

**DOCUMENT VERIFICATION SHEET
DOCUMENT VERIFICATION SHEET**

Provider #: _____

Initials: _____

Date: _____

Checklist for Family Planning Agency:

Enrollment Application

Provider Agreement

Ownership and Disclosure Statement

In Corporation:

Board of Directors Resolution

Certificate of Incorporation or Authority

Letter of Good Standing if not exempt (501C)

000400000000000000000000

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-5239

Building C
Building C
11044 Research Boulevard
(800) 873-8768

MAY 05, 1995

B9W989338
REPRODUCTIVE SERVICES, INC.
CLINIC #1
215 W OLMO
SAN ANTONIO, TX 78212

00000000000000000000

DEAR PROVIDER:

WE HAVE COMPLETED THE ENROLLMENT OF ZAKARIAN, MARIANNE L., MD,
PERFORMING PROVIDER NUMBER P08FP4920, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,

PROVIDER ENROLLMENT

RECEIVED
APR 26 1995
PROV. ENR.
PROV. ---

00000000000000000000

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Nova Health System dba Reproductive Services
(Agency)

AND

Marianne Louise Zakarian, M.D.

hereinafter referred to as the Agency, and Marianne Louise Zakarian, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 1st day of February, 1995

Reproductive Services
(Name of Agency)

By Terri Lester

[Signature] M.D. D.O.
(Physician)

Temporary (see attached)
Physician License Number

B9W989338
Agency Provider Number

PLEASE ENROLL DR. ZAKARIAN
UNDER OUR GROUP PROVIDER
NUMBER B9W989338

THANK YOU!
Doranne Johnson 4/1/95

NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

RECEIVED
APR 26 1995
PROV. ENR.



Texas State Board of Medical Examiners
1812 Centra Creek Drive, Suite 300
Austin, Texas 78754
(512) 834-7728

XXXXXXXXXXXXXXXXXXXX

TEMPORARY LICENSE

This certifies that
MARIANNE LOUISE ZAKARIAN, MD,
who is applying for licensure by
ENDORSEMENT with the state of
is authorized to practice Medicine and Surgery
in the State of Texas to begin
DECEMBER 16, 1994 and expire APRIL 1, 1995.

Bruno A. Lopez MD, Jr.

Executive Director

This Temporary License is issued under the authority of and will be cancelled for violation of the Texas Medical Practice Act, art. 4495b, Tex. Rev. Civ. Stat. Ann. and must be returned to the Board office upon demand.

If you fail the Board examination for a permanent medical license, or do not sit for the exam, this Temporary License becomes null and void and must be returned to the Board office. It cannot, by law, be extended to the next Examination date.

B9W989338

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-5239

Building C
Building C
11044 Research Boulevard
(800) 873-6768

2000222200004000

JUNE 25, 1993

B9W989338
REPRODUCTIVE SERVICES, INC
CLINIC #1
215 W OLMOS
SAN ANTONIO, TX 78212

DEAR PROVIDER

WE HAVE COMPLETED THE ENROLLMENT OF GROSHONG, ELIZABETH A. DO,
PERFORMING PROVIDER NUMBER P08FP3230, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,

PROVIDER ENROLLMENT

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Nova Health Systems, Inc.
dba Reproductive Services

(Agency)

AND

Elizabeth A. Groshong, M.D.

**RECEIVED
JUN 1 1993**

XXXXXXXXXXXXXXXXXXXX

hereinafter referred to as the Agency, and Elizabeth A. Groshong, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 16th day of April, 19 93

Reproductive Services
(Name of Agency)

BY Sherryl Gaster - Executive Administrator

Elizabeth A. Groshong, M.D.
(Physician)

H9.338-TX XX
Physician License Number

B9W989338
Agency Provider Number

PLEASE ENROLL DR. GROSHONG
UNDER OUR GROUP PROVIDER
NUMBER B9W989338
Pend 48782
THANK YOU

Nova Johnson 6/1/93
NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

JUN 1 0 1993

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-6239

Building C
Building C
11044 Research Boulevard
(800) 873-6768

000#0000000000000000

JANUARY 29, 1993

89W989338
REPRODUCTIVE SERVICES, INC
CLINIC #1
215 W OLMO
SAN ANTONIO, TX 78212

DEAR PROVIDER

WE HAVE COMPLETED THE ENROLLMENT OF HURLEY, DONNA S. MD,
PERFORMING PROVIDER NUMBER P08FP2682, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,
PROVIDER ENROLLMENT

NOVA HEALTH SYSTEMS, INC.

RECEIVED
JAN 2 1993
PROV. ENR.

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.
(Agency)

AND

Donna S. Hurley, M.D.

Reproductive Services, Inc.

hereinafter referred to as the Agency, and Donna S. Hurley, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 15th day of November, 1991

PLEASE ENROLL DR. HURLEY
UNDER OUR GROUP PROVIDER
NUMBER B9W989 338

THANK YOU

Donna Johnson
1/15/93

NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

Reproductive Services, Inc.
(Name of Agency)

BY Daniel E. Harlow

Donna S. Hurley (M.D.)
(Physician)

F5578

Physician License Number

89W989338

Agency Provider Number

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-5239

Building C
Building C
11044 Research Boulevard
(800) 873-6768

000000000000000000

JANUARY 29, 1993

B9W989338
REPRODUCTIVE SERVICES, INC.
CLINIC #1
215 W OLMOS
SAN ANTONIO, TX 78212

DEAR PROVIDER:

WE HAVE COMPLETED THE ENROLLMENT OF WEIHS, DIANA G. MD,
PERFORMING PROVIDER NUMBER P08FP2674, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,
PROVIDER ENROLLMENT

000000000000000000000000

RECEIVED
JAN 20 1993
PROV. ENR.

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.
(Agency)

AND

Diana G. Weihs, M.D.

Reproductive Services, Inc.,

hereinafter referred to as the Agency, and Diana G. Weihs, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 8th day of November 1991

PLEASE ENROLL DR. WEIHS
UNDER OUR GROUP PROVIDER
NUMBER B9W989338
THANK YOU
Aronno Johnson 11/13

Reproductive Services, Inc.
(Name of Agency)
BY David S. Larkins
Dina M. ... M.D.
(Physician)
G0272
Physician License Number
B9W989338
Agency Provider Number

NOVA HEALTH SYSTEMS, INC.
216 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-5239

Building C
Building C

11044 Research Boulevard
(800) 873-6768

00000000000000000000

JANUARY 29, 1993

89W989338.
REPRODUCTIVE SERVICES, INC
CLINIC #1
215 W OLMS
SAN ANTONIO, TX 78212

DEAR PROVIDER:

WE HAVE COMPLETED THE ENROLLMENT OF SWENSON, KAREN G. MD,
PERFORMING PROVIDER NUMBER P08FP2690, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,
PROVIDER ENROLLMENT.

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JAN 20 1993
JAN 20 1993
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GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.

(Agency)

AND

Karen Grace Swenson, M.D.

Reproductive Services, Inc.,

hereinafter referred to as the Agency, and Karen Grace Swenson, M.D.,
a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of
Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the
Title XIX Family Planning Program and that claims for such services provided are to be submitted by and
paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 15th day of January, 1992

PLEASE ENROLL DR. SWENSON
UNDER OUR GROUP PROVIDER
NUMBER B9W989338

THANK YOU.

