



AMERICAN AMBULANCE SERVICES, INC.

CONTRACT NOTIFICATION DOCUMENT

REVISED: EFFECTIVE JULY 1, 2005

NAME OF PLAN: **American Ambulance Services, Inc.**

REIMBURSEMENT: Fee for Service/No Withhold

	<u>PLAN A</u>	<u>PLAN B</u>
COPAYMENTS:		
In Physician Office –	\$15	\$25
In Walk-In Center/Urgent Care	\$25	\$25
In Emergency Room -	\$50	\$50
Inpatient -	\$250/admit	\$500/admit
Outpatient Facility	\$100/visit	\$250/visit

MEDICAL CLAIMS SUBMISSION: Diversified Administration Corporation
P.O. Box 299
Marlborough, CT 06447

CORRESPONDENCE: Colonial Cooperative Care, Inc.
45 Salem Turnpike
Norwich, CT 06360

FOR PRECERTIFICATION CALL: Colonial Cooperative Care, Inc.
Medical Management Department
1-888-785-0630

PRECERTIFICATION REQUIRED FOR: All Inpatient Admissions and Selected Outpatient Procedures

FOR CLAIMS QUESTIONS And BENEFIT ELIGIBILITY: Customer Service Department
Diversified Administration Corporation
1-888-322-2524

**PARTICIPATING PRACTITIONER AGREEMENT
YALE-NEW HAVEN MEDICAL STAFF IPA, INC. (“YNH-IPA”)**

**(E) SIXTH SUPPLEMENT TO SECOND RIDER TO APPENDICES A AND B
COLONIAL COOPERATIVE CARE (“COLONIAL”)**

YALE-NEW HAVEN COMMUNITY MEDICAL GROUP

Colonial Cooperative Care OPT-IN Form

I WILL

I WILL NOT

participate in the Yale-New Haven Community Medical Group contract with Colonial Cooperative Care.

Name _____

Signature _____

Date _____

Sign and Return this document along with your application package to:

Yale New Haven Community Medical Group
20 York Street, Hunter 4
New Haven, CT 06510
Fax: 203-688-5343