CRESCENT HEALTH SOLUTIONS, INC.

PROVIDER SUBMISSION OF INDIVIDUALLY-DETERMINED FEE INFORMATION FOR THE PRE-AUTHORIZATION PROGRAM IN THE MESSENGER PROCESS

Pursuant to Sections 3.1(a) and (b) of the Crescent Health Solutions, Inc. ("Crescent") Participating Provider Agreement applicable to the undersigned Provider, the undersigned Provider hereby provides its individually-determined fee information. The fee information provided represents the minimum payment, which the undersigned Provider is willing to accept from a Payor. Fee information will be presented to Payors only upon their written request, as required by Crescent's antitrust policy and contracting guidelines. If the undersigned Provider has so elected and the Payor requests in writing, this individually-determined fee information will be used in the pre-authorization process described in Sections 3.1(a) and (b) of the applicable Crescent Participating Provider Agreement to bind the undersigned Provider to contracts which meet or exceed the Provider's individually-determined minimum fee information.

To accommodate different employer needs in a timely manner, Crescent asks that you present your individually-determined fee information to Crescent as a list of your most common CPT codes and the minimum reimbursement you are willing to accept for those codes. To submit this information, please attach it to this form on separate sheets of paper. If you and the Payor elect to participate in the pre-authorization process, and the Payor's offer meets or exceeds your individually-determined fee minimum in the format chosen by the Payor, you will be bound to provide services to the Payor and will be reimbursed at the rate on your individually-determined pre-authorized list of fees.

By signing below, the undersigned Provider represents and warrants that the fee information, which it is providing to Crescent's messenger, has been individually determined by the undersigned Provider, and is not the result of any improper collaboration with any other Crescent Provider. The undersigned Provider further represents and warrants that the fee information attached hereto will not be disseminated, discussed, or shared with other Crescent Providers. Crescent represents and warrants that the fee information attached hereto will not be disseminated, discussed, or shared with other Crescent Providers, and will only be provided to Payors upon their written request. Under no circumstance will Crescent use the attached fee information to negotiate, agree upon or otherwise seek to determine compensation terms for any Crescent Provider.

_____ _____

Physician/Practice Name (please print)

Signature (signature of individual authorized to sign on behalf of the organization)

_____

Date

_____

On behalf of Crescent Health Solutions, Inc.

PLEASE FURNISH INFORMATION BELOW OR ATTACH EXTRA SHEETS AS NECESSARY WHICH CONTAIN PROVIDER'S INDIVIDUALLY DETERMINED FEE INFORMATION

Attach a list of your most commonly used CPT codes and the minimum reimbursement you are willing to accept for those codes. Please note: If a Payor submits a list of all CPT codes, only those codes which you submitted will be reviewed on your behalf for the pre-authorization process to bind you to contracts which meet or exceed this individually-determined minimum fee information.

CPT Code	**Minimum Acceptable Reimbursement**

The undersigned provider elects to allow the fee information which has been individually-determined to be used in Crescent's Pre-Authorization process. The above signed Provider further understands that if thePayor's maximum allowable reimbursement is less than the minimum acceptable fees represented to Crescent by the Provider attached to this document, or subsequently sent to Crescent, Crescent will messenger only the CPT codes and amounts that are less than the minimum acceptable fees. If all of the Payor's maximum allowable fees exceed Provider's minimum acceptable fees, as represented in the attached individually-determined minimally acceptable fee schedule, Crescent will confirm the Provider's participation in the Payor's health benefits plan provider network.