Dorinda Johnson
1/15/93

NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

Reproductive Services, Inc.
(Name of Agency)

BY Daniel E. Hansen
Mun Ahmad DMD DO
(Physician)

60178
Physician License Number

B9W989338
Agency Provider Number



215 W. Olmos • San Antonio, Texas 78212 • 512.824-9939

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CD

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OCT 01 1992

PROV. ENR.

NOV 01 1992

Marilyn Chrisman
President

Barbara Siejak
Vice President

David Gaskins
Chief Financial Officer

Linda Rose
Director of Operations

September 25, 1992

NHIC
Attention: Provider Enrollment
11044 Research Boulevard, Building C
Austin, Texas 78759

RE: Reproductive Services
Provider Number B9W989338
CLIA Number 4500500365

Gentlemen/Ladies:

Reproductive Services has indeed obtained a CLIA number. A copy of the CLIA certificate is attached.

Technically, our company is Nova Health Systems, Inc. dba Reproductive Services; therefore, the CLIA certificate is titled Nova Health Systems.

Yours truly,

David E. Gaskins

DEG/dk

ENC

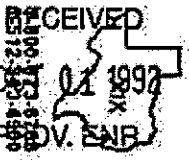
Out Patient Health Care Facilities

- Austin, TX
- Corpus Christi, TX
- El Paso, TX
- Harlingen, TX
- San Antonio, TX
- Tulsa, OK

REPRODUCTIVE SERVICES, INC

Mail original claims to:
 National Heritage Insurance Company
 P.O. Box 20055
 Austin, Texas 78728-0555

Mail all other correspondence to:
 National Heritage Insurance Company
 1004 Research Blvd., Bldg. C
 Austin, Texas 78759-5239



REMITTANCE AND STATUS REPORT

REPRODUCTIVE SERVICES, INC
 CLINIC #1
 215 W OLMOS
 SAN ANTONIO, TX 78212

PROVIDER NUMBER: B9W989338
 REPORT SEQ. NUMBER: 29
 RAS NUMBER: 10413865
 DATE: 08/28/92

PAGE: 2

MEDICAL RECORD NUMBER	PATIENT NAME	CLAIM NUMBER	PATIENT ACCOUNT NUMBER	PROGRAM	SERVICE DATES		BILLED			ALLOWED			REIN DATE	PAID AMOUNT	EOB CODES	MOO CODES	
					FROM	TO	QTY	CHARGE	QTY	CHARGE							
UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) PROVISIONS, EFFECTIVE SEPTEMBER 1, 1992, YOU MUST HAVE A CLIA CERTIFICATE IN ORDER TO LEGALLY PERFORM LABORATORY TESTING.																	
PAYMENTS FOR ALL CLAIMS FOR SERVICES PROVIDED ON OR AFTER SEPTEMBER 1, 1992, ARE SUBJECT TO RECOVERY SHOULD YOU NOT REGISTER FOR A CLIA CERTIFICATE. FUTURE CLAIMS FOR LABORATORY SERVICES WILL BE DENIED, UNLESS YOU ENROLL WITH CLIA.																	
YOU MAY HAVE RECENTLY FILED AN APPLICATION FOR A CLIA CERTIFICATE. HOWEVER, AT THIS TIME, OUR RECORDS INDICATE THAT YOU ARE NOT PRESENTLY ENROLLED IN THE CLIA PROGRAM.																	
TO OBTAIN INFORMATION ON HOW TO PARTICIPATE IN THE CLIA PROGRAM, PLEASE CALL (410) 290-5850 OR WRITE TO:																	
HCA CLIA PROGRAM P.O. BOX 26689 BALTIMORE, MD 21207-0689																	
WHEN YOU RECEIVE A CLIA NUMBER FROM HCA, PLEASE NOTIFY NHIC IN WRITING. INCLUDE BOTH YOUR CLIA NUMBER AND YOUR NINE DIGIT MEDICAID NUMBER AND SEND TO:																	
NHIC ATTENTION: PROVIDER ENROLLMENT 11044 RESEARCH BLVD., BLDG. C AUSTIN, TX 78759																	

INV DATE: 07/20/92

INVOICE # 01-HC099

7/20/92

BATCH DISCOUNT NET PAYMT 100.00

RECEIVED OCT 01 1992

PROV. E. ID # 45D0500365

B/07/92 050180 CHECK DATE/NUMBER

NO. 01-HC099 TOTAL 100.00

NOVA HEALTH SYSTEMS, INC.

21215 WEST OLMOS

SAN ANTONIO, TEXAS 78212

(512) 824-9839

NationsBank of Texas

San Antonio, Texas

DATE	CHECK NO.
B/07/92	050180

PAY EXACTLY *****100*DOLLARS*AND*00*CENTS

AMOUNT OF CHECK
*****100.00

HCF A LABORATORY PROGRAM (99)

01-HC099

To The Order of HCFA LABORATORY PROGRAM P.O. BOX 849036 DALLAS TX 75284-9036

NOVA HEALTH SYSTEMS, INC.

Handwritten Signature
Authorized Signature

111111111111 157111111111

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GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

(Agency)

AND

MARK GAN, D.O.

RECEIVED
JUL 0 2 1991
PROV. ENR.

hereinafter referred to as the Agency, and Mark Gan, D.O., ~~M.D.~~
a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 20 day of March, 19 91

Sirs:

PLEASE ENROLL DR MARK
GAN, D.O., UNDER OUR
GROUP PROVIDER NUMBER
B9W9 89 338

THANK YOU,

Dorinda Johnson
6/27/91

Reproductive Services, Inc.
(Name of Agency)

BY Ray Yacobi, Clinic Administrator

[Signature]
(Physician)

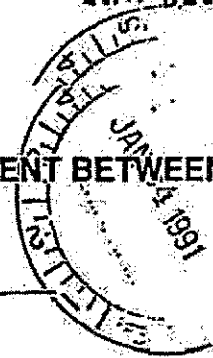
68120

Physician License Number

Agency Provider Number

B9W989338

NHS DEC 28 1990



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GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services
(Agency)

AND

Marco Antonio Lopez Jr., M.D.

hereinafter referred to as the Agency, and Marco Antonio Lopez Jr., M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this Seventh day of July, 1990

Reproductive Services
(Name of Agency)

NATIONAL HERITAGE INSURANCE CO,
11044 Research Blvd. Bldg. C
Austin, Texas 78759-5239

Patricia A. Stanmaskey, Admin
M. Lopez Jr. M.D., D.O.
(Physician)

PLEASE Enroll Dr. Lopez under our
GROUP PROVIDER # B9W989338.
THANK YOU, Dr. Johnson 1/02/91

E2045
Physician License Number

19W989338
Agency Provider Number

NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-5239

Building C

Building C

11044 Research Boulevard
(800) 252-9224

NOVEMBER 16, 1990

89M989338
REPRODUCTIVE SERVICES, INC
CLINIC #1
215 W OLMOS
SAN ANTONIO, TX 78212

DEAR PROVIDER:

WE HAVE COMPLETED THE ENROLLMENT OF BRAID, ALAN R. MD,
PERFORMING PROVIDER NUMBER P08FP0594, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,

PROVIDER ENROLLMENT

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NHS OCT 24 1990

OCT NOV 08 1990

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.
(Agency)

AND

Alan R. Braid, M.D.

hereinafter referred to as the Agency, and Alan R. Braid, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 20 day of July 19 90

SIRS;
 PLEASE ENROLL DR
 ALAN R. BRAID UNDER
 OUR GROUP PROVIDER NUMBER
 B9W989338.

