

ATTACHMENT A
COMPENSATION SCHEDULE TO THE AGREEMENT
BETWEEN
PREFERRED PROVIDER ORGANIZATION (PPO)

PREFERRED PROVIDER ORGANIZATION (PPO) EXCLUSIVE PROVIDER ORGANIZATION (EPO) MEDICAL CARD SYSTEM, INC.

**AND** 

PO BOX 9039
MAYAGUEZ. PR 00681-9039

TELEPHONE NUMBER: (787) 832-4040

Effective on **April 23**, **2009**, MCS will pay the Urgency Room Facility a contracted rate for services provided by the Urgency Room:

## A. URGENCY SERVICES

DESCRIPTION	CODE	RATE
Urgency Room Services	0456	\$50.00

Remarks:

This fee includes, facility use, medical evaluation, materials, equipment, supplies, medications, laboratories, respiratory therapy, EKG (production and interpretation), nursing care and surgical tray. Any minor surgical procedure will be billed by the facility.

## **B. AMBULATORY SERVICES**

DESCRIPTION	CODE	RATE
LABORATORIES	CPT	MCS FEE SCHEDULE

## Remarks:

A- Submission of Claims: The Provider agrees to submit claims on forms acceptable to MCS for health care services provided to eligible insureds within ninety (90) days of completion of covered services rendered by the facility. MCS will not be obligated to pay any claims received after fifty (50) days.



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B- The following items are excluded from coverage and payments:

 1. Expense for which the insured person has or had a right to payment under: (1) a workers' compensation (FSE) or similar law; or (2) Medicare or other plan established by law except where the law does not permit this type of exclusion (3) Automobile Accident (ACAA).

2. Expense for housekeeping or custodial care.

3. Expense incurred while insurance is not force, except as provided under the terms of the extension of benefits during disability section.

4. Expense for any of the services listed below unless, and except to the extent that, specific provisions dealing with such services are included in the Policy.

a. Expense for immunizations, routine examinations or check-ups and other preventive care.

 C- The provider shall return to MCS the signed contract during the next thirty (30) days after receiving the notification from MCS. If the provider does not return the signed contract or does not inform MCS his/her concerns or objections the agreement will be effective on the date it is received in MCS.

RECINTO UNIVERSITARIO MAYAGUEZ

MEDICAL CARD SYSTEM, INC.

BY:	BY:
TITLE :/	TITLE: A.V.
DATE:	DATE:

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JAVIER MAGRIÑA, CPA
TITLE: A.V.P. of Network Managemen