



Dear Provider of Healthcare:

PPNI is the primary servicing network for all Family Care Members nationally. We are proud to introduce to you a new office visit payment program, **Doctors Select**. This plan will service up to 20,000 Family Care Members and their dependents nationwide!

This plan offers a seventy-five dollar (\$75.00) total reimbursement for office visit codes (99201 through 99215 – exclusive of routine exams and accidents). This consists of 5 visits per eligible family Member per year. When presented with the Family Care card, you will charge twenty-five dollars (\$25.00) fee to the Member and/or their eligible dependents at the time of service and submit for the remaining fifty-dollar (\$50.00) reimbursement as indicated on the card. Payment will be made directly to your office within a thirty-day (30) period! Should the Member require additional procedures, you will bill them directly in accordance with your PPNI Agreement rates at the time service is rendered for the additional procedures plus the \$25.00 fee. It's that easy! **To ensure reimbursement directly from the Insurance Company, please submit your claim on a HCFA 1500 with a valid assignment of benefits.**

As you know, PPNI offers strong incentives for Members and/or their eligible dependents to seek care from PPNI participating providers, and they must utilize PPNI's providers in order to qualify for these discounted rates. Our records indicate that we have been working very successfully with your practice and we would like to continue to do so through **Doctors Select**. Please review and execute the enclosed Addendum and return it to us in the postage-paid envelope, or you may fax it to (713) 414-4953 for prompter processing.

Again, thank you for your valuable time and for working with PPNI towards our continued mutual success. Please do not hesitate to contact our Provider Relations Department at 1(866) 776-4872 should you have any questions with regard to this new plan. We may be reached between the hours of 8:00 a.m. and 6:00 p.m. Monday through Thursday and 8:00 a.m. and 12:00 p.m. Friday, CST.

We look forward to our continued mutually beneficial working relationship with you and your staff.

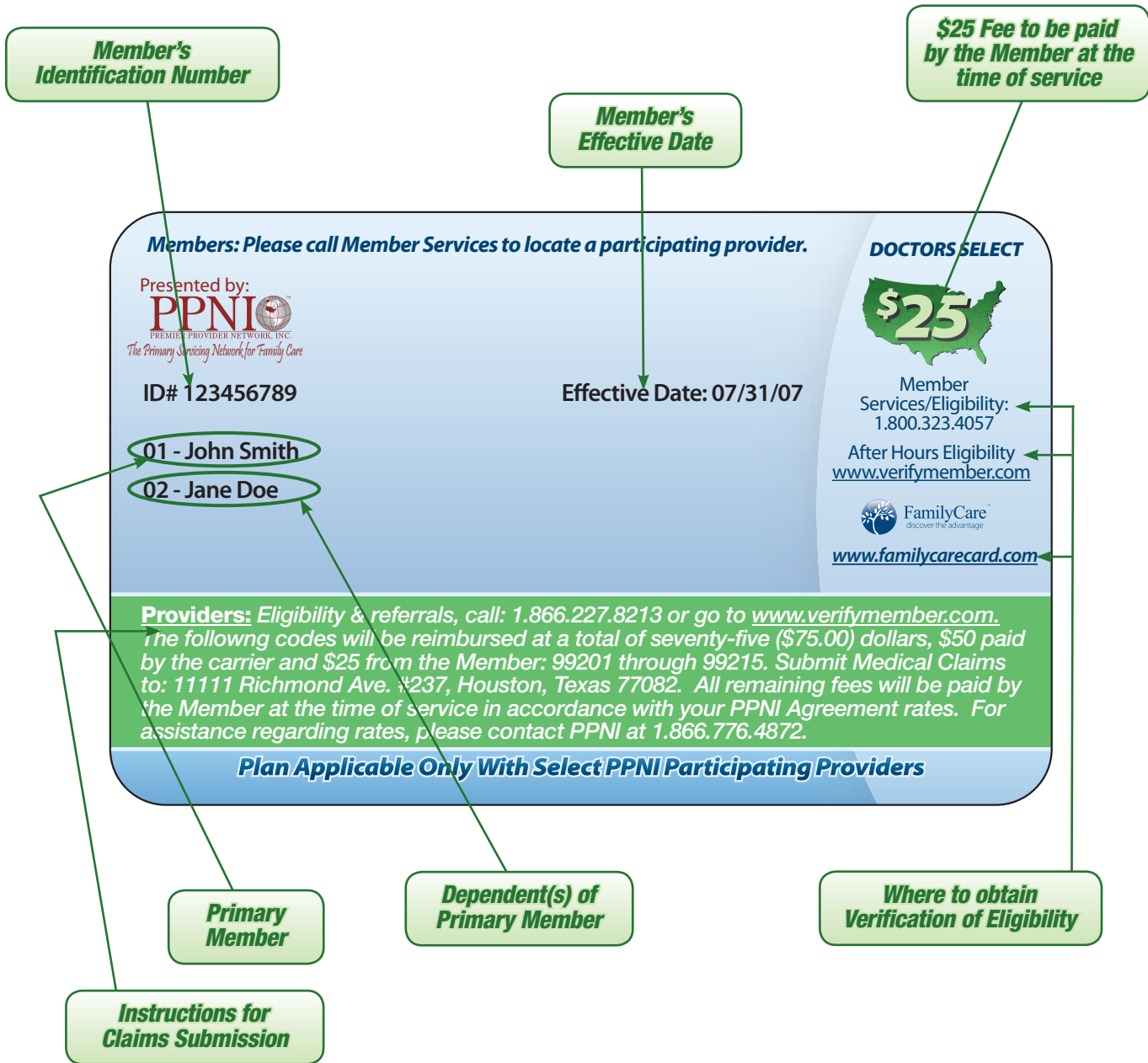
Sincerely,

Teresa Bays White  
Premier Provider Network, Inc. (PPNI)  
Director of Provider Relations & Network Development

Enclosures

**See Reverse for Instructions**





**Members: Please call Member Services to locate a participating provider.**

Presented by:  
**PPNI**<sup>TM</sup>  
 PREMIER PROVIDER NETWORK, INC.  
*The Primary Servicing Network for Family Care*

**ID# 123456789**

**Effective Date: 07/31/07**

**DOCTORS SELECT**

**\$25**

Member Services/Eligibility: 1.800.323.4057

After Hours Eligibility [www.verifymember.com](http://www.verifymember.com)

FamilyCare™  
 discover the advantage

[www.familycarecard.com](http://www.familycarecard.com)

**Providers: Eligibility & referrals, call: 1.866.227.8213 or go to [www.verifymember.com](http://www.verifymember.com).**  
 The following codes will be reimbursed at a total of seventy-five (\$75.00) dollars, \$50 paid by the carrier and \$25 from the Member: 99201 through 99215. Submit Medical Claims to: 11111 Richmond Ave. #237, Houston, Texas 77082. All remaining fees will be paid by the Member at the time of service in accordance with your PPNI Agreement rates. For assistance regarding rates, please contact PPNI at 1.866.776.4872.

**Plan Applicable Only With Select PPNI Participating Providers**