Colorado Summary Disclosure Form

As required by Colo. Rev. Stat. 25-37-103(1), this Summary Disclosure Form is for informational purposes only and shall not be a term or condition of the Agreement.

1. Compensation or Payment Terms: [\_\_\_\_\_\_\_\_\_\_\_\_\_]

2. Category of Coverage for which Provider is to Provide Service: [\_\_\_\_\_\_\_\_\_\_\_\_]

3. Duration of the Contract: [\_\_\_\_\_\_\_\_\_\_\_\_]

4. Methods of Contract Termination: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

5. Person/Entity Responsible for Processing Claims: [\_\_\_\_\_\_\_\_\_\_]

6. Dispute Resolution: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

7. Subject and Order of Addenda:

A. Amendment Exhibit (if applicable)

B. Network Participation Requirements

C. [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]