Reproductive Services, Inc.
(Name of Agency)

BY Catherine Stansard R.N.
Clinic Director
Alan Braid M.D.
(Physician)

E 3654
Physician License Number

B9W989338
Agency Provider Number

THANK YOU
Dorcas Johnson / JAO

NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

0000000000000000

P820870337

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services

(Agency)

AND

William E. Locke, M.D.

00000000000000000000000000000000

hereinafter referred to as the Agency, and William E. Locke, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 9th day of September, 1988

JAN 25 1989

Reproductive Services

(Name of Agency)

Catherine Stannard
Catherine Stannard

William E. Locke, M.D.
(Physician)

William E. Locke

01513

Physician License Number

B9W989338

Agency Provider Number

015-60-71-001

2-16-89
9-9-88

NOVA HEALTH SYSTEMS, INC.
215 W. OLMOS DRIVE
SAN ANTONIO, TEXAS 78212

NATIONAL HERITAGE INSURANCE Co.

Austin, Texas 78759-5239

Building C

Building C

41044 Research Boulevard

(800)252-9224

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SEPTEMBER 29, 1989

89W989338
REPRODUCTIVE SERVICES, INC.
CLINIC #1
215 W OLMOS
SAN ANTONIO, TX 78212

DEAR PROVIDER

WE HAVE COMPLETED THE ENROLLMENT OF ROBINSON, LAMAR MD,
PERFORMING PROVIDER NUMBER P8W869546, AND HAVE ADDED HIM/HER TO YOUR
GROUP ASSOCIATION.

PLEASE USE THIS PERFORMING NUMBER IN THE DETAIL PORTION OF THE CLAIM
FORM TO IDENTIFY THE PERFORMING PROVIDER.

IF THIS PROVIDER SHOULD CHOOSE TO LEAVE YOUR GROUP, PLEASE NOTIFY THE
PROVIDER ENROLLMENT DEPARTMENT IMMEDIATELY.

THANK YOU FOR YOUR PARTICIPATION IN THE TEXAS MEDICAID PROGRAM.

SINCERELY,

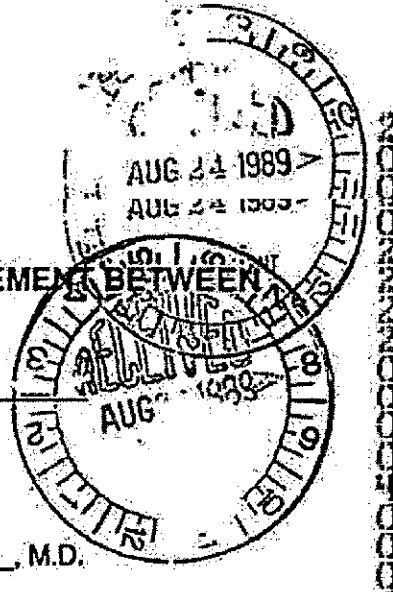
PROVIDER ENROLLMENT

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Service, Inc.
(Agency)

AND

Lamar Robinson, M.D.



Reproductive Services, Inc.

hereinafter referred to as the Agency, and Lamar Robinson, M.D.,
a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 10th day of June, 19 89

P8W869546
215 W. Olmos
San Antonio, TX
78212
015-60-71-001
6-10-89

Reproductive Service, Inc.
(Name of Agency)
 BY *Jane Johnson*
 Clinic Director
 X *Lamar Robinson* M.D.
 (Physician)
 X *G-7768*
 Physician License Number
B9W989338
 Agency Provider Number

9-23-89 AC

P8W870311

NHS JAN 9 1989

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc
(Agency)

AND

Ghulam Murtaza M.D.

JAN 15 1989

hereinafter referred to as the Agency, and G. Murtaza M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 4th day of NOV. 19 88

Reproductive Services, Inc
(Name of Agency)

BY [Signature] Clinic Administrator

[Signature] M.D.
(Physician)

E-4557 9-14-76
Physician License Number

B9W9 89338
Agency Provider Number

015-60-71-001
2-16-89 11-4-88

REPRODUCTION PROHIBITED

PGW 870329

GENETICS/FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services

(Agency)

AND

George Arrambide, M.D.

hereinafter referred to as the Agency, and George Arrambide, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this EIGHTEENTH day of NOVEMBER, 1988.

JAN 25 1989

Reproductive Services (Name of Agency)

BY Catherine Stannard (Signature) Catherine Stannard

(Physician) (Signature) M.D. D.O.

George Arrambide 05668 6-24-69

Physician License Number

B9W989338

Agency Provider Number

015-60-71-001 2-16-87 LC 11-18-88

000000000000000000000000



National Heritage Insurance Co.
7800 Snow Creek Boulevard
Suite 100E
Austin, Texas 78757
(512) 458-5111

111111111111111111111111

Reproductive Services
8606 Village Dr.
San Antonio, TX 78217

8-5-83

Group # B9W989338

Dear Group Provider:

We have completed the enrollment of Warren Otterson
and have added him to your group of practicing physicians. His Medicaid number
within your group is 780870394. Please re-
member to use this number to identify the performing physician in block 24-F on
your claim forms.

Sincerely,

Deborah Cain
Provider Enrollment

DC:jp

JUN 29 1981

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

AND

James M. Thompson, M.D.

Reproductive Services

hereinafter referred to as the Agency, and James M. Thompson, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency. B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 21st day of June, 1981

REPRODUCTIVE SERVICES Name of Agency BY Barbara Siejak Barbara Siejak Vice President Operations Title

James M. Thompson, M.D. D8458 License Number

DC 7-17-81

P8W 870428

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

REPRODUCTIVE SERVICES

AND

Bernard L. Rosenfeld, M.D.

Reproductive Services

hereinafter referred to as the Agency, and _____

Bernard L. Rosenfeld, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 22 day of October, 1980

Reproductive Services
Name of Agency

BY Barbara Sigler

V.P. Operations
Title

B.D. _____ M.D.

Texas License
License Number

DC
7781

P8W870436

7-27-79

spoke with Roberto

will send agreements in

as soon as possible -

only needs one name to be

signed) DR 9-13-78

B9W989338

015-60-71-001

8606 Village Drive
San Antonio, Tx 78217

44- LK

Reproductive Svc. Inc.
BIN 989338

H I I C

AUSTIN, TEXAS 78757

SUITE 100 E
7800 SHOAL CREEK BOULEVARD

POSTAGE GUARANTEED

*No claims
in 86*

POSTAGE DUE

RETURN TO WHITER
EXP. #1

15 60
ND 89W989338
PRODUCTIVE SERVICES, INC
8800 VILLAGE DRIVE
SAN ANTONIO, TX 78217

Handwritten notes and signatures:
- *Mr. [unclear]*
- *Super egg*
- *4/1/86*
- *PA*
- *8/1/86*

U.S. POST
PA
Permit N
Austin

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

FEB 16 1982

AND

AND

Walter C. Danzell, M.D.

hereinafter referred to as the Agency, and Walter C. Danzell, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 21 day of FEBRUARY, 1981

REPRODUCTIVE SERVICES
Name of Agency

BY

Title

Walter C. Danzell, M.D.

