



PRIVATE HEALTHCARE SYSTEMS®

Health plan underwritten by Trustmark Insurance Company

Referral Letter Program at Private Healthcare Systems

To invite your personal provider to join Private Healthcare Systems (PHCS) Provider Network, simply present this Referral Letter. If your provider is interested and meets PHCS's participation requirements, he or she may join the PHCS provider network.

How does the program work?

1. *Take the Referral Letter directly to your provider.* If your caregiver is not in the PHCS network, the provider should call to request an application or may complete and return the reply card printed on the bottom half of the letter. This will enable PHCS to begin the provider recruitment process.

2. *A provider's returned application does not mean that the provider has been accepted to the network.* PHCS's credentialing process applies to all prospective provider network members. Ask your provider to check the status of the application by calling the Provider Relations Line at (800) 950-7040. Your provider will keep track of this so check with your provider's office for a status update.

3. *If your provider indicates participation in the network, be sure to call the PHCS Customer Service Line before you make an appointment to confirm your provider's effective date.* A PHCS customer service representative will confirm your provider's effective date. If your provider is not active in the network at the time of your appointment, your bill may not be paid at the maximum level.

Your PHCS network has many excellent providers from which to choose a personal care giver. With PHCS's national networks there is someone for everyone; so make a choice that suits your personal styles and health needs and enjoy the maximum level of benefits with a network physician.

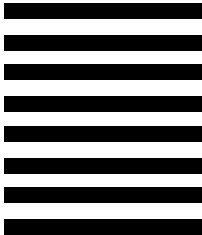


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PRIVATE HEALTHCARE SYSTEMS INC
1100 WINTER STREET
WALTHAM MA 02154-1227





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Dear Provider:

My health insurance carrier utilizes the Private Healthcare Systems (PHCS) Preferred Provider Organization (PPO) for the provision of health care services. Because of this, when I visit you for services, I will receive the maximum level of benefits if you are a participating provider in the **PHCS** network.

Please help me to receive the maximum level of benefits. If you are not already a participating provider, please call **PHCS** at (800) 950-7040 to receive information about joining the PHCS network which has provider networks nationwide. Or, fill out the attached postage-paid card below and mail it as soon as possible.

Sincerely,

Patient's signature

Patient's name

Address (optional)

Phone (optional)

Please send me more information about participating in the PHCS network of providers. My practice information is listed below:

Provider's Name:

Specialty:

Hospital Affiliation(s):

Provider's Address:

Phone #:

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Office Manager's Name:



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