

**AMERIGROUP Washington, Inc.**  
**Letter of Intent**

AMERIGROUP Washington, Inc. (Amerigroup) intends to respond to an upcoming Request For Proposal (RFP) from the Washington State Health Care Authority (HCA) to arrange for the provision of managed health care services to enrollees of the Washington Medicaid Healthy Options Program, Basic Health Plan and other programs as may be included by HCA in the RFP (collectively, the Healthy Options Program, Basic Health Plan and other programs are hereinafter referred to as the Programs).

The purpose of this Letter Of Intent (LOI) is to set forth certain understandings between an undersigned Provider (Provider) and Amerigroup with respect to the Amerigroup proposed provision of managed care services under the Programs and the development of a Participating Provider Agreement (Participating Agreement) by and between Amerigroup and Provider.

1. Provider consents to the listing of Provider's name and address in a prototype Amerigroup provider directory or any other listing or document (collectively, the Provider List) to be produced by Amerigroup in connection with the Amerigroup proposed provision of managed care services under the Programs, including application for licensure; provided, however, that any listing of Provider's name and address shall be accompanied by a notation that Provider's listing in this Provider List is based on an LOI between the Provider and Amerigroup, and Provider's participation in the Amerigroup Program is subject to a final Participation Agreement between Provider and Amerigroup. Provider further consents to the distribution of such Provider List to such persons, entities or agencies to whom or to which Amerigroup determines, including without limitation Amerigroup providers or proposed providers or the applicable jurisdiction or governmental agencies of the jurisdiction governing the Programs.
2. If Amerigroup is awarded a contract by HCA, the parties shall negotiate in good faith with a view to the execution of a Participation Agreement. Provider commits to executing such Participation Agreement on mutually acceptable terms.
3. This LOI is solely for the benefit of the parties hereto and will not be construed to give rise to or create any liability to, or to afford any claims or cause of action to any other person or entity. This LOI will be superseded in its entirety by the provisions of the Participation Agreement upon the execution and delivery thereof.

4. The foregoing correctly sets forth the current intention of the undersigned parties. This LOI may be executed in multiple counterparts, each of which shall be an original and all of which taken together shall constitute one agreement.

Provider or Provider Entity Name:

\_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date

**Amerigroup:**  
AMERIGROUP Washington, Inc.

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

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

In order to allow Amerigroup to comply with the Programs' requirements for submission of Provider Listings, please complete the attached Provider Information Sheet for each provider or attach a spreadsheet which contains all the requested information for each provider.