



RCIPA-Aetna Individual Healthcare Provider Addendum

The undersigned individual healthcare provider (“**Provider**”) acknowledges that the **Provider** has a working relationship with the **Contracting Entity** specified in the **Contracting Entity** section below such that the **Provider** renders medical services under the auspices of the **Contracting Entity** and for healthcare claim billing purposes submits claims under the tax identification number (“**TIN**”) specified in the **Contracting Entity** section below. The **Provider’s** working relationship with the **Contracting Entity** can include but is not limited to: direct-employee, per-diem employee, part-time employee, locum tenens, practice-partner, practice-owner etc.

The **Provider** acknowledges that the **Contracting Entity** has entered into a Participation Agreement with RCIPA, Inc. and by extension RCIPA, Inc. No. 2 (collectively “**RCIPA**”). The **Provider** further acknowledges and agrees that the **Provider** by virtue of the **Provider’s** relationship with the **Contracting Entity** and the **Contracting Entity’s** agreement with **RCIPA** that the **Provider** is considered a member of the **RCIPA** provider panel that will provide Covered Services to members of any health benefit product, plan or program issued, administrated or serviced by Aetna, a New York Corporation (“**Aetna**”) or one of its Affiliates providing such members are covered by a plan, product or program specified in and/or covered by the **Contracting Entity’s** RCIPA Participation Agreement.

The **Provider** agrees to abide by, fulfill and adhere to all *roles, responsibilities and definitions* contained in the **Contracting Entity’s** RCIPA Participation Agreement that are applicable, relevant or pertinent to individual healthcare providers. **Provider** should contact the **Contracting Entity’s** administrator if the **Provider** has any questions regarding the **Contracting Entity’s** RCIPA Participation Agreement.

The **Provider** acknowledges that by virtue of the signed Addendum that for provider directory purposes, provider roster purposes and healthcare claims billing purposes **Aetna** will consider the **Provider** a member of the **Contracting Entity’s** roster of healthcare providers until such time **RCIPA** is notified by the **Contracting Entity** that the **Provider** is no longer providing medical services under the auspices of the **Contracting Entity** and no longer billing under the **Contracting Entity’s TIN**.

The **Provider** acknowledges that this Addendum is only applicable to the **Contracting Entity** (Tax Name and TIN) specified below and the Addendum is not transferable to any other **Contracting Entity** (Tax Name and TIN).

Individual Healthcare Provider Signature Section (please complete all sections)

↑ Signature (Individual Provider)

↑ Addendum Date

↑ Print Name (Individual Provider)

↑ Individual Provider NPI

Contracting Entity Section (please complete TIN and Legal Tax Name of the Contracting Entity)

↑ Tax Identification Number (the billing tax id)

↑ Legal Taxpayer Name (the legal name that appears on the W-9)