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In the event that emergency or urgent care services are needed by a Member outside the service area, **Physician** agrees to monitor and authorize the out-of-area care to provide direct care as soon as the Member is able to return to the service area for treatment without medically harmful or injurious consequences.

**B. Specific Referrals**

Except in the case of a medical emergency, **Physician** agrees to use its best efforts to admit, refer, and cooperate with the transfer of Members for Covered Services only to providers designated, specifically approved by or under contract with **Humana**.

In addition, **Physician** acknowledges and agrees that certain Members may have health benefits contracts that limit coverage to certain types of participating providers. For such Members, referrals are required to be made to specific providers designated by **Humana**.

**C. Disease/Case Management Programs**

**Physician** agrees to participate in **Humana's** disease/case management programs as they are developed and implemented.

**D. Humana First**

**Physician** agrees to participate in **Humana's** twenty-four (24) hour nurse call program, HumanaFirst, or any such successor program.

**E. Transplant Programs**

Upon request by **Humana**, **Physician** agrees to cooperate with and participate in **Humana's** organ and tissue transplant programs as they are developed and implemented.

**F. Health Improvement Studies**

**Physician** agrees to participate in **Humana's** health improvement studies as they are developed and implemented.

**G. Quality Improvement Activities**

**Physician** agrees to cooperate with **Humana's** quality improvement activities and, upon request by **Humana**, to participate in **Humana's** quality improvement activities as they are developed and implemented.