

T2017 TRICARE® COMPENSATION SCHEDULE

Provider Licensure	Reimbursement Rate
Physician (MD,DO)	100% of TMAC/85% billed charges (lesser of)
Psychologist	100% of TMAC/85% billed charges (lesser of)
Masters-Level Providers and Nurse Practitioners	100% of TMAC/85% billed charges (lesser of)

TRICARE rates (TMAC) are available at:

<http://tricare.mil/CMAC/ProcedurePricing/ProcPricing.aspx>

The above compensation schedule is effective on _____.

PROVIDER NAME
(Individual, Group or Facility)

**MANAGED HEALTH NETWORK, INC.
AND AFFILIATES**

(Authorized Signature)

(Authorized Signature)
Stephanie English

(Print Name)

Title: Vice President, Provider Networks

Title: _____

Date: _____

Date: _____

Federal Tax ID# _____