

PROVIDER SDF

**HEALTH CARE PROVIDER SUMMARY DISCLOSURE FORM
OPTUM
OPTUM PARTICIPATING PROVIDER**

I. Compensation and Payment	
Manner of Payment: Fee for Service/Per Diem	
Reimbursement Methodology: Please reference Article 3 – Payment Provisions of the Agreement or reference additional information on reimbursement methodology located in the Optum Network Manual. You can locate the Network Manual on Provider Express (www.providerexpress.com).	
Fee Schedule Information: Please reference provided Outpatient Fee Schedule/Fee Maximum or Standard Payment Appendix.	
Reimbursement Policies: Please reference Article 3 – Payment Provisions of the Agreement or reference additional information on reimbursement polices located in the Optum Network Manual. You can locate the Network Manual on providerexpress.com.	
II. List of Networks	
<input checked="" type="checkbox"/> HMO <input checked="" type="checkbox"/> Commercial Plan other than HMO <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Workers' Compensation <input checked="" type="checkbox"/> Network Rental/Lease Arrangements	
III. Duration of Contract & Termination	
Duration: Provider Participation Agreement – The Agreement shall begin on the Effective Date and it shall remain in effect for one year, and shall automatically renew for successive 1-year terms until it is terminated according to Article 8 of the Agreement.	
Termination: Please reference Article 8 of the Agreement. The Agreement may be terminated by Optum or Provider upon at least 90 days notification to the other party.	
IV. Identity of person responsible for processing claims	
Optum and/or its Affiliates. Refer to Member ID Card for mailing and electronic submission of claims.	
V. Dispute Resolution Process	
Refer to Appeals and Provider Dispute Resolution in the Optum Network Manual.	
VI. Subject and Order of Addenda	
<input checked="" type="checkbox"/> Appendix 1 – Standard Payment Appendix, Outpatient Fee Schedule/Fee Maximum	<input checked="" type="checkbox"/> Medicare Regulatory Appendix <input checked="" type="checkbox"/> Medicaid Regulatory Appendix <input checked="" type="checkbox"/> Ohio Regulatory Appendix

United Behavioral Health operating under the brand Optum

This summary disclosure form is for informational purposes only and does not constitute a term and condition of the Provider Agreement. This form; however, does reasonably summarize the applicable Provider Agreement provisions as required under Ohio law.