F8456
License Number

09W1989338
Group Provider Number

8606 Village Dr

SA 78217

015

88W870410

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National Heritage Insurance Co.
7800 Shoal Creek Boulevard
Suite 100E
Austin, Texas 78757
(512) 458-5111

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Reproductive Services Inc.
215 W Olnos
San Antonio, TX 78212

10-20-88

Group # BAW989338

Dear Group Provider:

We have completed the enrollment of Patricia Alcala, Md.
and have added him to your group of practicing physicians. His Medicaid number
within your group is FBW870378. Please re-
member to use this number to identify the performing physician in block 24-F on
your claim forms.

Sincerely,

Deborah Cain
Deborah Cain
Provider Enrollment

DC:jp

AUG 18 1983

AUG 16 1983

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Demanda. Inc. Servicios Reproductivos

AND

Fred Hansen, M.D.

Reproductive Services Inc.

hereinafter referred to as the Agency, and *Fred Hansen*

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor; hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this *5th* day of *May*, 19 *83*

Reproductive Services
Name of Agency

BY *Sally Anderson*

Clinic Director
Title

Fred W. Hansen, M.D., M.D.

C-7178 8/16/58
License Number

B9W989338
Group Provider Number

*8606 Village Dr
San Antonio, TX 78217*

*015
60, 71*

P8W870386

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NKIC

National Heritage Insurance Co.
7800 Shoat Creek Boulevard
Suite 100E
Austin, Texas 78757
(512) 458-5111

8-18-83

Reproductive Services
Black Village, Dr.
San Antonio, TX 78217

Group # B9W989338

Dear Group Provider:

We have completed the enrollment of Shed Hanner Md
and have added him to your group of practicing physicians. His Medicaid number
within your group is B9W9870386. Please re-
member to use this number to identify the performing physician in block 24-F on
your claim forms.

Sincerely,

Deborah Cain

Deborah Cain
Provider Enrollment

DC:jp

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NOV 02 1985

FAMILY PLANNING SERVICE AGREEMENT BETWEEN
FAMILY PLANNING SERVICE AGREEMENT BETWEEN
REPRODUCTIVE SERVICES, INC.

AND

WARREN OTTERSON, M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and WARREN OTTERSON, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreements:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 23rd day of October, 1982

REPRODUCTIVE SERVICES, INC.
Name of Agency

BY [Signature]
CLINIC DIRECTOR
Title

[Signature], M.D.

6-1477E8094 TEXAS
License Number

B90989338
Group Provider Number

1st 8606 Village Dr
S A TX 78117

015/001
60/71

P8W870394

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Nova Health Systems

215 W. Olmos

San Antonio, Texas 78212

(512) 624-9939

Myron W. Graham - President
 Ronald E. Moore - Executive Vice President
 Barbara Sejek - Vice President/Operations

00000000000000000000000000000000

March 27, 1981

National Heritage Insurance Company
 Exchange Park
 7800 Shoal Creek Blvd.
 Austin, Texas 78757

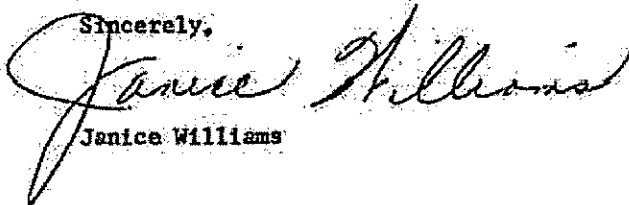
Ms. Dorene Delfrase

Enclosed are claims totaling \$305.00 that we were unable to submit due to the fact we did not have the paper work for the physician, Dr. Bill Albarado.

I am enclosing the necessary document that will enable you to assign Dr. Albarado a Family Planning number. Also enclosed are the claims in hope that you can file these for us. If there are any questions, please give us a call.

Your attention to this matter is greatly appreciated.

Sincerely,


 Janice Williams

P.S. Our Provider # is B9W989338.

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Address changes:

~~Community Council Bee County - 2000T2522~~
changed to: 301 S. Queen St
Beaville, TX 78102

Reproductive Services, Inc - B9W989338
changed to: Nova Health Systems
215 West Alamo
San Antonio 78212
Det. [unclear]

Ella Austin Community Ctr - 2000T2968
changed to: 1920 Burnet Street
San Antonio 78202

NE Health Incorporated - 2000P7850
changed to: 217 Cactus St.
San Antonio 78203

City of Victoria Family Planning - 2000P6324
changed to: Coastal Bend Family Planning

The following are no longer providing family planning services:

- Pregnancy Control Inc. - 2000T1659
1201 W President Ft. Worth TX 76102
- Gynics Associates - 2000AL400
2909 North IH 35 Austin 78722

Nova Health Systems

215 W. Olmos

San Antonio, Texas 78212

(512) 824-9939

November 6, 1980

Myron W. Christman - President
Ronald E. Moore - Executive Vice President
Barbara Sejak - Vice President/Operations

NOVA HEALTH SYSTEMS

Ms. Doreen Delfraisse
National Heritage Insurance Company
7800 Shoal Creek Blvd.
Austin, Texas 78757

Dear Ms. Delfraisse:

Attached to this letter are six claim forms accompanied by the Family Planning Service Agreement between Reproductive Services and the two physicians in question (Victor Casiano and Roy Elizondo). Your processing of these claims is most appreciated.

I am also enclosing six additional agreements for:

Carlos Wigoda
Bernard L. Rosenfeld
Andrew E. Masaman
Robert Frischer
Robert W. Dowling
Bernard A. Weinstein

Thank you for your kindness.

Sincerely yours,



Sandra J. Brinkmeyer
Accounting & Data Processing Manager

OCT 27 1980

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

AND

Roy Elizondo, M.D.

Reproductive Services

hereinafter referred to as the Agency, and

Roy Elizondo, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 22nd day of October, 1980

Reproductive Services

Name of Agency

BY Barbara Sigal

V.P. Operations

Title

Roy Elizondo, M.D.

BE 4318

License Number

P8W 873257
DC
11-21-80

400100000000000000000000

OCT 28 1980

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

AND

Andrew E. Massman, M.D.

Reproductive Services

hereinafter referred to as the Agency, and

Andrew E. Massman, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 25th day of October, 1980

Reproductive Services
Name of Agency

BY Barbara Sigjel

V.P./Operations
Title

Andrew E. Massman, M.D.

E2707
License Number

P8W 873240
DC 11-21-80

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

AND

Victor Casiano, M.D.

Reproductive Services

hereinafter referred to as the Agency, and

Victor Casiano, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 23 day of October, 1980

REPRODUCTIVE SERVICES

Name of Agency

BY Barbara Sigler

V.P./Operations

Title

Julia R. Leonard, M.D.

E 2502 TEXAS

License Number

D8W873265

DC 11-21-80

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

AND

Robert Frischer , M.D.

Reproductive Services

hereinafter referred to as the Agency, and _____

Robert Frischer , M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 25 day of October, 1980

Reproductive Services

Name of Agency

BY: Barbara Sijak

V.P./Operations

Title

Robert Frischer , M.D.

