

HOLD HARMLESS AGREEMENT

In accordance with the requirements of Act No. 83 of 1987, and as condition of participation as a health care provider in BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC., the undersigned Provider (hereinafter "Provider") hereby agrees not to bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have recourse against, enrollees of BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC., or persons acting on their behalf, for health care services which are rendered to such enrollees by Provider, and which are covered benefits under the enrollees' evidence of coverage. This agreement extends to all covered health care services furnished to the enrollee during the time he/she is enrolled in, or otherwise entitled to benefits promised by, BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC. This agreement further applies in all circumstances including, but not limited to, non-payment by BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC. and insolvency of BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC. This agreement shall not prohibit collection of copayments from enrollees by Provider in accordance with the terms of the evidence of coverage issued by BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC. The Provider further agrees that this agreement shall be construed to be for the benefit of enrollees of BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC., and that this agreement supersedes any oral or written contrary agreement now existing or hereafter entered into between the Provider and such enrollees, or persons acting on their behalf.

Provider's Name: _____

Signature: _____

Type Name: _____

Title (if applicable): _____

Date: _____