



2295 Huntington Drive, Ste. D
San Marino, California 91108
Telephone (626) 656-2370

→ **Please Fax LOA To: (866) 395-5325**

LETTER OF AGREEMENT

This Letter of Agreement ("LOA") is executed between **Van Lang IPA** with and _____ (Specialist"), **Specialty** _____ and **TX License Number:** _____ with its principal offices at _____, collectively referred to as the "Parties", to be effective from _____ ("Effective Date") to _____ ("Expiration Date"). This LOA has an expected life of one year while full Contracting and Credentialing takes place. Without Contract and Credentialing the LOA will expire on the above "Expiration Date".

WHEREAS,

- (a) IPA is licensed to operate as a Professional Corporation in Texas;
- (b) Specialist is experienced, properly licensed and in good standing to provide health care services in the State of Texas to Medicare and/or Medicare/Medicaid eligible persons under the Medicare Advantage (MA or MA-PD) program and desires to be a participating Specialist contracted with IPA to provide services to such persons.

THEREFORE,

1. IPA and Specialist agree to enter into negotiations in good faith to execute a formal Specialist Services agreement ("Agreement") **at** _____ (%) **of** _____, *for authorized services for which claims shall be processed in accordance with CMS Medicare Processing and Payment Guidelines, timeline filing and timely payment*, within sixty days of execution of this LOA, under terms mutually acceptable to both IPA and Specialist, to enable Specialist to provide health care services, to IPA members in the MA/MA-PD program;
 2. Specialist understands that IPA will be submitting this LOA to Health Plans as evidence that the Specialist is a potential participating Specialist and consents to IPA doing so;
 3. IPA and Specialist agree to hold in confidence all terms and conditions of this LOA and information disclosed by one party to another during the negotiations to follow toward the execution the Agreement. This provision shall survive termination of this LOA.
 4. Claims will be processed according to industry and/or government program guidelines (Medicare clean claims will be paid within 45 calendar days according to CMS standards)
 5. Specialist agrees to obtain prior authorization from Van Lang IPA (by contacting patient/member assigned Primary Care Physician prior to rendering services).
- For the Medicare Fee Schedule, providers may access the internet website at: <http://www.cms.gov>

IN WITNESS WHEREOF, the parties have duly executed this LOA effective as of the date first written above.

Van Lang IPA

SPECIALIST PROVIDER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Please complete the information requested below, so we may appropriately add you to the network while the contract and credentialing are pending. Additionally, please provide a W9 for claims submissions.



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Physician Name				
Specialty		Subspecialty		
Primary office address:		City:	TX	Zip:
Phone Number		Fax Number		
Contact Person		E-Mail Address		
Secondary office address		City:	TX	Zip:
Phone Number		Fax Number		
Tax ID Number				
NPI Number				

Claim Submission Instructions

Claims Via Mail: **Van Lang IPA**
 c/o MSO Inc. of Southern California
 2295 Huntington Drive, Suite D
 San Marino, CA 91108

Claims Via Fax: **(626) 552-3760**

Electronic Filing, please contact:
Jeff Ngo, Manager, Provider Network Operations
Email: Jeff.Ngo@vanlangipa.com or Cell: (713) 806-6050