



Dear Provider,

Welcome! Thank you for becoming a participating provider with PreferredOne (the Plan).

We recognize that, at times, the administrative requirements of managing your patients' health care can be complex. This Provider Manual is a source of answers to questions you may have about plan coverage procedures, policies and other facts related to your provision of health care services to PreferredOne members.

As described in your contract with PreferredOne (the "Provider Agreement") this Provider Manual supplements and provides additional terms and conditions regarding your provision of Covered Services to PreferredOne Members. In the event of a conflict between the Provider Agreement or any contract providing member coverage ("Coverage Document"), the Provider Agreement or Coverage Document will control over this Provider Manual.

The purpose of any medical policy that may be included in this Provider Manual is to provide guidelines to facilitate coverage decisions and is not intended to influence treatment decisions. While the Plan's medical policy assists in making appropriate coverage decisions that promote consistent, high quality, and cost-effective health care, providers are independent contractors and have an independent professional responsibility for the provision of health care to their patients in accordance with community standards regardless of any PreferredOne coverage decision. Nothing in this Provider Manual shall be construed as creating any relationship between you and the Plan other than that of independent entities that have contracted with each other solely for the purpose of providing the services described in the Provider Agreement.

PreferredOne makes no representations or warranties with respect to the content herein and specifically disclaims any implied warranties of merchantability of fitness for any particular purpose.

This Provider Manual is provided for the convenience of providers participating in any PreferredOne network. Nothing in this manual shall be interpreted as guaranteeing coverage of any service, treatment, drugs or supplies because coverage or non-coverage is always governed exclusively by the terms of the member's Coverage Document. Accordingly, in case of any question or doubt about coverage, you should always review the member's particular health benefit plan.

Updates to any part of this Provider Manual may be made by Plan at any time, so you should not assume that the Provider Manual remains current just because you have not received a replacement manual. As described in your Provider Agreement, the Plan may give notice of such updates in a variety of ways, depending on the nature of the update, including issuance of a new manual, a letter, a provider newsletter or other publication of the Plan, or by posting to the Plan's Web site.