

Highmark Health Insurance Company
Producer Private Fee for Service (PFFS)

ATTESTATION

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at www.highmarkblueshield.com.

By signing below, I _____ (Print name), attest that I have read and understand the above PFFS Disclaimer and will read the disclaimer verbatim prior to any discussions regarding the PFFS product with perspective members.

I understand that failure to follow above procedures required in Centers for Medicare and Medicaid Services (CMS) guidelines may result in disciplinary action by Highmark Health Insurance Company.

(Producer)

(Date)

(Highmark Senior Products Manager)

(Date)