

**AGREEMENT BETWEEN  
GROUP HEALTH INCORPORATED  
AND  
PARTICIPATING PROVIDER**

Group Health Incorporated (GHI), an EmblemHealth company, is pleased to contract with the undersigned Provider for the provision of Covered Services to Members. Provider and GHI are entering into this Agreement in order for Provider to provide Plan Services as a Participating Provider to Members according to the terms and conditions of this Agreement, the Administrative Guidelines, including but not limited to EmblemHealth's Provider Manual and each Member's Benefit Program. GHI and Provider agree to abide by the Quality Improvement, Utilization Management and other applicable rules, policies and procedures of GHI and the Plans with whom GHI contracts to provide services. This Agreement (consisting collectively of this page, the body of the agreement that follows and the Reimbursement Schedule annexed hereto as Exhibit B plus all other exhibits and other attachments) constitutes the complete and sole contract between the parties regarding the subject matter of the Agreement and, except as otherwise provided herein, supersedes any and all prior or contemporaneous oral or written communications not expressly included in the Agreement. The effective date of this Agreement (contingent on Emblem's Credentialing Committee approval) is \_\_\_\_\_ ("Start Date"). If Provider is a professional corporation this Agreement shall apply to each member of such corporation as if each is a party to this Agreement. In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, and intending to be legally bound hereby, GHI and Provider enter into this Agreement to be effective as of the Start Date.

**Group Health Incorporated**

By: \_\_\_\_\_

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

**PROVIDER**



By: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Print)

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

State License #: \_\_\_\_\_

(NPI) #: \_\_\_\_\_

Group NPI #: \_\_\_\_\_