



**LETTER OF INTENT
GEORGIA FAMILIES AND/OR GEORGIA FAMILIES 360°**

This Letter of Intent (this “LOI”) between United Behavioral Health, operating under the brand Optum, and the Provider signing below (“Provider”) memorializes Provider’s good faith intention to enter into an agreement with Optum to participate in its network for the provision of services to persons enrolled in Georgia Families, Georgia Families 360°, or both Georgia Families and Georgia Families 360° programs if:

- (i) UnitedHealthcare Insurance Company and the other entities that are its affiliates (collectively referred to as “United”) is awarded a contract to operate as a Care Management Organization (“CMO”) by the Georgia Department of Community Health (the “Department” or “DCH”); and
- (ii) Provider and Optum are able to reach an acceptable agreement.

By Provider’s signature below, Provider acknowledges and agrees to the following:

- a. Provider has a current Georgia Medicaid Identification Number for each location the Provider intends to see Medicaid enrollees (please enter the Medicaid Identification Number in the space provided below).
- b. If Provider does not have a Georgia Medicaid Identification Number, Provider will apply to be a Georgia Medicaid provider.
- c. Provider is willing to contract with Optum to participate in the provider network for the Georgia Families and/or Georgia Families 360° programs.
- d. Provider is willing and has capacity to accept existing and/or new Georgia Families, Georgia Families 360° or both Georgia Families and Georgia Families 360° Members into the provider’s practice.

NOTICE TO PROVIDERS:

This LOI may be used by the Department, in the bid evaluation and contract award process for Georgia Families and Georgia Families 360. Provider agrees that this LOI is subject to verification by the Department.

If you are signing on behalf of a facility or physician, please provide evidence of your authority to do so.

Please return the completed LOI to United via Fax to 1-855-228-3939 or email erin.cummings@optum.com AND mail to the address specified below.

«Full_Name»

**UNITEDHEALTHCARE INSURANCE COMPANY, ON
BEHALF OF ITSELF, AND ITS OTHER AFFILIATES**

Provider’s Signature

United’s Signature

Printed Name of Signer

Printed Name of Signer

Title of Signer

Title of Signer

Date

Date



Printed Name of Provider

Name of Practice

Phone FAX EMAIL

Medicaid Provider ID #

«NPI Number»
NPI #

«TIN»
Tax ID (TIN)

Address, City, State ZIP

Please return via Fax to: 855-228-3939
or email erin.cummings@optum.com AND mail to:
Optum Contract Management
Attn: Erin Cummings
Provider Management -MN103-0700
PO Box 1459
Minneapolis, MN 55440-1459

Additional Providers in Practice or
Multiple Practice Locations?
Please attach a roster including:
Name, Specialty, Address, Phone, Fax, NPI,
Medicaid ID and TIN.
(If emailing LOI and roster, please ensure your roster
is in Excel format)

**ADDITIONAL PROVIDER AND SERVICES INFORMATION FOR LETTER OF INTENT
BETWEEN PROVIDERS AND RESPONDENTS
FOR PROVISION OF SERVICES TO GEORGIA FAMILIES AND/OR GEORGIA FAMILIES 360° MEMBERS**

___ Check here if additional service site information is attached.

1. PROVIDER TYPE (e.g., PCP, OB/GYN, acute care hospital, critical access hospital, rural health center, federally qualified health center, inpatient mental health facility, Therapy (PT, OT, ST), etc.)

2. SERVICE(S) TO BE PROVIDED TO GEORGIA FAMILIES AND/OR GEORGIA FAMILIES 360° MEMBERS; NOTE ANY DIFFERENCES IN TYPES OF SERVICE(S) BY PROVIDER SITE

3. AREAS OF PROVIDER SPECIALTY, IF ANY

4. LANGUAGES SPOKEN BY THE PROVIDER (OTHER THAN ENGLISH)

5. NAME OF HOSPITAL(S) WHERE PHYSICIAN HAS ADMITTING PRIVILEGES
