

**PHYSICIAN AGREEMENT  
MANAGED CARE ADVISORY GROUP, LLC (MCAG)**

**Assistance with Submission of Claims under the  
Blue Cross Blue Shield Physician Settlement**

This agreement is entered into on this date \_\_\_\_\_ by and on behalf of \_\_\_\_\_  
\_\_\_\_\_ (Physician/Provider Group hereinafter referred to as “Client”) with principal  
residence \_\_\_\_\_ and Managed Care  
Advisory Group, LLC (MCAG) with principal residence 6641 Sylvania Ave., Sylvania, Ohio 43560  
for the purposes set forth below.

**Purpose of Agreement**

This agreement secures the services of MCAG as outlined below for assisting Client in Client’s participation under the Blue Cross Blue Shield Physician Class Action Settlement. This form authorizes MCAG to accept Client’s claims data and submit a claim under the terms of the Physician Settlement directly to the Settlement Administrator on Client’s behalf. Besler Consulting (Besler) will assist MCAG in the provision of certain services under this agreement and will be compensated by MCAG for such assistance.

**MCAG and Client Responsibilities**

MCAG will utilize its best efforts to help the Client or its representative to collect historical claims data from billing and payment records, to submit a claim for reimbursement under the terms of the Settlements or dispute resolutions related thereto, and to collect and distribute the funds that may be due Client from the Settlement. MCAG will utilize its full service call center to assist Client in the collection of data and submission of claims for returns due under the Settlement. MCAG will submit the claims, collect the returns, and distribute the net payments to Client after extracting the service fees outlined below. Client warrants that Client will utilize its best efforts to make claims or billing information available to MCAG for the collection of historical claims data. Client agrees to pay the fees outlined below to MCAG. By signing where designated below, Client authorizes MCAG to file claims, collect recoveries through a secure Lock Box, extract the service fees outlined below from the recoveries, and return net recoveries to Client.

**Warranties**

MCAG warrants that it will use its best efforts to help Client maximize the return available to him/her under this Settlement. However, due to the complexity of the terms and provisions of the Settlement and due to the authority given the Settlement Administrator to determine eligible reimbursement under the Settlement, MCAG cannot warrant or guarantee the dollar amount returned to Client through the Settlement process. Client warrants that Client will use its best efforts to facilitate the efforts of MCAG to collect and submit data required for participation by Client in the Settlement. Client warrants that Client will pay MCAG for services rendered according to the fee schedule outlined below, the appropriate recovery fee generated from recoveries, regardless of the ultimate recovery obtained by Client from each Settlement. Client agrees to indemnify MCAG and Besler for any losses or liabilities incurred because of the inaccuracy or veracity of claims data submitted by Client to MCAG for review.

## Fees

MCAG bases its fees for individual Settlements on the complexity of the filing and documentation requirements for each Settlement. **The following outline the fee structure and discounts offered to Client for the Blue Cross Blue Shield Settlement.**

**Per Practice Fees (Filing requisite: a single claim form with data analysis to validate claims dollars as in the BCBS Settlement)**

	% of Recoveries
Non-members of either AMA or MMS	30%
Members of either the AMA or MMS	24%
Members of both AMA and MMS	20%

\_\_\_\_\_  
(Practice Name)

Managed Care Advisory Group, LLC

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

## Contact Information *(Please complete all information)*

Practice Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Practice TIN or SSN: \_\_\_\_\_

Number of physicians in practice: \_\_\_\_\_

*(All physician practices must attach a list containing the names, SSN and birthdates of each physician in the group)*

You may determine that your practice needs to have a **Business Associate Agreement** with MCAG in order to comply with HIPAA. If you believe that to be true then you can call us at 800-355-0466 for a copy of our preferred BAA, or simply fax or mail us your own BAA for signature to the address listed in the header above.

**Fax this form back to 419-841-9249**