F6832

License Number

P8W 870477

DC
11-21-80

00000000000000000000

OCT 22 1980

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

AND

Robert W. Dowling, M.D.

Reproductive Services

hereinafter referred to as the Agency, and

Robert W. Dowling, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 18 day of October, 1980

Reproductive Services
Name of Agency

BY Barbara Sigal

V.P./Operations
Title

Robert W. Dowling, M.D.

C 8780
License Number

✓
PW 870469

OC
11-21-80

11-21-80

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

JUN 18 1980

REPRODUCTIVE SERVICES

REPRODUCTIVE SERVICES

AND

BERNARD A. WEINSTEIN, M.D.

Reproductive Services

hereinafter referred to as the Agency, and Bernard A. Weinstein

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 12 day of June, 19 80

Reproductive Services
Name of Agency

BY Barbara Siegel
Vice Pres / Operations
Title

G. Weinstein, M.D.
E2386
License Number

PGW870451
DC
11-21-80

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OCT 24 1990

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES

REPRODUCTIVE SERVICES

AND

Carlos Wigoda, M.D.

Reproductive Services

hereinafter referred to as the Agency, and _____

Carlos Wigoda, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 21 day of October, 1990

Reproductive Services

Name of Agency

BY: Barbara Sigel

V.P./Operations

Title

Carl Wigoda, M.D.

E 1446

License Number

P8W8 70444

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

REPRODUCTIVE SERVICES, INC.

AND

ROBERT E. HANSON, M.D.

hereinafter referred to as the Agency, and Robert E. Hanson, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this EIGHTH day of JUNE, 19 79

Reproductive Services, Inc.
Name of Agency

BY [Signature]

VP
Title

[Signature], M.D.

E 1329
License Number

108549100

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Nova Health Systems

215 W. Olmos

San Antonio, Texas 78212

(512) 824-9939

August 5, 1980

AUG 11 1980

AUG 11 1980

Myron W. Chrisman - President

Ronald E. Moore - Executive Vice President

Barbara Sajak - Vice President/Operations

Ms. Doreen Delfraisse
National Heritage Insurance Company
Exchange Park
7800 Shoal Creek Blvd.
Austin, Texas 78757

Dear Ms. Delfraisse

This is to confirm our telephone conversation of July 29 that you have waived the 90 day deadline for filing Medicaid claims.

Our computer has been down for eight weeks and we are uncertain as to a date of correction of the problems. I am enclosing our April billing. Our May and June billing will be submitted as soon as possible.

Sincerely yours,



Sandra J. Brinkmeyer
Accounting & Data Systems Manager

000-40000000000000000000000000000000

FAMILY PLANNING SERVICE AGREEMENT BETWEEN
REPRODUCTIVE SERVICES
REPRODUCTIVE SERVICES

AND

Daniel Vaughn, M.D.

Reproductive Services

hereinafter referred to as the Agency, and Daniel Vaughn

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 29th day of April, 19 80

Name of Agency

BY

Daniel L. Vaughn M.D. Title

F-6340 License Number

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P8W8732B

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.
Reproductive Services, Inc.

AND

Juan Stern, M.D.

hereinafter referred to as the Agency, and Juan Stern, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 28th day of September, 19 79

Reproductive Services, Inc.
Name of Agency

BY Comby Fournier

Counseling Supervisor
Title

X [Signature], M.D.

- 1 E 5446
(State) License Number

PGW 873299

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN
FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.

AND

Michael R. Seitzinger, M.D.

Reproductive Services, Inc.

hereinafter referred to as the Agency, and Michael R. Seitzinger, M.D.

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreements:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 13th day of September, 19 79

Reproductive Services, Inc.
Name of Agency

BY: [Signature]

[Signature]
Title

[Signature], M.D.

F5039
License Number

860873315

00040000000000000000000000000000

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

REPRODUCTIVE SERVICES, INC.

AND

DR. MARCO LOPEZ

, M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and _____

DR. MARCO LOPEZ, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 2nd day of October, 1979

REPRODUCTIVE SERVICES, INC.

Name of Agency

BY

Rueden

VP

Title

X *Marco A. Lopez*, M.D.

E 2045

License Number

P810873331

SEP 9 1979

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

REPRODUCTIVE SERVICES, INC.

AND

CHARLES HONORE, M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and CHARLES HONORE, M.D.

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 9th day of SEPT., 1979

REPRODUCTIVE SERVICES, INC.

Name of Agency

BY

[Handwritten Signature]

Title

[Handwritten Initials]

X *[Handwritten Signature]*, M.D.

E-4417 (E-4417)
License Number

P810873364

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN
FAMILY PLANNING SERVICE AGREEMENT BETWEEN
REPRODUCTIVE SERVICES, INC.

AND

GEORGE STERN, M.D. , M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and GEORGE STERN, M.D.

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

X Executed this 16th day of AUGUST, 1979

REPRODUCTIVE SERVICES, INC.

Name of Agency

BY: Pulsifer

LP
Title

X George Stern , M.D.

E9425

License Number

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN
FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

AND

ALAN BRAID, M.D., M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and ALAN BRAID, M.D.

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

X Executed this 28 day of August, 19 79

REPRODUCTIVE SERVICES, INC.

Name of Agency

BY Alan Braid

VP
Title

X Alan Braid, M.D.

X E 3654
License Number

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC

AND

NEERA BHATIA, M.D.

, M.D.

REPRODUCTIVE SERVICES, INC

hereinafter referred to as the Agency, and NEERA BHATIA, M.D.

, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

X Executed this 5th day of September, 1979

Name of Agency
BY Neera

JP
Title

X Neera Bhatia, M.D.

X E-5319
License Number

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

FAMILY PLANNING SERVICE AGREEMENT BETWEEN
FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

AND

A. JAMES WHITE, M.D., M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and A. JAMES WHITE, M.D., M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

X Executed this 16 day of August, 19 79

REPRODUCTIVE SERVICES, INC.
Name of Agency

BY:

Ruler

VP
Title

X A. James White, M.D.

X E 1445
License Number

P08549142

FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.

AND

Dr. Robert Prince, M.D.

Reproductive Services, Inc.

hereinafter referred to as the Agency, and

Dr. Robert Prince, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 6th day of June, 1979

Reproductive Services, Inc.

Name of Agency

BY [Signature]

V.P.

Title

[Signature], M.D.

D1481

License Number

P08549019

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN

Reproductive Services, Inc.

AND

Dr. Myron Watkins , M.D.
Reproductive Services, Inc.

hereinafter referred to as the Agency, and Dr. Myron Watkins , M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 13 day of July, 1979

Reproductive Services, Inc.
Name of Agency

BY *[Signature]*

[Signature]
Title

[Signature] , M.D.

00754
License Number

PO 8549027

FAMILY PLANNING SERVICE AGREEMENT BETWEEN
REPRODUCTIVE SERVICES, INC.

AND

JOHN J. YOUNG, M. D., M.D.

