



**BlueCross BlueShield
of Oklahoma**

Blue Plan65 Select Network Addendum to the Participating Ancillary Provider Agreement

This Blue Plan65 Select Network Addendum (“Blue Plan65 Select Addendum”) to the Participating Ancillary Provider Agreement for the BlueTraditional, BlueChoice PPO and BluePreferred Networks (“Agreement”) is between Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (“The Plan”) and the undersigned (“Ancillary Provider”).

By execution of this Blue Plan65 Select Addendum, Ancillary Provider agrees to participate in the Blue Plan65 Select Network. Ancillary Provider agrees to extend all Covered Services to Blue Plan65 Select Members in accordance with the applicable terms and conditions of the Agreement, except Ancillary Provider agrees to accept the Medicare Part B allowable for Covered Services provided to Blue Plan65 Select Members. Deductible and coinsurance amounts that are applicable to Medicare Part B Covered Services will be paid directly to Ancillary Provider by The Plan.

Services shall be provided to Blue Plan65 Select Members in the same manner and equal in quality and promptness as services are provided to other patients. Services shall be rendered in accordance with generally accepted standards of medical care and without regard to age, race, sex, disability, national origin, health status, economic status, religious conviction or veteran status.

The undersigned parties agree to the terms of the Blue Plan65 Select Addendum to become effective beginning the first day of the month following execution by The Plan, and to be effective for a term concurrent with the Agreement. Termination of this Blue Plan65 Select Addendum will be governed by Article IX of the Agreement.

**BLUE CROSS AND BLUE SHIELD OF
OKLAHOMA, A DIVISION OF HEALTH CARE
SERVICE CORPORATION, A MUTUAL LEGAL
RESERVE COMPANY**

Name of Ancillary Provider

Authorized Signature

Name of Signatory

Title of Signatory

Date Signed

Authorized Signature

JOSEPH R. CUNNINGHAM, M.D.

Name of Signatory

**DIVISIONAL SENIOR VP HEALTH CARE
DELIVERY, AND CHIEF MEDICAL OFFICER**

Title of Signatory

Date Signed