



MOUNT CARMEL Health Partners, Inc.

Acceptance/Rejection Form For Mount Carmel Health Plan (MediGold) Medicare Advantage product

I have reviewed the Contract Summary Sheets for Mount Carmel Health Plan MediGold, a Medicare Advantage product.

I/We ___ Accept ___ Reject participation in the Plan according to the terms and conditions of participation.

I/We understand and agree that by accepting participation in the Plan, I/we hereby authorize PHO ("Mount Carmel Health Partners, Inc.") to enter into the applicable Customer Agreement(s) with the Payor or its designated representative on my/our behalf and I/we shall participate in the Plan as a Participating Physician(s) providing Physician Services to Members of the Plan in accordance with the terms and conditions of my/our Physician Services Agreement and Customer Agreement. This Acceptance/Rejection Form must be fully completed and returned with your completed Health Partners' application. Person signing on behalf of a physician group hereby warrants and represents that he/she has the legal authority to bind all physician members of the group.

NOTE: MediGold participation requires a physician have unrestricted privileges in his/her specialty and medical staff membership at a Mount Carmel Health Plan hospital or medical facility. Should your privileges not be at a participating Mount Carmel Health Plan hospital or medical facility, you must designate a physician currently on plan to provide coverage for inpatient admissions on your behalf. Below is a list of participating hospitals and medical facilities:

Clark County

Springfield Regional Medical Centers – Fountain and High

Delaware County

Grady Memorial Hospital

Fairfield County

Fairfield Medical Center

Fayette County

Fayette County Memorial Hospital

Franklin County

Mount Carmel East

Mount Carmel West

Mount Carmel St. Ann's

Mount Carmel New Albany Surgical Hospital

Greene County

Greene Memorial Hospital

Licking County

Licking Memorial Hospital

Medical Center of Newark

Madison County

Madison County Hospital

Montgomery County

Good Samaritan Hospital

Miami Valley Hospital

Kettering Medical Center

Grandview Hospital

Kettering Medical Center - Sycamore

Southview Hospital

Dayton Heart and Vascular Hospital

Pickaway County

Berger Hospital

Richland County

Mansfield Hospital

Shelby Hospital

Ross County

Adena Medical Center

Union County

Memorial Hospital

Check (✓) one below that is applicable:

I currently have medical staff membership, including admission privileges, at a participating Mount Carmel Health Plan, (MediGold) hospital.

I currently have admitting privileges and/or medical staff membership at the hospital listed above

I currently do not have medical staff membership or admission privileges at a participating Mount Carmel Health Plan hospital.

In the event of a planned admission, I understand that it is my responsibility to refer patients to an approved MediGold Network Provider who currently maintains clinical privileges at a participating MediGold hospital or medical facility.

I further understand that my/our acceptance hereunder does not constitute automatic participation in the Plan unless and until I/we am/are informed that I/we have satisfactorily completed the credentialing process of Health Partners and the Customer.

PRIMARY PRACTICE NAME & ADDRESS:

Print Name (Individual Physician/Person Signing For A Group)

Signature (Individual Physician/Person Signing For A Group)

Title (Person Signing For (Group))

Date

Medicare Number (required)

NPI Number (required)