

Provider/Office Demographic Information

Type (PCP or Specialist)	
Office Name	
Group Name	
Last Name	
First Name	
Middle Name	
Degree	
Gender	
Primary Specialty	
Secondary Specialty	
CAQH	
NPI	
State License Number	
Languages	
Service Address	
Service Address City	
Service Address State	
Service Address Zip	
Service Address Phone	
Service Address Fax	
Tax ID	
Billing Address	
Billing Address City	
Billing Address State	
Billing Address Zip	
Billing Address Phone	
Billing Address Fax	

LETTER OF AGREEMENT
ATTACHMENT

WHEREAS, Humana Insurance Company, Humana Health Plan, Inc., and their affiliates that underwrite or administer health plans (hereinafter referred to as "**Humana**") and **Oakwood ACO** have entered into a Participation Agreement that includes reimbursement of Physicians either employed or affiliated with the **Oakwood ACO** and that Agreement refers to **Participating Providers, AND**

WHEREAS, Participating Provider, Oakwood ACO and Humana agreed to be bound by the terms and conditions of the Agreement, **AND**

WHEREAS, the undersigned physician (hereinafter referred to as "**Participating Provider**") is a member of **Oakwood ACO**, and a **Participating Provider** pursuant to the Agreement between **Oakwood ACO** and **Humana** , **AND**

WHEREAS, Participating Provider acknowledges and agrees that the joinder of the **Humana** companies above shall not be construed as imposing joint responsibility or cross guarantee between or among **Humana** companies.

NOW, THEREFORE, the parties hereby agree as follows:

Participating Provider agrees to abide by all of the terms and conditions set forth in the Agreement, and to abide by all **Humana** policies and procedures established and revised from time to time by **Humana** including, but not limited to, quality assurance, quality improvement, risk management, utilization management, credentialing and recredentialing, and grievances/appeals.

Participating Provider unconditionally authorizes **Humana** and **Oakwood ACO** to share information, including but not limited to credentialing, recredentialing, quality management and utilization management information as related to treatment of individuals covered under those **Humana** health benefits plans covered under the Agreement (hereinafter "**Members**"). However, it is understood expressly that the information shall not be shared with anyone not a party to the Agreement, unless required by law or pursuant to prior written consent of **Participating Provider**.

Participating Provider acknowledges that **Participating Provider** has been provided an opportunity to read the Agreement, all of the terms of which are hereby incorporated by reference.

Participating Provider further agrees that payment to **Oakwood ACO** or **Participating Provider**, as applicable, from **Humana**, less any Copayments owed by the Member, is payment in full for health care services provided or arranged for Members in accordance with the applicable Member health benefits contract and the terms and conditions of this Agreement. **Participating Provider** shall look solely to **Oakwood ACO** for payment and agrees that payments made by **Humana** to **Oakwood ACO** or the **Participating Provider** for Covered Services rendered to Members by **Participating Provider** constitutes payment in full to **Participating Provider**.

Participating Provider further agrees that in the event of termination or expiration of the Agreement, or in the event **Oakwood ACO** is dissolved for whatever reason, **Participating Provider** shall continue to provide health care services under the terms and conditions of the Agreement and **Humana** agrees to continue to pay **Participating Provider** in accordance with the fee-for-service payment arrangements stated in the payment attachment of the Agreement, for a period of one hundred and eighty (180) days after notice of dissolution of **Oakwood ACO** or the effective date of termination or expiration of the Agreement, during which time a new physician agreement may be negotiated between **Humana** and the individual **Participating Provider**. **Humana** may terminate such **Participating Provider** participation at any time after dissolution of **Physician** or termination or expiration of the Agreement upon written notice to **Participating Provider**.

PARTICIPATING PROVIDER

HUMANA

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.