



**PAYER CONTRACT ADDENDUM  
FIRST HEALTH  
FH-1**

<b>PAYOR PLAN SUMMARY</b>	
<b>Contracted Organization</b>	First Health, Cofinity, and First Choice of the Midwest
<b>Products</b>	Commercial Plans
<b>Service Area</b>	Idaho, Oregon (Malheur County Only), Utah
<b>Service Effective Date</b>	02/01/2023
<b>Contracted Network</b>	Western Rehabilitation Health Network
<b>COMPENSATION TERMS AND CONDITIONS</b>	
<p><b>Initial Evaluations</b> – 115% of current year CMS  <b>Treatments</b> – \$105 per diem  <b>DME</b> – 100% of Medicare DMEPOS</p> <p>In no case shall compensation for any Product exceed 100% of Provider’s Eligible Billed Charge. Eligible Billed Charges shall mean the total amount billed by Provider for Covered Services rendered less            a) charges not eligible for payment as a result of being a non-covered service under the terms of the Member Contract or b) as a result of not being billed, coded or bundled in accordance with industry standards or c) charges not eligible for payment to Provider due to services not meeting medical management criteria.</p> <p>Reimbursement will always be less any applicable deductibles, co-payments, coinsurance, and non-covered charges. Clinic will not “balance bill” patients.</p>	