



ON CALL PRIMARY CARE PRACTITIONER COVERAGE AGREEMENT

Gateway Health Medicare AssuredSM has developed a program for the delivery of healthcare services to the dual eligible population. Medicare AssuredSM members select a primary care practitioner (PCP) who serves as the case manager for the provision of all Medicare AssuredSM benefits including referral services. As the physician(s) who provides on call coverage for _____, a Medicare AssuredSM affiliated PCP, I agree to the following:

I will provide medical care to members only when covering for the Medicare AssuredSM affiliated physician(s). I will refer the member back to that physician for follow-up unless the member requires immediate medical care beyond the scope of our practice; in those instances I will attempt to refer the member to a Medicare AssuredSM affiliated practitioner by calling Medicare AssuredSM at 1-800-392-1146 (PA) or 1-888-447-4375 (OH). I will notify Medicare AssuredSM within 24 hours of any emergency and all other admissions of which I am aware. When the affiliated physician is unavailable and a member requires admission, I will obtain authorization, if at all possible, from Medicare AssuredSM and will admit to a Medicare AssuredSM affiliated hospital.

I affirm that I have malpractice insurance in minimum amounts as required by State law, that I am at all times acting as an independent contractor, and that *Medicare Assured*[®] will not be responsible for any alleged acts of professional liability which are asserted against me in the course of my professional practice.

I certify that I presently maintain staff privileges at _____ Hospital(s), that my privileges at the above Hospital(s) and/or any other hospitals with which I have been affiliated have not in any way been reduced, restricted or revoked, that my license(s) to practice medicine has never been suspended, revoked or otherwise adversely affected in Pennsylvania, Ohio or any other jurisdiction, and that I am not currently, nor in the past, been under investigation, indictment or prosecution for any offense related to the delivery of an item or service under the Medicare or Medicaid Programs.

Signed

Print Name Date

Medical Director Date