REPRODUCTIVE SERVICES, INC.

hereinafter referred to as the Agency, and
JOHN J. YOUNG, M. D., M.D., a physician duly licensed to practice medicine by
the State Board of Medical Examiners for the State of Texas, hereinafter referred
to as the Doctor, hereby enter into the following agreements:

The parties hereto understand and agree that the Agency is to provide services
under the provisions of the Title XIX Family Planning Program and that claims for
such services provided are to be submitted by and paid to the Agency. As a staff
physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning
Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me
under the Title XIX Family Planning Program for services provided to patients
for the Agency, I will promptly turn over all the proceeds from any such claim
received to the Agency.

This agreement is to be considered an addendum to my staff service agreement
with the Agency in exactly the same manner as had it constituted a part of our
initial understanding.

Executed this 9th day of JUNE, 1979

REPRODUCTIVE SERVICES, INC.

Name of Agency

BY

Ruedem

VP

Title

John J. Young, M.D.

C 7423

License Number

PO 8549084

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FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

REPRODUCTIVE SERVICES, INC.

AND

J. WESLEY RAMSEY, M.D.

hereinafter referred to as the Agency, and J. Wesley Ramsey, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this EIGHTH day of JUNE, 19 79

Reproductive Services, Inc.
Name of Agency

BY [Signature]

Title

J. Wesley Ramsey, M.D.

121060
License Number

P08549092

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Nova Health Systems

215 W. Olmos

San Antonio, Texas 78212

(512) 624-9939

JUN 30 1980
JUN 30 1980

Myron W. Grisman • President
Ronald E. Moore • Executive Vice President
Barbara Sajak • Vice President/Operations

00040000000000000000

June 27, 1980

Ms. Dorene Delfrase
National Heritage Insurance Co.,
7800 Shoal Creek Blvd.
Austin, Texas 78757

Ms. Delfrase:

Attached is a copy of the new group numbers and physicians numbers from Blue Cross Blue Shield per your request as of our conversation Friday, June 27, 1980.

It is my understanding these codes are not yet in effect, and we will be notified by you when the new numbers will be in effect. These numbers will be used for abortions and other medical related procedures only.

It is also my understanding that we are to be using two (2) different group codes and physicians codes. For example Family Planning group code is B9W989338 and physician code for Dr. Timmerman is P8W873281. For the abortions the group code is 2000P4576 and the physicians code for Dr. Timmerman is P08549399.

If any of the above information is incorrect please inform me as soon as possible.

Your cooperation in this matter will be greatly appreciated.

Thank you,

Janice Williams
Nova Health Systems
dba Reproductive Services, Inc.

attachment

MEDICAID PROVIDER ENROLLMENT APPLICATION

RETURN THIS FORM TO:

Provider Enrollment
National Heritage Insurance Co.
7800 Shoal Creek Blvd.
Austin, Texas 78757
Austin, Texas 78757

FOR NHIC USE ONLY		
CLERK	DATE ENROLL	CONTROL NUMBER
CLERK	DATE ENROLL	CONTROL NUMBER

NOTICE: PLEASE NOTIFY THIS DEPARTMENT OF ANY CHANGES TO THE ABOVE INFORMATION INCLUDING ADDRESS TO PREVENT CLAIM REJECTS OR WRONG PAYMENTS.

ALL INFORMATION MUST BE COMPLETED OR MARKED N/A, AND CONTAIN A VALID SIGNATURE TO BE PROCESSED.

PROVIDER OF SERVICE INFORMATION		ADDRESS NO. 1 PHYSICAL ADDRESS (PRACTICE LOCATION)	
APPLICANT NAME (INDIV, GROUP, INC, DBA — SHOW AS LICENSED) NOVA HEALTH SYSTEMS, INC. DBA, REPRODUCTIVE SERVICES, INC.		SEE ATTACHED LIST OF CLINIC LOCATIONS	
LAST/ON GROUP/ON COMPANY FIRST MIDDLE INITIAL	CITY STATE COUNTY ZIP	ADDRESS NO. 2 ACCOUNTING ADDRESS/MAIL CHECK TO: (IF SAME AS ADDRESS NO. 1, WRITE SAME)	
TITLE/DEGREE N/A	CITY STATE COUNTY ZIP	215 W. OLMOS NUMBER STREET	
TELEPHONE NUMBER AREA CODE (512) 824-9934	TYPE OF PROVIDER (PRIMARY SPECIALTY) OB/GYN, Urology, Family Planning, Including Abortions	SAN ANTONIO TEXAS 78212	

B. BILLING INFORMATION		FISCAL YR. END		STATE LICENSE # OR LAB CERTIFICATION # (ATTACH COPY IF TEMPORARY)	
NAME AND SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR PROVIDER BARBARA SIEJAK, V-PRES. <i>Barbara Siejak</i>		FEBRUARY MONTH		N/A	

IRS TAX # 74-1747301	TYPE <input checked="" type="checkbox"/> E = EMPLOYER I.D. # <input type="checkbox"/> S = SOCIAL SECURITY #	IF EYEGLASS PROGRAM PARTICIPANT, PLEASE SPECIFY OPTION: N/A	A B
WHAT IS YOUR MEDICARE PROVIDER NUMBER? P459 2000 P4576		IF YOU WILL NEVER BILL THE MEDICARE PROGRAM DUE TO YOUR SPECIALTY OR PRACTICE, CHECK HERE <input type="checkbox"/>	

C. GROUP PRACTICE APPLICATION				
STATE LICENSE NO.	NAME/LOCATION IF DIFFERENT FROM A.	TITLE/SPECIALTY	SOCIAL SECURITY #	MEDICARE # WITHIN GROUP
	LIST ATTACHED:			
		4810 San Pedro, TX San Antonio, TX		
Accepted as enrollment for 6 clinic locations.				

D. OTHER BUSINESS PRACTICE LOCATIONS				USE FOR BILLING
PROVIDER NUMBER	NAME	ADDRESS		YES NO
N/A				

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUPPLIED ON THIS DOCUMENT IS ACCURATE AND COMPLETE AND IS HEREBY RELEASED TO NATIONAL HERITAGE INSURANCE COMPANY FOR THE PURPOSE OF ISSUING A MEDICAID PROVIDER NUMBER.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE
Barbara Siejak

V. Pres. 4/18/80
TITLE DATE

DO NOT WRITE IN THIS AREA

CO	SPES	TYPE	LOCALITY	EFFECTIVE DATE
TARP	YR. END	ACUTE BEDS	LONG STAY	
A B C D E F G H I J	K L M N O	P Q R S T U V W X Y Z	AAA-ACCREDITATION	CLASSIF
INPATIENT	REIMB RATE	DATE	OUTPATIENT	REIMB RATE
P Q R S T U V W X Y Z	A B C D E F G H I J	K L M N O P Q R S T U V W X Y Z		

