214.21	31276	\$558.83		59510	\$2,373.43		82043	\$7.89		90707	\$55.80		99205	\$204.89
12001	\$105.18	31287	\$255.07		59514	\$1,105.86		82274	\$16.49		90715	\$40.76		99211	\$21.25
12011	\$126.34	31575	\$118.78		59515	\$1,301.89		82550	\$8.88		90716	\$93.02		99212	\$42.24
12032	\$301.24	36415	\$3.42		59610	\$2,207.65		82570	\$5.61		90723	\$82.80		99213	\$70.15
12052	\$298.98	38510	\$524.06		59820	\$418.34		82728	\$18.59		90734	\$114.48		99214	\$105.67
13132	\$575.79	42330	\$225.50		61795	\$293.44		82947	\$5.36		90801	\$135.36		99215	\$142.90
15736	\$1,377.08	42440	\$475.24		64718	\$617.17		82948	\$4.32		90805	\$62.97		99242	\$103.63
17000	\$77.95	42820	\$295.10		66821	\$296.04		83002	\$23.81		91110	\$970.14		99243	\$142.40
17003	\$7.61	42821	\$308.27		69436	\$168.38		83036	\$13.24		92002	\$69.40		99245	\$259.25
17004	\$175.29	42826	\$254.93		66984	\$713.00		83540	\$8.83		92004	\$130.84		99381	\$103.24
17110	\$108.09	43235	\$302.32		67210	\$647.59		83550	\$11.93		92012	\$73.12		99382	\$112.43
17282	\$202.88	43239	\$350.16		68761	\$136.29		84153	\$25.09		92014	\$115.89		99383	\$111.62
19120	\$464.38	43249	\$184.36		69210	\$50.43		84403	\$35.22		92015	\$30.57		99384	\$121.56
19361	\$1,690.44	43262	\$455.21		69436	\$168.38		84436	\$8.75		92083	\$74.25		99385	\$121.56
20550	\$57.37	43264	\$546.53		69631	\$895.21		84439	\$11.93		92135	\$43.28		99386	\$142.33
20610	\$81.13	44377	\$341.02		70486	\$266.27		84443	\$22.93		92235	\$43.67		99391	\$86.03
20680	\$631.35	45378	\$442.00		71020	\$33.52		84550	\$6.16		92543	\$5.81		99392	\$95.96
20924	\$550.00	45380	\$480.50		72110	\$56.34		85025	\$7.22		92557	\$46.02		99394	\$105.16
21930	\$488.64	45384	\$472.67		73010	\$29.36		85027	\$7.75		92567	\$17.61		99395	\$105.57
23410	\$933.00	45385	\$542.33		73030	\$31.17		85610	\$5.37		92568	\$18.99		99396	\$115.50
23440	\$833.00	47562	\$723.92		73110	\$9.35		85651	\$4.84		93000	\$21.55		99397	\$129.57
25075	\$420.51	47563	\$741.75		73130	\$31.65		86308	\$7.06		93880	\$228.66		99460	\$64.84
25447	\$879.36	49505	\$504.44		73140	\$29.68		86430	\$7.74		93971	\$148.89		99462	\$34.53
25600	\$341.66	49561	\$914.29		73510	\$38.06		86677	\$11.16		94010	\$33.11		A4590	\$7.21
26055	\$633.00	49568	\$273.27		73562	\$35.35		87081	\$4.31		94640	\$13.30		J0696	\$1.20
27130	\$1,675.00	49587	\$505.57		73564	\$41.11		87086	\$11.01		94762	\$29.21		J0702	\$6.08
27447	\$1,775.00	49650	\$415.64		73610	\$35.06		87804	\$16.36		95004	\$5.76		J1040	\$7.86
28285	\$436.46	54150	\$167.50		73620	\$27.07		87880	\$16.36		95810	\$773.93		J1055	\$64.32
29806	\$1,153.41	57288	\$816.75		73630	\$9.35		88305	\$65.78		95811	\$852.56		J3301	\$1.51
29807	\$1,123.01	57454	\$170.85		76700	\$143.72		90378	\$756.02		95860	\$82.03			

# LETTER OF AGREEMENT

Form **W-9**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.