

**Fill in this information to identify the case:**

Debtor Tehum Care Services, Inc.

United States Bankruptcy Court for the: Southern District of Texas  
(State)

Case number 23-90086

**Official Form 410  
Proof of Claim**

**04/22**

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

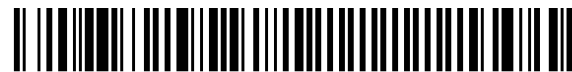
**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

<p><b>1. Who is the current creditor?</b></p>	<p><u>Cameron Regional Medical Center, Inc.</u></p> <p><small>Name of the current creditor (the person or entity to be paid for this claim)</small></p> <p>Other names the creditor used with the debtor _____</p>	
<p><b>2. Has this claim been acquired from someone else?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p><b>3. Where should notices and payments to the creditor be sent?</b></p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p><b>Where should notices to the creditor be sent?</b></p> <p>See summary page</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Cameron Regional Medical Center, Inc. Rosa Patti 1600 E. Evergreen Cameron, MO 64429</p>
	<p>Contact phone _____</p> <p>Contact email <u>mcole@spencerfane.com</u></p>	<p>Contact phone _____</p> <p>Contact email _____</p>
	<p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	
<p><b>4. Does this claim amend one already filed?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p><b>5. Do you know if anyone else has filed a proof of claim for this claim?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_

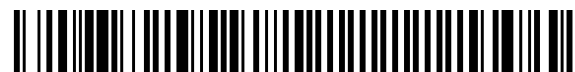
7. How much is the claim? \$ 1,531,308.25. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Medical services performed

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No  
 Yes. Check all that apply:

- |   | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  | \$ _____                    |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).  | \$ _____                    |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____                    |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).  | \$ _____                    |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).  | \$ _____                    |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.   | \$ _____                    |

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- I am the creditor.  
 I am the creditor's attorney or authorized agent.  
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/14/2023  
MM / DD / YYYY

/s/Mark Cole  
Signature

**Print the name of the person who is completing and signing this claim:**

Name Mark Cole  
First name Middle name Last name

Title Partner

Company Spencer Fane, LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0491 | International 001-424-236-7244

<b>Debtor:</b> 23-90086 - Tehum Care Services, Inc.		
<b>District:</b> Southern District of Texas, Houston Division		
<b>Creditor:</b> Cameron Regional Medical Center, Inc. Mark Cole, Spencer Fane, LLP 6201 College Blvd. Suite 500 Overland Park, Kansas, 66211 United States <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> mcole@spencerfane.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>
<b>Filing Party:</b> Authorized agent		
<b>Disbursement/Notice Parties:</b> Cameron Regional Medical Center, Inc. Rosa Patti 1600 E. Evergreen Cameron, MO, 64429 <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>E-mail:</b> <b>DISBURSEMENT ADDRESS</b>		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Medical services performed	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 1,531,308.25	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Mark Cole on 14-Aug-2023 4:40:17 p.m. Eastern Time <b>Title:</b> Partner <b>Company:</b> Spencer Fane, LLP		