C.
GROUP PRACTICE APPLICATION

PHYSICIAN INFORMATION

NAME AND DEGREE	LOCATION	STATE LICENSE	SPEC.	SSN	BC/BS Provider
L. L. Tad Davis, M.D.	1009 E. 40th Suite 30 Austin, TX 78751	E6021	OB-GYN	[REDACTED]	845915
Samuel R. Katz, M.D.	1009 E. 40th Suite 30 Austin, TX 78751	D8299	OB-GYN	[REDACTED]	applied for
M. R. Seitzinger, MD	1009 E. 40th Suite 30 Austin, TX 78751	F5039	OB-GYN	[REDACTED]	applied for
B. A. Weinstein, MD	1009 E. 40th Suite 30 Austin, TX 78751	E2386	Urology	[REDACTED]	applied for
Robert Prince, MD	2636 Walnut Hill Lane Dallas, TX 75229	D1481	OB-GYN	[REDACTED]	854901
Dudley Powell, MD	2636 Walnut Hill Lane Dallas, TX 75229	C6818	OB-GYN	[REDACTED]	854903
Myron H. Watkins, MD	2636 Walnut Hill Lane Dallas, TX 75229	D0754	OB-GYN	[REDACTED]	854902
Johnny L. Henry, MD	2636 Walnut Hill Lane Dallas, TX 75229	E0974	OB-GYN	[REDACTED]	applied for
Mary E. Smith, MD	2636 Walnut Hill Lane Dallas, TX 75229	E0151	GP	[REDACTED]	854906
Gilbert Landis, MD	3901 N. Mesa, Suite 410 El Paso, TX 79902	C4903	OB-GYN	[REDACTED]	854919
Daniel Vaughn, MD	3901 N. Mesa, Suite 410 El Paso, TX 79902	F6340	OB-GYN	[REDACTED]	applied for
J. Wesley Ramsey, MD	6441 High Star Houston, TX 77074	D8060	OB-GYN	[REDACTED]	854909
Robert E. Hanson, MD	6441 High Star Houston, TX 77074	E1329	OB-GYN	[REDACTED]	854910
G. Patrick Solis, MD	6441 High Star Houston, TX 77074	E5622	OB-GYN	[REDACTED]	applied for
Juan Stern, MD	6441 High Star Houston, TX 77074	E5446	Urology	[REDACTED]	854925
Stephan Schanzer, MD	4310 San Pedro San Antonio, TX 78212	D3997	OB-GYN	[REDACTED]	854912
Allen James White, MD	4810 San Pedro San Antonio, TX 78212	E1445	OB-GYN	[REDACTED]	854914
Alan Braid, MD	4810 San Pedro San Antonio, TX 78212	E3654	OB-GYN	[REDACTED]	applied for

RECEIVED FOR THE BOARD OF MEDICAL EXAMINERS

Nova Health Systems

215 W. Olmos

San Antonio, Texas 78212

(512) 824-9939

APR 22 1980
APR 22 1980

Myron W. Chrisman - President
Ronald E. Moore - Executive Vice President
Barbara Siejak - Vice President Operations

April 18, 1980

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Ms. Doræen L. Delfraiese
Supervisor, Provider Enrollment
National Heritage Insurance Company
Exchange Park
7800 Shoal Creek Boulevard
Austin, Texas 78757

Dear Ms. Delfraiese:

I am returning the Medicaid Provider Enrollment Application as instructed.
Our computer is down and I am not able to send you the Medicaid billing
until Monday or Tuesday of next week. They will be forwarded to you.

I will be talking to you Monday afternoon.

Sincerely yours,



Myron W. Chrisman

MWC:nw

Enclosure
cc

C. Group Practice Application Contin.

NAME AND DEGREE	LOCATION	STATE LICENSE	SPEC.	SSN	BC/BS Provider
Neera Bhatia, M.D.	4810 San Pedro San Antonio, TX 78212	E5319	OB-GYN	[REDACTED]	applied for
George Stern, MD	4810 San Pedro San Antonio, TX 78212	E9425	OB-GYN	[REDACTED]	applied for
	and 5315 Everhart Rd. Suite 24 Corpus Christi, TX 78411				
Sheldon Polsky, MD	4810 San Pedro San Antonio, TX 78212	F2621	Urology	[REDACTED]	854924
Herbert P. Brown, MD	4810 San Pedro San Antonio, TX 78212	D9757	OB-GYN	[REDACTED]	854921
Carlos Wigoda, MD	5315 Everhart Rd., Suite 24 Corpus Christi, TX 78411	E1446	OB-GYN	[REDACTED]	applied for
Marco A. Lopez, MD	5315 Everhart Rd., Suite 24 Corpus Christi, TX 78411	E2045	OB-GYN	[REDACTED]	applied for
John Timmerman, M.D.	1224 N. Third Street Corpus Christi, Texas	E2372	OB-GYN	[REDACTED]	applied for

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PROVIDER CERTIFICATION FOR
PROVIDER CERTIFICATION FOR
FAMILY PLANNING SERVICES

NEW ADDRESS

1. Name of Agency REPRODUCTIVE SERVICES, INC.
Street 8606 VILLAGE DR., SAN ANTONIO, TEXAS 78217
~~XXXXXXXXXX~~ 215 W. OLMOS
City SAN ANTONIO, TEXAS
Zip Code 78212 Telephone No. (512) 654-7311 824-9939

2. Business or Tax Number of Agency: 74-1747301

3. Type of Organization: Non-profit Corporation
 Public Agency
 Proprietary

4. Sources of Funds: Tax Funds
 State or Federal Grants
 United Fund Contributions or Gifts
 Private Foundation Grants
 Direct Patient Charges

Primary Source _____

5. List below the names and license numbers of the clinic physicians who will have, during each occasion of service, personal contact with the patient; additional physician(s) should be listed on the reverse side of this Certification.

Name	Medical License Number
<u>NEERA BHATIA, M.D. 854926</u>	<u>E-5319</u>
<u>ALAN BRAID, M.D. 854927</u>	<u>E-3654</u>
<u>HERBERT BROWN, M.D. 854921</u>	<u>D-9757</u>
<u><input checked="" type="checkbox"/> L. L. Tad Davis, M.D. P08549159</u>	<u>E-6021</u>
<u><input checked="" type="checkbox"/> ROBERT E. HANSON, M.D. P08549100</u>	<u>E-1329</u>

6. The agency must submit acceptable agreements which evidence that employment or compensation arrangements for physician services require that the physician turn over to the agency any income for services on behalf of the agency.

COPIES OF AGREEMENTS WITH PHYSICIAN(S) ARE ATTACHED.

Signed by the Agency official duly authorized, this 4th day of Oct. 1979.

REPRODUCTIVE SERVICES, INC.
(Name of Agency)
By Ronald E. Shaw VP
(Title)

E. D. S. FEDERAL CORPORATION

PROVIDER INFORMATION DATA FORM

NAME DATA:

If Individual

LAST NAME: _____
FIRST NAME: _____
INITIAL: _____
TITLE: _____

If Group or Company

NAME: Reproductive Services, Inc.

ADDRESS:

Physical Address

STREET: See attached
CITY: Exhibit A, B, C, D.
STATE: _____
ZIP CODE: _____
PHONE: () _____

Accounting Address

8606 Village Drive
San Antonio
Texas
78217
(512) 654-7311

Blue Cross/Shield Provider Number 2000P4576

IRS Tax # 74-1747301 Type E E = Employer Identification Number
S = Social Security Number

State License # _____
Narcotic License # _____ See attached Exhibit A, B, C, D.

PHYSICIANS:

Field of Specialty: OB-GYN

EYEGLOSS SUPPLIERS:

Eyeglass Option N/A (A or B)

LABS:

Lab Certification # N/A

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EXHIBIT A

EXHIBIT A

GROUP OR COMPANY:

Reproductive Services, Inc.

