

ACU-CARE Payor Summary & Provider Election to Participate with PRIME HEALTH SERVICES, Inc.

This Payor Summary is furnished to the Provider pursuant to the Acu-Care Health Care Provider Agreement (the "Agreement"). This Payor Summary, when signed by the Provider, is incorporated into the Agreement in full.

PPO Name: Prime Health Services
PHS is a national medical cost containment company that offers Preferred Provider Organization (PPO), Medical Management and related cost containment services to the national workers' compensation, group health, corrections, Medicare, and auto markets via negotiated discounts with medical providers. PHS provides clients (Insurance Companies, Self-Insured Employers, Third Party Administrators (TPAs), Carriers, and Governmental Entities) with discounted savings.

Product: Workers' Compensation, Group Health and Auto Liability

Effective Date: February 11, 2016

CONTRACT RATE and SUMMARY

Provider is contracting with PHS via Acu-Care to participate in the PHS Network for all product offerings by PHS (listed above) that are described in the **Provider Agreement Terms & Conditions Booklet (the "Booklet")**; PHS and Provider agree to the terms and conditions indicated in the Booklet.

Provider Reimbursement: Provider agrees to accept reimbursement for Covered Services rendered to Covered Persons at the following tiered rates for each of the product lines described in 4.0 of the PHS Provider Terms and Conditions Booklet.

Rates: (for all applicable Payor Programs): Provider will be paid the lesser of (see schedule below) ...

90% of the Submitted Billed Charge

Or

90% of any maximum allowable rate specified by federal or state schedule or law.

Standard Terms & Conditions: *Before signing this payor summary*, provider agrees to go on line to access the **Booklet** by logging into the secure provider portal www.primehealthservices.com. The **Booklet** found at: www.primehealthservices.com/media/219938/phs-provider-agreement-booklet-v130.pdf is incorporated into this Agreement by reference and its terms and conditions are non-negotiable in regards to this Agreement and the relationship with PHS. Provider is also responsible for logging into the site to review PHS's Client Directory as it may change periodically.

I hereby agree to provide health care services and benefits to Beneficiaries of the above named Payor in accordance with the terms and conditions of the Agreement and this Payor Summary.

Name

Signature

Date