



1181 Langford Drive  
Building 100-103  
Watkinsville, Georgia 30677  
Phone: 706-208-1990  
Fax: 706-549-1119

---

## Peach State Medicaid HMO (FFS) – SPECIALISTS

### APPROVAL FORM

Under The terms of your Physician Services Agreement, and following the guidelines of the Messenger Model, CAAP is required to messenger an offer from a carrier to each physician’s practice to “opt-in” or “reject” the proposal for each contract.

After reviewing the attached rates for your practice, please indicate your choice for your participation.

\_\_\_\_\_ ACCEPTS – agrees to participate

\_\_\_\_\_ REJECTS – declines to participate

### Specialists – 100% percent of current Medicaid Fee Schedule

COMMENTS: If you checked “Rejects”, please identify which changes on the attached would make this offer acceptable, or please provide other necessary feedback to relay to the carrier. Call the CAAP office with any questions on this process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

PRACTICE NAME: \_\_\_\_\_

Authorized Individual: (sign) \_\_\_\_\_

(print) \_\_\_\_\_