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20210425	CB4	CB4	287.00	287.00	-	123.41
					20201115	CB4	CB4	87.00	87.00	-	37.41
					20210202	C4	C4	12,229.75	12,229.75	-	2,800.00
					20210324	CB4	CB4	645.00	645.00	-	277.35
					20210329	CB4	CB4	544.00	544.00	-	233.92
					20210402	CB4	CB4	6,433.00	6,433.00	-	2,766.19
					20210409	CB4	CB4	3,292.00	3,292.00	-	1,415.56
					20210603	CB4	CB4	1,384.75	1,384.75	-	595.44
					20210420	C4	C4	30,608.50	31,215.50	(607.00)	7,000.00
					20210427	CB4	CB4	17,769.00	17,769.00	-	7,640.67
					20210426	CB4	CB4	27.00	27.00	-	11.61
					20210428	CB4	CB4	6,278.00	6,278.00	-	2,699.54
					20210428	CB4	CB4	408.00	408.00	-	175.44
					20210429	CB4	CB4	614.00	614.00	-	264.02
					20210505	CB4	CB4	524.00	524.00	-	225.32
					20210524	CB4	CB4	1,226.00	1,226.00	-	527.18
					20210429	CB4	CB4	74.00	74.00	-	31.82
					20210430	CB4	CB4	444.00	444.00	-	190.92
					20210430	CB4	CB4	2,154.00	2,154.00	-	926.22
					20210430	CB4	CB4	12,183.00	12,183.00	-	5,238.69
					20210430	CB4	CB4	1,800.00	1,800.00	-	774.00
					20210506	CB4	CB4	5,159.00	5,159.00	-	2,218.37
					20210430	CB4	CB4	15,965.75	15,965.75	-	6,865.27
					20210501	CB4	CB4	408.00	408.00	-	175.44
					20210501	CB4	CB4	408.00	408.00	-	175.44
					20210504	C4	C4	19,585.20	19,585.20	-	1,400.00
					20210501	CB4	CB4	551.00	551.00	-	236.93
					20210502	CB4	CB4	534.00	534.00	-	229.62
					20210503	CB4	CB4	408.00	408.00	-	175.44
					20210503	CB4	CB4	74.00	74.00	-	31.82
					20210503	CB4	CB4	408.00	408.00	-	175.44
					20210503	CB4	CB4	83.00	83.00	-	35.69
					20210506	CB4	CB4	20,387.75	20,387.75	-	8,766.73
					20210511	CB4	CB4	851.00	851.00	-	365.93
					20210503	CB4	CB4	408.00	408.00	-	175.44
					20210504	CB4	CB4	392.00	392.00	-	168.56
					20210505	CB4	CB4	7,586.70	7,586.70	-	3,262.28
					20210518	CB4	CB4	2,662.00	2,662.00	-	1,144.66
					20210505	CB4	CB4	998.00	998.00	-	429.14
					20210505	CB4	CB4	913.00	913.00	-	392.59
					20210505	CB4	CB4	1,667.00	1,667.00	-	716.81
					20210505	CB4	CB4	5,484.00	5,484.00	-	2,358.12
					20210505	CB4	CB4	392.00	392.00	-	168.56
					20210505	CB4	CB4	2,184.00	2,184.00	-	939.12
					20210506	CB4	CB4	890.00	890.00	-	382.70
					20210506	CB4	CB4	890.00	890.00	-	382.70
					20210507	CB4	CB4	623.00	623.00	-	267.89
					20210507	CB4	CB4	408.00	408.00	-	175.44
					20210507	CB4	CB4	623.00	623.00	-	267.89
					20210507	CB4	CB4	379.00	379.00	-	162.97
					20210722	CB4	CB4	284.00	284.00	-	122.12
					20210510	CB4	CB4	487.00	487.00	-	209.41

