

**Yale-New Haven Community Medical Group contract with Aetna Health, 2007/2008
Product Opt-In Form**

Dear Yale-New Haven Community Medical Group member:

Effective January 1, 2007, Aetna is introducing a new Medicare Advantage product and a new Worker's Compensation product. You should have already received materials regarding these new products in the mail and/or been contacted by Aetna representatives.

Please review the contract and attachments carefully. You **must** sign on both pages 1 and 2 and return to Physician Services at (203) 688-5343. If you wish to opt in to any of the Aetna products, you **must** check the applicable box(es) below.

Please keep a copy of this form, contract and attachments for your records.

<input type="checkbox"/>	I wish to participate in Aetna commercial products, including but not limited to: HMO, QPOS, US Access, Open Access HMO, Managed Choice, Elect Choice, Open Choice, National Advantage.
<input type="checkbox"/>	I wish to participate in Aetna Medicare Advantage products, including but not limited to: Golden Medicare Value, Standard, Premium.
<input type="checkbox"/>	I wish to participate in Aetna Worker's Compensation products.

PLEASE NOTE:

1. ALL MEMBERS NEED TO FILL OUT THEIR NAME, TIN, AND SIGN BOTH THIS PRODUCT OPT-IN FORM AND THE INDIVIDUAL PROVIDER ADDENDUM (PAGE 2).
2. IF YOU WISH TO OPT IN OF ANY AETNA PRODUCTS, YOU MUST CHECK THE APPROPRIATE BOX(ES) ON THE PRODUCT OPT-OUT FORM (PAGE 1).

PROVIDER NAME: _____

SIGNATURE: _____

TIN: _____



**Yale-New Haven Community Medical Group contract with Aetna Health, 2007/2008
INDIVIDUAL PROVIDER ADDENDUM**

The undersigned health care provider ("Provider"), a member of Yale Community Medical Group ("Entity"), has and does hereby designate Entity as his/her attorney-in-fact for the purposes of negotiating, consenting to and executing the IPA Agreement (the "Agreement"), between Aetna Health Inc., a Connecticut corporation ("Company") and Entity and any documents related to amendments to the Agreement. Terms capitalized herein but not otherwise defined shall have the meanings ascribed to them in the Agreement.

Provider hereby acknowledges that Provider has reviewed the Agreement (a copy of which has been made available to Provider by Entity), under which Entity, on behalf of Provider, agrees to provide Covered Services to Members enrolled in the Plans. Plans include any health benefit product or plan issued, administered, or serviced by Company or one of its Affiliates, including, but not limited to, HMO, preferred provider organization, indemnity, Medicaid, Medicare and Worker's Compensation. Provider hereby agrees to be bound by the terms and conditions of the Agreement, including, without limitation, compliance with the Participation Criteria applicable to Provider and all applicable Company rules, policies and procedures.

Provider hereby agrees that if the Member is enrolled in an HMO, then in no event, including but not limited to non-payment by the HMO, insolvency of the HMO or breach by the HMO of the Agreement, shall Provider bill, charge, collect a deposit from, seek remuneration or reimbursement from, or have any recourse against a Member or persons acting on Member's behalf for Covered Services. This provision shall not prohibit collection of Copayments, Coinsurance or Deductibles. Provider further agrees that this provision shall be construed for the benefit of Members, shall supersede any oral or written agreement to the contrary now existing or hereafter entered into between Provider or Entity and a Member or any person acting on behalf of a Member, and shall survive the termination of the Agreement, regardless of the cause giving rise to termination.

Provider hereby agrees that in the event: (i) Provider ceases to be a member of Entity; (ii) the Agreement expires or is terminated for any reason; (iii) the Entity is dissolved; (iv) a voluntary or involuntary bankruptcy or a proposed settlement of outstanding debts under applicable reorganization or insolvency laws is filed by or against Entity, a receiver is appointed or Entity makes an assignment for the benefit of creditors; or (v) the Entity otherwise ceases to exist, either voluntarily or involuntarily (each, a "Triggering Event"), the terms of the Agreement shall, at Company's option, survive with respect to Provider for the first nine (9) months after such Triggering Event, in which case Provider shall continue to provide services to Members in accordance with the terms of the Agreement during said nine (9) month period. Provider agrees to take any and all actions necessary to effectuate the intent of this paragraph, including executing an individual agreement for participation in Company's provider network if so requested by Company.

IN WITNESS WHEREOF, the undersigned has executed this Individual Provider Addendum as of this ____ day of _____, 20 __, intending to be legally bound hereby.

PROVIDER NAME: _____

SIGNATURE: _____

TIN: _____