



Optum & OptumHealth Behavioral Solutions of California (OHBSC)

Disability Solutions

Memorandum of Understanding

This is to confirm that I have reviewed and understand the **Disability Solutions** guidelines to the Disability Management program for which I will be providing services to Optum and OptumHealth Behavioral Solutions of California members.

I agree to provide disability assessments and/or treatment to Optum/OHBSC members as outlined in the **Disability Solutions Clinician Manual** and in compliance with my UBH/USBHPC contract.

Signature

Date

Print Name

City and State

Please sign and return this Memorandum of Understanding and the Specialty Attestation for Disability Evaluation/Management to Optum/OHBSC Network Management. *Network Management contact info can be found on our website at www.providerexpress.com by clicking on “Contact Us” in the upper right-hand corner of the home page, then go to “Submitting Network Applications and All Other Network-Related Questions” and select your state in the dropdown menu.*

Network Management Fax # _____

Upon receipt of this signed Memorandum of Understanding by Optum/OHBSC Network Management, your profile will be updated to include the Disability Evaluation/Management expertise and your name will be added to the provider directory search function for Disability Solutions referrals in your area.