

**PROVIDER RELATIONS DIVISION  
 POLICY AND PROCEDURES**

---

**TOPIC:** Contracted Practitioner and Contracted Organizational Provider Advertising or Promotion

**I. POLICY**

A contracted practitioner or contracted organizational provider will not use the name of Scott & White and/or Scott and White Health Plan (SWHP) in advertising or promotion without prior approval. In accordance with rules and regulations governing health maintenance organizations, a practitioner or organizational provider may not solicit membership or services from potential SWHP members. Practitioners and organizational providers are informed of policy and procedure through individual contracts, provider manuals, and provider newsletters.

**II. PURPOSE**

The purpose is to ensure that dissemination of information is reasonable, accurate, consistent, and a modest representation of the applicable SWHP provider affiliation.

**III. PROCEDURE**

1. Advertising or promotion using variations of Scott and White’s and/or Scott and White Health Plan’s name, logo, or information by any type of provider will be considered on an individual bases and must be prior approved by Provider Relations Division.
2. Inquiries from any type of provider are forwarded to Provider Relations Office. Proposed advertising or promotion will be considered from those practitioners or organizational providers who formally contract with Scott and White Clinic or Scott and White Health Plan. Submission from a practitioner or organizational provider who are affiliated through a letter of agreement or verbal agreement will not be considered.
3. A written copy or facsimile of the proposed advertising or promotion must be submitted to Provider Relations Office.
4. Information submitted will be reviewed for accuracy, consistency of information, and type size. In general, acceptable wording includes: “Approved Provider for Scott and White Health Plan.” In general, acceptable size is 0.125 inches in height, 2.0 inches in length.
5. Variances from the general acceptable are reviewed with SWHP Medical Director, President, and/or Executive Director as appropriate to determine how information fits with overall organizational needs.
6. Written confirmation of acceptance, rejection, or recommendations for change is sent to practitioner or organizational provider by Provider Relations Division.

APPROVAL: \_\_\_\_\_  
 (Medical Director)

PROPOSED: \_\_\_\_\_

\_\_\_\_\_  
 (Associate Med. Dir. of Medical Operations)

APPROVED: \_\_\_\_\_

\_\_\_\_\_  
 (Provider Relations Director)

REVIEWED: \_\_\_\_\_

REVISED: \_\_\_\_\_