

Participation Agreement
Hospital Services – University of Utah
Participation Agreement
August 1, 2017

The purpose of this Agreement is to set forth the working arrangements (“Agreement”) between Nevada Health Partners (“Coalition”), a Nevada non-profit corporation organized to secure cost-effective medical service for its Employer members, and

_____ “Participating Member”.

Recitals:

- (a) Participating Member is a member of the Coalition.
- (b) Coalition has negotiated and made available to beneficiaries, a Letter of Agreement (“LOA”) for hospital services with the University of Utah dated August 1, 2017, to provide certain inpatient medical, surgical and other hospital care services through any health benefit program which an Employer might offer to its employees, dependents and other eligible beneficiaries.
- (c) Participating Member desire the terms of the LOA to apply to Participating Members and its particular Plan pursuant to the Letter of Agreement between Nevada Health Partners and the University of Utah.

It is therefore agreed:

- 1. **Definitions:** Capitalized terms in this Agreement and not otherwise defined shall have the meanings ascribed to such terms in the LOA.
- 2. **Agreement:** The LOA shall apply to Participating Member’s Plan and Participating Member shall be (i) entitled to all the rights and remedies of a Participating Member under the LOA and (ii) obligated to perform all of the duties and obligations of a Participating Member under the LOA.
- 3. **Terms and Terminations:** Participating Members will participate in the LOA upon the execution of the Agreement. This Agreement can be terminated provided Participating Member gives a minimum of forty-five (45) day advance notice to Nevada Health Partners of its intent to terminate.

4. **Notices:** Except as otherwise specified, all notices and certificates under this Participation Agreement shall be in writing and addressed as follows.

To Coalition:

Nevada Health Partners
1755 E. Plumb Lane, Suite 112
Reno, Nevada 89502

To Participating Member:

5. **Other Terms:** Except as otherwise specified, all notices and certificates under this Participation Agreement shall remain in full force and effect.

Participating Member

Nevada Health Partners:

Signature

Signature

Name (Please Print)

Name (Please Print)

Title

Title

Date

Date