



The fee schedule—Schedule of Maximum Allowances (SMA)—is a key component of your contractual relationship with Blue Cross and Blue Shield of Illinois (BCBSIL). The fee schedule is a listing of accepted charges or established allowances for specified procedure codes. The fee schedule allowances are reviewed and updated periodically. It is important to be aware of specific procedure code changes and allowance updates. These allowances do not guarantee payment for all services submitted.

All fields indicated below are required.

Fax your completed, signed form to BCBSIL at 618-997-9480 to obtain the CPT code fee schedule for the PPO network area.

You will receive an email from BCBSIL with the requested information. As a result, you will be required to adjust your email settings to allow email from PTClericalSupportStaff@bcbuil.com. You should receive the information in your regular email or spam folder within one week. Please make sure you indicate the appropriate recipient email address below.

Form with fields: I am requesting: Fee Schedule (select one): Area A Area B, Provider Name, Attention, Billing NPI Number, Address, City, State, Zip, County, Telephone Number, Fax Number, Email Address, Date. Includes NDC reimbursement resources information.

CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement ("Agreement") is entered between Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC") and ... WHEREAS, HCSC and ... are in the process of good faith negotiations toward the end of ...'s agreeing to <<continue to>> participate in the HCSC <<PPO>> network; and

WHEREAS, ... has requested the opportunity to review HCSC's <<PPO>> Schedule of Maximum Allowances in order to assist in its final determination as whether ... will agree to <<continue to>> participate in the HCSC <<PPO>> network; and

WHEREAS, HCSC has advised ... of the highly confidential and proprietary nature of HCSC's <<PPO>> Schedule of Maximum Allowances but is agreeable to disclosing the <<PPO>> Schedule of Maximum Allowances subject to the terms and conditions hereinafter set forth;

NOW THEREFORE, the parties hereto agree as follows:

- 1. HCSC shall disclose to ... upon submission of their National Provider Identifier (NPI) number, a copy of the <<PPO>> Schedule of Maximum Allowances (the "Schedule") or those parts thereof as pertinent to ...'s areas of practice.
2. ... agrees and acknowledges that the Schedule is highly confidential and proprietary information of HCSC. ... agrees that such information shall be disclosed only to those individuals at ... responsible for the final decision as to whether or not to participate, or continue to participate as the case may be, in the HCSC <<PPO>> network.
3. ... agrees that it will not give, disclose, sell, or transfer to others, or cause or permit to be given, disclosed, sold, or transferred to others the Schedule, or any part thereof, or use or permit to be used such information for other than the purposes herein above described.
4. ... agrees that no copies of the Schedule or any part thereof will be made or disclosed other than for the purposes discussed herein without the express prior written authorization of HCSC.
5. This Confidentiality Agreement shall be binding and the obligations arising under the Confidentiality Agreement will continue in the event that ... decides not to <<continue to>> participate in HCSC's <<PPO>> Network, the Schedule of Maximum Allowances and all copies thereof shall be destroyed at such time.

HEALTH CARE SERVICE CORPORATION, a Mutual Legal Reserve Company ("HCSC")

Name of Provider

NPI Number:

By:

By:

Title:

Title:

Authorized Representative: