

RE: Healthfirst Participating Provider Agreement

Dear [REDACTED] Laboratories, LLC.

As you know your application to join the Healthfirst participating provider network is currently being processed. Your application was recently presented to, and was approved by, the Healthfirst Credentialing Committee.

Now that you have been successfully credentialed, we enclose for your electronic signature your Healthfirst participating provider agreement. Your signature is required before you can participate in our network. This is a legally binding agreement between you and Healthfirst. You should review it carefully before signing. If you have any questions, you should contact your Healthfirst Network Representative or call **1-888-801-1660**.

Once you have signed the agreement electronically you will receive a fully signed electronic copy at the same e-mail address. You should retain that copy for your records. We will not send a paper copy.

While you have been approved by the Healthfirst Credentialing Committee, you will not become a participating provider in the Healthfirst network unless we receive your signed provider agreement. The effective date of your participation is in your provider agreement.

Please initial in the space below indicating your understanding of the following important points:

- I understand that I will not be a participating provider unless I sign the enclosed provider agreement. I further understand my participation will not begin until the effective date in my provider agreement.
- I understand that I will not be reimbursed as participating provider until the effective date in the provider agreement.
- In the event that Healthfirst member seeks health care services from me prior to that effective date, I will direct the member to call Healthfirst at **1-800-662-1220** to arrange for the member to see another participating provider.
- I understand that if I do not sign the enclosed provider agreement by the date specified in this e-mail, Healthfirst reserves the right to not send me another provider agreement for signature and I may be required to submit a new application.

DS  
PB

I have read and understand the points set forth above.

Sincerely,

Healthfirst Network Management