



**DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
 DISCLOSURE OF CONTRACT REIMBURSEMENT RATE
 (LABOR CODE SECTION 5307.12)**

This form shall be used to disclose to a Payor the amount of reimbursement paid to a health care provider, or health facility licensed under Health and Safety Code section 1250 ("Health Care Provider"), by an entity that provides physician network services, as defined in Labor Code section 4616.5(b), or an entity that provides ancillary network services, as defined in Labor Code section 4616.5(c) ("Entity") if: (1) a contract for reimbursement of services exists between the Health Care Provider and the Entity; and (2) the contract reimburses the Health Care Provider for services at rates that are more than twenty percent (20%) below the applicable rates in the Official Medical Fee Schedule (OMFS), excluding goods and pharmaceuticals. The disclosure of the amount of reimbursement, which shall be made by the Entity to the Payor, is mandated by Labor Code section 5307.12.

Name of Entity _____

Name of Health Care Provider _____

Name of Payor (Self-Insured Employer, Insurer, or Third-Party Claims Administrator) _____

Services Rendered (List Codes; e.g., CPT, DRG, APC, etc.)	Non-Discounted Rate(s) for Services under the Official Medical Fee Schedule	Discounted Rate(s) for Services Pursuant to Contract Reimbursement Rate	Reimbursement for Services Paid to the Health Care Provider or Health Facility

Does the Entity require the above-named Payor to sign a nondisclosure agreement to maintain the confidentiality of the information requested in this form?

Yes, a nondisclosure agreement has been signed.

No, a nondisclosure agreement was not required.

Signature _____ Date _____

Printed Name _____

Position _____

Pursuant to Labor Code § 5307.12(b), a signed nondisclosure agreement shall not prohibit the Division of Workers' Compensation from obtaining a completed copy of this form.