ADDRESS (Physical):

Street: 2339 Inwood Road
Suite 37
City: Dallas
State: Texas
Zip Code: 75235
Phone: (214) 350-7026

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PHYSICIANS PROVIDING SERVICES AT THIS LOCATION

<u>NAME</u>	<u>SSAN</u>	<u>TEXAS STATE LICENSE NO.</u>	<u>BLUE CROSS ACCOUNT NO.</u>	<u>SPECIALTY</u>
Robert Prince	██████████	D1481	P000 B5653	OB-GYN
✓ Myron Watkins	██████████	D0754	P000 A9862	OB-GYN
✓ Dudley Powell	██████████	C6818	P000 87950	OB-GYN
✓ Robert Gardner	██████████	D7045	P000 R2271	OB-GYN ✓
✓ Charles Wagon	██████████	D4346	Z000 R227.1	OB-GYN
✓ Mary Smith	██████████	E0151	Not avail.	OB-GYN—
✓ Lea Braun	██████████	D8155	P000 T5223	OB-GYN NOT FOUND

EXHIBIT B

GROUP OR COMPANY:

Reproductive Services, Inc.

ADDRESS (Physical):

Street: 3901 N. Mesa
Suite 410
City: El Paso
State: Texas
Zip Code: 79902
Phone: (915) 533-2223

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PHYSICIANS PROVIDING SERVICES AT THIS LOCATION

<u>NAME</u>	<u>SSAN</u>	<u>TEXAS STATE LICENSE NO.</u>	<u>BLUE CROSS ACCOUNT NO.</u>	<u>SPECIALTY</u>
/ John Young	[REDACTED]	C7423	P00039837	OB-GYN NOT FOUND

08549167

BOLLING, DAVE MD
8606 VILLAGE DR
8606 VILLAGE DR
SAN ANTONIO TX

79217



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***** STATION 1018 TM 1658372 DATE 05/09/77 *****

47000P4576/1

PROV/NO 2000P4576 # 64 022577 *

PROV/NO 2000P4576 # 64 022577 *

L 1 REPRODUCTIVE SERVICES I NC NM/TP 4

AD ABCDEFGH

N 3 8606 VILLAGE DRIVE USE 1111 123456

E 4 SAN ANTONIO TX 78217 PHONE 5126547311 CALL

AUTH 0

LOCATION DIST CNTY LOCAL TARP EC-REP PLAN REF-ID

015 07

PROV SPEC-DATE TYPE-DATE

80 010177 71 010177

IND T234 56AB CDEF GHIJ KLMN OPQR STUV WXYZ

FLAGS REG-TYP I ASST-SRG HOSP-PHY CORR PRG

IRS CERT FSYR NARC

S 741742301 010177

***** STATION 1018 TM 1659029 DATE 05/09/77 *****

47000P4576/1

PROV-NBR	NAME	STREET	CITY/STATE	PT	T23456 P
P08549019	PRINCE	ROBERT	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549027	WATKINS	MYRON	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549035	POWELL	DUDLEY	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549043	GARDNER	ROBERT	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549050	MACDON	CHARLES	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549058	SMITH	MARY	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549076	BRAUN	ILEA	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549084	YOUNG	JOHN	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549092	RAMSEY	J	W 8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549110	HANSON	ROBERT	E 8606 VILLAGE SAN ANTONIO TX 20	1	C

***** STATION 1018 TM 1659313 DATE 05/09/77 *****

47000P4576/1

PROV-NBR	NAME	STREET	CITY/STATE	PT	T23456 P
P08549118	LOPAS	CAROL	L 8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549126	BEHANZER	STEPHEN	D 8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549134	SALDI	MOHAMMAD	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549142	WHITK	A	J 8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549150	DAVIS	TAD	8606 VILLAGE SAN ANTONIO TX 20	1	C
P08549167	BOLLING	DAVE	8606 VILLAGE SAN ANTONIO TX 20	1	C

PAGING COMPLETED

***** STATION 1022, TM. 1038367, DATE 03/27/78. *****

*00P457 /1 TEXAS

PROV/NO	Z000P4576	* 26 112277 *	SCREEN 1
L 1	REPRODUCTIVE SERVICES	I NC	NM/TP 4
I 2		AD	ABCDEFGHIH AD 12345678
N 3	8606 VILLAGE DRIVE	USE	1111 LOB 1
E 4	SAN ANTONIO TX	78217	PHONE 5126547311 CALL
AUTH			

CNTY	TARP		
015			
PROV 12345678	SPC TYP CT EFF-DT END-DT	12345678	SPC TYP CT EFF-DT END-DT
1 1	60 71 99 010177	2	
3		4	
5		6	

LOBS/IND 1234 5678 CDEF GHIJ KLMN OPQR STUV WXYZ

FLAGS	REC-TYP 1	UR	ASST-SRG	HOSP-PHY	CORR	PRG	FSYR
IRS C	CURR/FED	DATE	C	PREV/STATE	DATE	CERT	

S 741747301 010177

REF/NBRS C ---NUMBER--- SPEC 12345678 C ---NUMBER--- SPEC 12345678

All have changed to a 16

Robert R. Jones 3/27/78

No change should have been made

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RETURNED MAIL WORKSHEET

Provider Name Reproductive Serv Inc #B9W989338

Check: Yes / No

Medicare Address (if different):

215 W. Olmos
78212

Address on Claim (if different):

Information Phone # ~~(512) 654-7511~~ Update ↓ 826-6336

Notes:

Code 42, Effective

Initials

DC 7/28/83

318
①

NHIC

National Heritage Insurance Co.
7600 Shoal Creek Boulevard
Suite 100E
Austin, Texas 78757
(512) 455-2111
Austin, Texas 78757
(512) 455-2111

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10/26/84

Reproductive Sen.

Re: Family Planning Agency Group Number BQW989338

Dear Agency Provider:

We have completed the enrollment of Patricia Alcala MD
and have added him to your group of practicing physicians. His Medicaid
Performing Identification number is BQW989338 and is effective
9/12/83 as coordinated with the date of his provider
agreement. Please remember to use this number to identify the performing
physician in block 24-F on your claim form. Thank you.

Sincerely,

Connie Guillory
Connie Guillory
Provider Enrollment

OCT 08 1984

FAMILY PLANNING SERVICE AGREEMENT BETWEEN
FAMILY PLANNING SERVICE AGREEMENT BETWEEN

REPRODUCTIVE SERVICES, INC.

AND

Patricia Heidi ALCALA, M.D.

hereinafter referred to as the Agency, and Patricia Alcala, M.D., a physician duly licensed to practice medicine by the State Board of Medical Examiners for the State of Texas, hereinafter referred to as the Doctor, hereby enter into the following agreement:

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- A. The Agency shall collect all claims under the Title XIX Family Planning Program for services provided by me to patients for the Agency.
- B. If in any case, a claim or claims are filed by me or payment received by me under the Title XIX Family Planning Program for services provided to patients for the Agency, I will promptly turn over all the proceeds from any such claim received to the Agency.

This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 10th day of September, 1983

REPRODUCTIVE SERVICES, INC.
Name of Agency

BY [Signature]
Administrator
Title

Patricia Alcala M.D. M.D.

F3103 date 8/19/79
License Number

89W989338
Group Provider Number

NHIC
ASW86A62
Cnty/Loc
001
Spec / Ty
60 / 71

10/18/83
Deliver

2000000000000000