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HealthSCOPE Benefits, Inc.
PPO – DART Employee Benefit Plan

REIMBURSEMENT TERMS: E&M CPT codes - Fee for Service at 120% of current Medicare, locality adjusted; All other CPT codes - 140% of current Medicare, locality adjusted. J-codes are AWP plus 5%. Default discount for CPT codes not priced by Medicare – 65% of Billed Charge. All reimbursements are less copayment, deductible and co-insurance.

Participation: **Initial your choice**

_____ I will participate in the TIOPA / HealthSCOPE group agreement.

_____ I will not participate in the TIOPA / HealthSCOPE group agreement.

Name:

Signature:

Date:

Sign, date and return this participation form via fax or email to TIOPA. If you have questions regarding this agreement contact TIOPA Provider Relations at (817) 484-6274.

FAX to: (817) 420-9661

OR

EMAIL to: susan.stevens@tiopa.org

TIOPA PROVIDERS ARE CONTRACTUALLY PROHIBITED FROM DISCUSSING AGREEMENT TERMS OR REIMBURSEMENTS WITH NON-TIOPA PROVIDERS!