SUMMARY DISCLOSURE FORM

Compensation terms

Manner of payment:

[ ] Fee for service

[ ] Capitation

[ ] Risk

[ ] Other [...............] See [...............]

Reimbursement schedule available at [.........................]

Claim edit information available at [.........................]

List of products, product types, or networks covered by this contract (fill in names as applicable):

[ ] ...............

[ ] ...............

[ ] ...............

[ ] ...............

[ ] ...............

Term of this contract [.........................]

Termination notice period [.........................]

Contracting entity, covered entity, or payer responsible for processing payment available at [.........................]

Internal mechanism for resolving disputes regarding contract terms available at [.........................]

Addenda to contract (list addenda, if any)

[ ]

Telephone number to access a readily available mechanism, such as a specific website address, to allow a participating provider to receive the information listed above from the payer: [.........................]

Rental network information

[.........................]

[.........................]

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

The information provided in this Summary Disclosure Form is a guide to the attached Health Care Contract. The terms and conditions of the attached Health Care Contract constitute the contract rights of the parties.

Reading this Summary Disclosure Form is not a substitute for reading the entire Health Care Contract. When you sign the Health Care Contract, you will be bound by its terms and conditions. These terms and conditions may be amended over time pursuant to 18 V.S.A. § 9418d. You are encouraged to read any proposed amendments that are sent to you after execution of the Health Care Contract.

Nothing in this Summary Disclosure Form creates any additional rights or causes of action in favor of either party.