

MEDICAL SERVICE AGREEMENT

MCG PRACTITIONER AFFILIATION ACKNOWLEDGEMENT

This **Acknowledgement** is effective _____, by and among **Blue Care Network**
(Date to be entered by BCN)

of Michigan (BCN), Greater Macomb Physician Hospital Organization, a Medical Care Group
(MCG) and _____ (MCG Practitioner), who is a member of MCG.
(Print or Type Practitioner Name here)

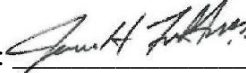
For the purpose of providing health care services to BCN Members and in consideration of the mutual promises of the parties to the Medical Service Agreement (Agreement), MCG Practitioner agrees as follows:

1. **Member Hold-Harmless-** Except in the event that Member has primary coverage with another carrier or third party payer and except for applicable Copayments or Deductibles, MCG Practitioner agrees to look solely to BCN, TPA or MCG for payment for Covered Services rendered under this Agreement and to accept payment made in accordance with the Agreement as payment in full. MCG Practitioner will in no event, including but not limited to nonpayment, insolvency or breach of this Agreement, bill, charge, collect a deposit from, seek payment from, maintain any action at law or in equity or have any other recourse against a Member or person (other than BCN or TPA) acting on behalf of Member for Covered Services provided pursuant to this Agreement. This provision does not prohibit MCG Practitioner from collecting charges for supplemental benefits or Copayments or Deductibles, where appropriate, or for non-Covered Services provided to Members on a fee-for-service basis. This provision shall survive termination of the Agreement for Covered Services rendered prior to termination regardless of the cause giving rise to such termination and shall be construed to be for the benefit of the Member. This provision supersedes any oral or written agreement to the contrary now existing or hereafter entered into between MCG or MCG Practitioner and Member or person acting on Member's behalf, insofar as such contrary agreement relates to liability for payment of Covered Services provided under the Agreement.
2. **BCN Administrative Programs-** MCG Practitioner shall at all times cooperate with BCN's quality management, medical management, network management, Member education, Member grievance, claims processing and administration, clinical and nonclinical performance measurement and improvement programs and other policies, procedures and corrective measures reasonably established by BCN to effect the terms and provisions of this Agreement.
3. **Qualifications/Standards of Care-** MCG Practitioner shall maintain all licenses, certifications and accreditations required by law. MCG Practitioner shall provide proof of applicable licenses, certifications, accreditations and hospital privileges upon request by MCG or BCN and shall promptly notify MCG and BCN of any loss, revocation or suspension of any such licenses, certifications, accreditations or hospital privileges. MCG Practitioner shall provide all Covered Services in a manner consistent with professionally recognized standards of health care.

4. **General-** MCG Practitioner has reviewed and is familiar with the existing Medical Service Agreement between MCG and BCN and also with the BCN Provider Manual. MCG Practitioner is fully aware of the responsibilities and requirements pertinent to his/her designated role as Specialist Practitioner or Primary Care Practitioner. MCG Practitioner agrees to be bound by and accept the applicable terms and conditions of this Acknowledgement, the Medical Service Agreement, the Provider Manual, and all amendments or modifications thereto.

**GREATER MACOMB PHYSICIAN
HOSPITAL ORGANIZATION**

**BLUE CARE NETWORK OF
MICHIGAN**

By: 
(Signature)

By: _____
(Signature)

By: Jerome H. Finkel, MD
Name (Print or Type)

By: **Alison Pollard**

Its: Medical Director
(Title)

Its: **Regional Executive**

Date: _____

Date: _____

MCG PRACTITIONER

By: _____
(Signature)

By: _____
Name (Print or Type)

Its: _____
(Title)

Date _____

Note to Practitioner For purposes of properly administering any MCG withhold, provide the following information for any practice group from which you will be billing for services provided to MCG's BCN-assigned members:

Physician Practice Group Tax ID #: _____

Physician Practice Group NPI #: _____

If you're not part of any practice group (i.e. you're a sole practitioner), any MCG withhold will be applied against claims submitted by you containing your self-bill and NPI number, unless you have an alternate Tax ID and NPI you want to use.