



Date: February 4, 2016
To: Participating Provider with Community Health Partners “WorkCare Program”
From: Community Health Partners WorkCare Department
Subject: Addendum to Worker’s Compensation Participating Provider Agreement

Please note effective February 1, 2016 the following Addendum to your Worker’s Compensation Participating Provider Agreement, Exhibit 1 (Community Health Partners Worker’s Compensation Fee Schedule).

Currently the first paragraph of Exhibit 1 reads as follows:

All Physicians will be reimbursed according to the Florida State Workers’ Compensation fee schedule except for the following listed procedures that will be reimbursed according to the Allowance indicated. These procedures will be reimbursed according to the Fee Schedule amount illustrated when agreed upon by specific Payor Agreements.

Please replace with the following to include the change that is in bold text:

*All Physicians will be reimbursed according to the Florida State Workers’ Compensation fee schedule, **and will follow identified procedures aimed at providing quality medical care to injured workers at reasonable costs**, except for the following listed procedures that will be reimbursed according to the Allowance indicated. These procedures will be reimbursed according to the Fee Schedule amount illustrated when agreed upon by specific Payor Agreements.*

You do not have to take any affirmative action to implement the above Addendum. If you do not object in writing within 30 days from receipt of the notification, you hereby express your agreement to the terms of this Addendum. In all other respects, the terms and provisions of the Worker’s Compensation Participating Provider Agreement shall remain the same and you can refer to that agreement for the current pricing allowance for the procedures referenced above.

If you have any questions or concerns please contact the Community Health Partners WorkCare Department at 239-594-8000.