



**PAYER CONTRACT ADDENDUM
AMERICA’S CHOICE PROVIDER NETWORK
ACPN IND & GROUP ACPN-1**

PAYOR PLAN SUMMARY	
Contracted Organization	America’s Choice Provider Network
Product	Independent/Group Health plans
Service Area	Idaho, Utah
Service Effective Date	05/01/2021
Contracted Network	NMG Chiropractic Network
COMPENSATION TERMS AND CONDITIONS	
<p>Independent/Group Health: 70% of billed charges</p> <p>Reimbursement will always be less any applicable deductibles, co-payments, coinsurance, and non-covered charges. Clinic will not “balance bill” ACPN patients.</p>	
ADDITIONAL INFORMATION	
<p>ACPN maintains a list of current client payers. The Master ACPN Payer Listing is available at https://www.acpnusa.com/ through the Portal. The Master ACPN Payer Listing should be used to identify patients and to identify if the clinic or individual provider has a direct contract with any ACPN client payer. If the clinic or individual provider has a direct contract with any ACPN client payer, that contract will supersede the NMG-ACPN contract.</p> <p>Explanation of Benefits (EOBs) must contain a reference to ACPN for this Agreement to apply.</p> <p>Clinic/provider understands that ACPN is not liable for payment of services under any circumstance. All payments for services are the responsibility of ACPN’s client payers.</p> <p>Clinic/provider will submit claims to ACPN payers as promptly as possible, preferably within 90 days following date of service. Claims submitted after one year may be denied for untimely filing.</p> <p>Clinic/provider agrees that the tax identification number(s) in this agreement are contractually obligated to all the terms of this Agreement.</p>	