ARPNUM ARPNAME

ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
			20210510	CB4	CB4	755.00	755.00	-	324.65
			20210510	CB4	CB4	2,660.00	2,660.00	-	1,143.80
			20210510	CB4	CB4	83.00	83.00	-	35.69
			20210510	CB4	CB4	1,938.00	1,938.00	-	833.34
			20210511	CB4	CB4	1,107.70	1,107.70	-	476.31
			20210512	CB4	CB4	734.00	734.00	-	315.62
			20210513	CB4	CB4	6,798.20	6,798.20	-	2,923.23
			20210512	CB4	CB4	408.00	408.00	-	175.44
			20210513	CB4	CB4	569.00	569.00	-	244.67
			20210513	CB4	CB4	440.00	440.00	-	189.20
			20210514	CB4	CB4	2,660.00	2,660.00	-	1,143.80
			20210514	CB4	CB4	2,660.00	2,660.00	-	1,143.80
			20210514	CB4	CB4	83.00	83.00	-	35.69
			20210514	CB4	CB4	2,660.00	2,660.00	-	1,143.80
			20210517	CB4	CB4	392.00	392.00	-	168.56
			20210517	CB4	CB4	129.00	129.00	-	55.47
			20210602	CB4	CB4	6,092.70	6,092.70	-	2,619.86
			20210518	CB4	CB4	408.00	408.00	-	175.44
			20210518	CB4	CB4	408.00	408.00	-	175.44
			20210519	CB4	CB4	357.00	357.00	-	153.51
			20210518	CB4	CB4	408.00	408.00	-	175.44
			20210519	CB4	CB4	534.00	534.00	-	229.62
			20210519	CB4	CB4	4,746.00	4,746.00	-	2,040.78
			20210519	CB4	CB4	949.00	949.00	-	408.07
			20210520	CB4	CB4	59,327.50	59,327.50	-	25,510.83
			20210519	CB4	CB4	408.00	408.00	-	175.44
			20210519	CB4	CB4	5,353.70	5,353.70	-	2,302.09
			20210520	CB4	CB4	551.00	551.00	-	236.93
			20210520	CB4	CB4	687.00	687.00	-	295.41
			20210520	CB4	CB4	51.00	51.00	-	21.93
			20210521	CB4	CB4	78.00	78.00	-	33.54
			20210521	CB4	CB4	78.00	78.00	-	33.54
			20210524	CB4	CB4	284.00	284.00	-	122.12
			20210524	CB4	CB4	2,660.00	2,660.00	-	1,143.80
			20210524	CB4	CB4	8,337.00	8,337.00	-	3,584.91
			20210524	CB4	CB4	10,489.00	10,489.00	-	4,510.27
			20210524	CB4	CB4	6,278.00	6,278.00	-	2,699.54
			20210524	CB4	CB4	1,798.00	1,798.00	-	773.14
			20210526	CB4	CB4	74.00	74.00	-	31.82
			20210526	CB4	CB4	7,066.70	7,066.70	-	3,038.68
			20210526	CB4	CB4	7,964.70	7,964.70	-	3,424.82
			20210610	CB4	CB4	871.00	871.00	-	374.53
			20210526	CB4	CB4	536.00	536.00	-	230.48
			20210526	CB4	CB4	408.00	408.00	-	175.44
			20210609	CB4	CB4	500.00	500.00	-	215.00
			20210527	CB4	CB4	1,375.00	1,375.00	-	591.25
			20210527	CB4	CB4	392.00	392.00	-	168.56
			20210528	CB4	CB4	408.00	408.00	-	175.44
			20210530	CB4	CB4	26.00	26.00	-	11.18
			20210601	C4	C4	28,450.10	28,450.10	-	2,800.00
			20210531	CB4	CB4	570.00	570.00	-	245.10
			20210531	CB4	CB4	196.00	196.00	-	84.28

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20210531	CB4	CB4	551.00	551.00	-	236.93
					20210602	CB4	CB4	6,433.00	6,433.00	-	2,766.19
					20210602	CB4	CB4	949.00	949.00	-	408.07
					20210602	CB4	CB4	478.00	478.00	-	205.54
					20210610	CB4	CB4	980.00	980.00	-	421.40
					20210603	CB4	CB4	552.00	552.00	-	237.36
					20210607	CB4	CB4	360.00	360.00	-	154.80
					20210628	CB4	CB4	1,694.00	1,694.00	-	728.42
					20210603	CB4	CB4	408.00	408.00	-	175.44
					20210604	CB4	CB4	1,938.00	1,938.00	-	833.34
					20210604	CB4	CB4	761.00	761.00	-	327.23
					20210604	CB4	CB4	408.00	408.00	-	175.44
					20210604	CB4	CB4	3,417.00	3,417.00	-	1,469.31
					20210607	CB4	CB4	1,025.00	1,025.00	-	440.75
					20210617	CB4	CB4	1,256.00	1,256.00	-	540.08
					20210608	CB4	CB4	784.00	784.00	-	337.12
					20210609	CB4	CB4	6,008.00	6,008.00	-	2,583.44
					20210609	CB4	CB4	284.00	284.00	-	122.12
					20210609	CB4	CB4	645.00	645.00	-	277.35
					20210610	CB4	CB4	74.00	74.00	-	31.82
					20210610	CB4	CB4	392.00	392.00	-	168.56
					20210610	CB4	CB4	392.00	392.00	-	168.56
					20210611	CB4	CB4	1,311.00	1,311.00	-	563.73
					20210611	CB4	CB4	2,557.00	1,532.00	1,025.00	658.76
					20210611	CB4	CB4	11,313.00	11,313.00	-	4,864.59
					20210611	CB4	CB4	551.00	551.00	-	236.93
					20210612	CB4	CB4	578.00	578.00	-	248.54
					20210612	CB4	CB4	743.00	743.00	-	319.49
					20210613	CB4	CB4	93.00	93.00	-	39.99
					20210614	CB4	CB4	12,904.00	12,904.00	-	5,548.72
					20210614	CB4	CB4	286.00	286.00	-	122.98
					20210614	CB4	CB4	490.00	490.00	-	210.70
					20210621	CB4	CB4	258.00	258.00	-	110.94
					20210614	CB4	CB4	478.00	478.00	-	205.54
					20210616	CB4	CB4	1,517.00	1,517.00	-	652.31
					20210615	CB4	CB4	74.00	74.00	-	31.82
					20210616	CB4	CB4	5,159.00	5,159.00	-	2,218.37
					20210616	CB4	CB4	284.00	284.00	-	122.12
					20210616	CB4	CB4	284.00	284.00	-	122.12
					20210617	CB4	CB4	1,800.00	1,800.00	-	774.00
					20210616	CB4	CB4	118.00	118.00	-	50.74
					20210617	CB4	CB4	408.00	408.00	-	175.44
					20210617	CB4	CB4	1,938.00	1,938.00	-	833.34
					20210618	CB4	CB4	8,614.00	8,614.00	-	3,704.02
					20210618	CB4	CB4	568.00	568.00	-	244.24
					20210619	CB4	CB4	417.00	417.00	-	179.31
					20210621	CB4	CB4	408.00	408.00	-	175.44
					20210621	CB4	CB4	190.00	190.00	-	81.70
					20210621	CB4	CB4	743.00	743.00	-	319.49
					20210621	CB4	CB4	78.00	78.00	-	33.54
					20210625	C4	C4	15,032.50	15,032.50	-	4,200.00
					20210622	CB4	CB4	334.00	334.00	-	143.62

