*VIA UPS/FEDEXPRESS (signature required)*

Major Health Payor

Network Management

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Request for Executed Agreement, Reimbursement Policies, Methodologies, and Fee Schedules for Practice of Joe Smith, MD (EIN no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Dear Madam or Sir,

In reviewing our records, we have discovered that we may not have complete copies of the Major Health Payor executed agreement, fee schedules, and reimbursement policies for the time frame beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to present *(time frame may be omitted)*. This information is critical as we are currently conducting an evaluation of all of our contracts and their associated fee schedules.

The agreement between Dr. Smith and Major Health Payor, as well as Texas insurance law requires that a provider may request all coding guidelines, including underlying bundling, recoding, or other payment process and fee schedules. The law further requires that in responding to our request, you must include enough detail that someone with experience in claims processing can determine the correct payment to be made according to the contract. The contract and law further state that you must provide the information not later than 30 days of receipt of our request.

Specifically, we are requesting the following information for the above defined time period. For each item, please also state the time period during which each was in effect.

1. A complete copy of the executed agreement between Medical Practice (or any of its physicians) and Major Health Payor and any of its subsidiaries and any amendments thereto.
2. A complete fee schedule, including all applicable codes and modifiers.
3. Any retroactive revisions made to the coding guidelines or fee schedules.
4. A list of all business lines that might have access to our services via our contract with Major Health Plan and the fee schedule for each service line.

In short, we are requesting any and all information that was used over the relevant time period to adjudicate a claim.

All written correspondence regarding this matter should be sent to:

Dr. Joe Smith

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please feel free to contact me if you have any questions. Thank you for your prompt attention to the matter.

 Respectfully,

 Joe Smith, MD