

Hold Harmless Agreement

In accordance with the requirements of Act № 83 of 1987, and as a condition of participation as a healthcare provider in Select Health of South Carolina, Inc., the undersigned provider (hereinafter “Provider”) hereby agrees not to bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have recourse against, enrollees of Select Health of South Carolina, Inc., or persons acting on their behalf, for healthcare services which are rendered to such enrollees by Provider, and which are covered benefits under enrollees’ evidence of coverage. This agreement extends to all covered healthcare services furnished to the enrollee during the time he is enrolled in, or otherwise entitled to benefits promised by, Select Health of South Carolina, Inc. This agreement further applies in all circumstances including, but not limited to, non-payment by Select Health of South Carolina, Inc., and insolvency of Select Health of South Carolina, Inc. This agreement shall not prohibit collection of copayments from enrollees by Provider in accordance with the terms of the evidence of coverage issued by Select Health of South Carolina, Inc. Provider further agrees that this agreement shall be construed to be for the benefit of enrollees of Select Health of South Carolina, Inc., and that this agreement supersedes any oral or written contrary agreement now existing or hereafter entered into between Provider and such enrollees, or persons acting on their behalf.

Provider’s Full Name (typed) _____

Signature _____

Title (if applicable) _____ Date _____