ARPNUM ARPNAME

ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
			20210622	CB4	CB4	2,530.00	2,530.00	-	1,087.90
			20210622	CB4	CB4	143.00	143.00	-	61.49
			20210623	CB4	CB4	478.00	478.00	-	205.54
			20210623	CB4	CB4	408.00	408.00	-	175.44
			20210624	CB4	CB4	614.00	614.00	-	264.02
			20210624	CB4	CB4	74.00	74.00	-	31.82
			20210624	CB4	CB4	961.00	961.00	-	413.23
			20210626	C4	C4	25,203.25	25,203.25	-	1,400.00
			20210625	CB4	CB4	408.00	408.00	-	175.44
			20210626	CB4	CB4	408.00	408.00	-	175.44
			20210627	CB4	CB4	551.00	551.00	-	236.93
			20210627	CB4	CB4	526.00	526.00	-	226.18
			20210630	CB4	CB4	844.00	844.00	-	362.92
			20210628	CB4	CB4	334.00	334.00	-	143.62
			20210628	CB4	CB4	94.00	94.00	-	40.42
			20210629	CB4	CB4	5,353.70	5,353.70	-	2,302.09
			20210629	CB4	CB4	4,490.00	4,490.00	-	1,930.70
			20210629	CB4	CB4	4,490.00	4,490.00	-	1,930.70
			20210630	CB4	CB4	5,364.70	5,364.70	-	2,306.82
			20210630	CB4	CB4	510.00	510.00	-	219.30
			20210630	CB4	CB4	510.00	510.00	-	219.30
			20210630	CB4	CB4	933.00	933.00	-	401.19
			20210701	CB4	CB4	949.00	949.00	-	408.07
			20210702	CB4	CB4	484.00	484.00	-	208.12
			20210630	CB4	CB4	5,353.70	5,353.70	-	2,302.09
			20210701	CB4	CB4	4,973.00	4,973.00	-	2,138.39
			20210701	CB4	CB4	510.00	510.00	-	219.30
			20210701	CB4	CB4	408.00	408.00	-	175.44
			20210701	CB4	CB4	355.00	355.00	-	152.65
			20210701	CB4	CB4	408.00	408.00	-	175.44
			20210701	CB4	CB4	582.00	582.00	-	250.26
			20210720	CB4	CB4	7,169.00	7,169.00	-	3,082.67
			20210703	CB4	CB4	408.00	408.00	-	175.44
			20210703	CB4	CB4	6,092.00	6,092.00	-	2,619.56
			20210705	CB4	CB4	4,973.00	4,973.00	-	2,138.39
			20210705	CB4	CB4	643.00	643.00	-	276.49
			20210706	CB4	CB4	623.00	623.00	-	267.89
			20210706	CB4	CB4	426.00	426.00	-	183.18
			20210706	CB4	CB4	74.00	74.00	-	31.82
			20210706	CB4	CB4	643.00	643.00	-	276.49
			20210707	CB4	CB4	7,091.70	7,091.70	-	3,049.43
			20210707	CB4	CB4	6,278.00	6,278.00	-	2,699.54
			20210707	CB4	CB4	5,145.50	5,145.50	-	2,212.57
			20210708	CB4	CB4	334.00	334.00	-	143.62
			20210708	CB4	CB4	1,938.00	1,938.00	-	833.34
			20210708	CB4	CB4	357.00	357.00	-	153.51
			20210708	CB4	CB4	444.00	444.00	-	190.92
			20210709	CB4	CB4	4,672.50	4,672.50	-	2,009.18
			20210713	C4	C4	25,566.00	24,408.00	1,158.00	4,200.00
			20210710	CB4	CB4	506.00	506.00	-	217.58
			20210711	CB4	CB4	3,731.75	3,731.75	-	1,604.65
			20210712	CB4	CB4	10,203.00	10,203.00	-	4,387.29



ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20210712	CB4	CB4	428.00	428.00	-	184.04
					20210713	CB4	CB4	2,369.00	2,369.00	-	1,018.67
					20210713	CB4	CB4	284.00	284.00	-	122.12
					20210712	CB4	CB4	334.00	334.00	-	143.62
					20210713	CB4	CB4	284.00	284.00	-	122.12
					20210713	CB4	CB4	4,599.00	4,599.00	-	1,977.57
					20210714	CB4	CB4	6,347.00	6,347.00	-	2,729.21
					20210714	CB4	CB4	536.00	536.00	-	230.48
					20210714	CB4	CB4	78.00	78.00	-	33.54
					20210715	CB4	CB4	408.00	408.00	-	175.44
					20210716	CB4	CB4	26,353.50	26,353.50	-	11,332.01
					20210719	CB4	CB4	623.00	623.00	-	267.89
					20210719	CB4	CB4	623.00	623.00	-	267.89
					20210716	CB4	CB4	32.00	32.00	-	13.76
					20210719	CB4	CB4	5,666.70	5,666.70	-	2,436.68
					20210717	CB4	CB4	408.00	408.00	-	175.44
					20210718	CB4	CB4	5,918.25	5,918.25	-	2,544.85
					20210719	CB4	CB4	8,090.70	8,090.70	-	3,479.00
					20210719	CB4	CB4	357.00	357.00	-	153.51
					20210719	CB4	CB4	4,459.75	4,459.75	-	1,917.69
					20210719	CB4	CB4	4,973.00	4,973.00	-	2,138.39
					20210720	CB4	CB4	5,548.00	5,548.00	-	2,385.64
					20210720	CB4	CB4	6,229.00	6,229.00	-	2,678.47
					20210721	CB4	CB4	2,660.00	2,660.00	-	1,143.80
					20210726	CB4	CB4	1,838.00	1,838.00	-	790.34
					20210722	CB4	CB4	4,490.00	4,490.00	-	1,930.70
					20210722	CB4	CB4	369.00	369.00	-	158.67
					20210722	CB4	CB4	356.00	356.00	-	153.08
					20210722	CB4	CB4	168.00	168.00	-	72.24
					20210726	CB4	CB4	357.00	357.00	-	153.51
					20210813	CB4	CB4	623.00	623.00	-	267.89
					20210723	CB4	CB4	534.00	534.00	-	229.62
					20210726	CB4	CB4	544.00	544.00	-	233.92
					20210726	CB4	CB4	284.00	284.00	-	122.12
					20210726	CB4	CB4	408.00	408.00	-	175.44
					20210727	CB4	CB4	408.00	408.00	-	175.44
					20210727	CB4	CB4	143.00	143.00	-	61.49
					20210727	CB4	CB4	444.00	444.00	-	190.92
					20210802	CB4	CB4	2,500.00	2,500.00	-	1,075.00
					20210728	CB4	CB4	74.00	74.00	-	31.82
					20210729	CB4	CB4	408.00	408.00	-	175.44
					20210729	CB4	CB4	614.00	614.00	-	264.02
					20210729	CB4	CB4	714.00	714.00	-	307.02
					20210729	CB4	CB4	1,043.00	1,043.00	-	448.49
					20210731	CB4	CB4	360.00	360.00	-	154.80
					20210730	CB4	CB4	408.00	408.00	-	175.44
					20210730	CB4	CB4	638.00	638.00	-	274.34
					20210731	CB4	CB4	392.00	392.00	-	168.56
					20210802	CB4	CB4	5,579.00	5,579.00	-	2,398.97
					20210811	CB4	CB4	6,433.00	6,433.00	-	2,766.19
					20210803	CB4	CB4	7,169.00	7,169.00	-	3,082.67
					20210804	CB4	CB4	408.00	408.00	-	175.44

