



Addendum to Provider Agreement

THIS ADDENDUM is dated this ____ day of _____, 2006, between the Participating Provider specified below and Avesis Third Party Administrators, Inc.

WHEREAS, the Avesis Participating Provider specified below previously entered into a Provider Agreement with Avesis Third Party Administrators, Inc. (Avesis); and

WHEREAS, Avesis Third Party Administrators, Inc. has entered into an Agreement with AMGP Georgia Managed Care Company, Inc. ("AMERIGROUP Georgia") Medicaid and PeachCare for Kids, Peach State Health Plan (Centene Corporation), and Well Care of Georgia, Inc. (collectively hereinafter referred to as "the Plan") to arrange for the provision of vision care services and to adjudicate, process and pay all claims related to services provided to their members;

NOW, THEREFORE, the parties agree that the clauses specified below shall become apart of said Provider Agreement:

1. The Participating Provider agrees to indemnify and hold harmless the Plan, the DCH, the State of Georgia, its departments and agencies from and against all claims, demands, liabilities, losses, costs or expenses, and attorneys' fees, caused by, growing out of or arising from any act or omission on the part of the Provider, its agents, employees, customers, invitees, licensees or due to any breach of the Provider Agreement or due to the application or violation of any pertinent federal, State or local law, rule or regulation. This indemnification survives the termination of the Agreement between Avesis Third Party Administrators, Inc. and The Plan and the dissolution or, to the extent allowed by the law the bankruptcy of Avesis.
2. Participating Provider affirms that the provider's office complies with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) and its amendments, rules, procedures and regulations with regard to patient privacy and the security of patient information.
3. In the event that Participating Provider's Agreement with Avesis is terminated for any reason, the Participating Provider agrees that the only applicable appeals are to Avesis. The Participating Provider agrees that there can be no appeal to DCH or The Plan of any decision for termination made by Avesis.
4. Provider agrees that in the event DCH is due funds from the Provider, Avesis shall reduce payment by one hundred percent (100%) to Provider until such time as the amount owed to DCH is recovered.
5. The Participating Provider agrees that any and all employees connected with the provision of services to The Plan members will be covered by worker's compensation insurance in such amounts as to comply with the Georgia Worker's Compensation Law.
6. The Participating Provider agrees that the Plan, CMS and DCH have the right to inspect, evaluate and audit any pertinent financial records, documents, papers and any records of the Participating Provider with regard to services provided to members covered under the Plan's Agreement with Avesis. Should any records be requested by the Plan or DCH, the

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records shall be produced immediately for onsite review or sent to the requesting party by mail within fourteen (14) calendar days. All records shall be provided at the sole cost and expense of the Participating Provider. The Plan or DCH shall have unlimited rights to use, disclose and duplicate all of the information and data in accordance with applicable State and federal laws and regulations.

7. For purposes of the provision of services as defined in the Provider Agreement, medical necessity shall be defined as those services appropriate and consistent with the diagnosis of the Participating Provider and the omission of which could adversely affect the Member's medical condition or health; compatible with the standards of acceptable medical practice in the community; are provided in a safe, appropriate and cost-effective setting given the nature of the diagnosis and the severity of the symptoms; and are not provided solely for the convenience of the Member, the Participating Provider or hospital.
8. Nothing in the Provider Agreement or this Addendum shall prohibit the Participating Provider from advocating on behalf of the Member in any grievance system or utilization review process or individual authorization process in order to obtain necessary services.

AGREED TO by the parties hereto the date first above written.

Participating Provider

Avesis Third Party Administrators, Inc.

Signature

Signature

Title

Title

Date

Date

Printed Name

Printed Name

GA Medicaid Number



Provider Contract Addendum

Under the terms of this Agreement, you have agreed to become a Participating Provider for Avesis' Georgia Medicaid provider network. Healthcare services will be rendered to our members enrolled in the following Care Management Organizations:

- AMGP Georgia Managed Care Company, Inc. ("AMERIGROUP Georgia") Medicaid and PeachCare for Kids.
- Peach State Health Plan (Centene Corporation)
- WellCare of Georgia, Inc.

Please acknowledge in the space provided below your understanding and acceptance of the terms and conditions of the Agreement.

Participating Provider

Avesis Third Party Administrators, Inc.

Signature

Signature

Title

Title

Date

Date

Printed Name

Printed Name

Contact Person

Email Address

Please check this box if you would like Avesis to contact you regarding participation in additional Avesis vision plans.

Fax Number

Provider Medicaid Number

Date Georgia Medicaid Application Completed and Returned

PLEASE FAX SIGNED ADDENDUM TO:
Avesis Third Party Administrators, Inc.
(866) 311-6834
Attention: Provider Services Department