

## T2017 TRICARE® COMPENSATION SCHEDULE ALASKA

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

\_\_\_\_\_  
(Print Name)

Stephanie English

Title: \_\_\_\_\_

Title: Vice President, Provider Networks

Date: \_\_\_\_\_

Date: \_\_\_\_\_