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20210804	CB4	CB4	949.00	949.00	-	408.07
					20210804	CB4	CB4	432.00	432.00	-	185.76
					20210805	CB4	CB4	11,532.25	11,532.25	-	4,958.87
					20210827	CB4	CB4	1,936.00	1,936.00	-	832.48
					20210804	CB4	CB4	408.00	408.00	-	175.44
					20210805	CB4	CB4	575.00	575.00	-	247.25
					20210805	CB4	CB4	852.00	852.00	-	366.36
					20210805	CB4	CB4	1,350.00	1,350.00	-	580.50
					20210806	CB4	CB4	360.00	360.00	-	154.80
					20210806	CB4	CB4	392.00	392.00	-	168.56
					20210808	CB4	CB4	408.00	408.00	-	175.44
					20210808	CB4	CB4	408.00	408.00	-	175.44
					20210809	CB4	CB4	334.00	334.00	-	143.62
					20210809	CB4	P	617.00	617.00	-	265.31
					20210809	CB4	CB4	781.00	781.00	-	335.83
					20210809	CB4	CB4	334.00	334.00	-	143.62
					20210809	CB4	CB4	408.00	408.00	-	175.44
					20210810	CB4	CB4	143.00	143.00	-	61.49
					20210810	CB4	CB4	32.00	32.00	-	13.76
					20210812	C4	C4	14,332.50	14,332.50	-	2,800.00
					20210811	CB4	CB4	4,669.00	4,669.00	-	2,007.67
					20210811	CB4	CB4	1,683.00	1,683.00	-	723.69
					20210811	CB4	CB4	152.00	152.00	-	65.36
					20210812	CB4	CB4	210.00	210.00	-	90.30
					20210813	CB4	CB4	11,129.00	11,129.00	-	4,785.47
					20210814	CB4	CB4	27,600.75	27,500.75	100.00	11,825.32
					20210815	C4	C4	8,963.25	8,963.25	-	1,400.00
					20210815	CB4	CB4	14,830.00	14,830.00	-	6,376.90
					20210815	CB4	CB4	74.00	74.00	-	31.82
					20210816	CB4	CB4	882.00	882.00	-	379.26
					20210818	CB4	CB4	4,500.00	4,500.00	-	1,935.00
					20210818	CB4	CB4	15,747.00	15,747.00	-	6,771.21
					20210825	CB4	CB4	742.00	742.00	-	319.06
					20210818	CB4	CB4	334.00	334.00	-	143.62
					20210818	CB4	CB4	235.00	235.00	-	101.05
					20210819	CB4	CB4	10,596.00	10,596.00	-	4,556.28
					20210819	CB4	CB4	2,950.00	2,950.00	-	1,268.50
					20210819	CB4	CB4	78.00	78.00	-	33.54
					20210819	CB4	CB4	78.00	78.00	-	33.54
					20210819	CB4	CB4	17,079.00	17,079.00	-	7,343.97
					20210819	CB4	CB4	182.00	182.00	-	78.26
					20210820	CB4	CB4	408.00	408.00	-	175.44
					20210820	CB4	CB4	334.00	334.00	-	143.62
					20210820	CB4	CB4	408.00	408.00	-	175.44
					20210820	CB4	CB4	408.00	408.00	-	175.44
					20210821	CB4	CB4	65.00	65.00	-	27.95
					20210821	CB4	CB4	669.00	669.00	-	287.67
					20210822	CB4	CB4	408.00	408.00	-	175.44
					20210822	CB4	CB4	408.00	408.00	-	175.44
					20210822	CB4	CB4	725.00	725.00	-	311.75
					20210822	CB4	CB4	408.00	408.00	-	175.44
					20210827	C4	C4	34,902.40	34,902.40	-	4,200.00

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20210823	CB4	CB4	334.00	334.00	-	143.62
					20210824	CB4	CB4	1,777.00	1,777.00	-	764.11
					20210824	CB4	CB4	759.00	759.00	-	326.37
					20210824	CB4	CB4	408.00	408.00	-	175.44
					20210825	CB4	CB4	907.00	907.00	-	390.01
					20210825	CB4	CB4	623.00	623.00	-	267.89
					20210825	CB4	CB4	604.00	604.00	-	259.72
					20210826	CB4	CB4	763.00	763.00	-	328.09
					20210826	CB4	CB4	36.00	36.00	-	15.48
					20210826	CB4	CB4	759.00	759.00	-	326.37
					20210831	C4	C4	30,356.70	30,356.70	-	5,600.00
					20210827	CB4	CB4	408.00	408.00	-	175.44
					20210830	CB4	CB4	506.00	506.00	-	217.58
					20210831	CB4	CB4	890.00	890.00	-	382.70
					20210830	CB4	CB4	795.00	795.00	-	341.85
					20210831	CB4	CB4	742.00	742.00	-	319.06
					20210831	CB4	CB4	72.00	72.00	-	30.96
					20210831	CB4	CB4	74.00	74.00	-	31.82
					20210831	CB4	CB4	334.00	334.00	-	143.62
					20210831	CB4	CB4	5,185.00	5,185.00	-	2,229.55
					20210901	CB4	CB4	10,886.00	10,886.00	-	4,680.98
					20210901	CB4	CB4	5,473.70	5,473.70	-	2,353.69
					20210901	CB4	CB4	5,534.70	5,534.70	-	2,379.92
					20210831	CB4	CB4	408.00	408.00	-	175.44
					20210901	CB4	CB4	4,400.00	4,400.00	-	1,892.00
					20210901	CB4	CB4	357.00	357.00	-	153.51
					20210901	CB4	CB4	7,923.25	7,923.25	-	3,407.00
					20210901	CB4	CB4	226.00	226.00	-	97.18
					20210901	CB4	CB4	353.00	353.00	-	151.79
					20210914	CB4	CB4	1,914.00	1,914.00	-	823.02
					20210903	CB4	CB4	623.00	623.00	-	267.89
					20210902	CB4	CB4	816.00	816.00	-	350.88
					20210902	CB4	CB4	334.00	334.00	-	143.62
					20210903	CB4	CB4	408.00	408.00	-	175.44
					20210903	CB4	CB4	95.00	95.00	-	40.85
					20211019	CB4	CB4	623.00	623.00	-	267.89
					20210903	CB4	CB4	575.00	575.00	-	247.25
					20210903	CB4	CB4	408.00	408.00	-	175.44
					20210904	CB4	CB4	334.00	334.00	-	143.62
					20210904	CB4	CB4	334.00	334.00	-	143.62
					20210905	CB4	CB4	334.00	334.00	-	143.62
					20210905	CB4	CB4	370.00	370.00	-	159.10
					20210906	CB4	CB4	408.00	408.00	-	175.44
					20210906	CB4	CB4	334.00	334.00	-	143.62
					20210907	CB4	CB4	659.00	659.00	-	283.37
					20210907	CB4	CB4	36,297.75	35,484.75	813.00	15,258.44
					20210908	CB4	CB4	357.00	357.00	-	153.51
					20210907	CB4	CB4	408.00	408.00	-	175.44
					20210908	CB4	CB4	7,248.70	7,248.70	-	3,116.94
					20210908	CB4	CB4	1,043.00	1,043.00	-	448.49
					20210908	CB4	CB4	408.00	408.00	-	175.44
					20210908	CB4	CB4	118.00	118.00	-	50.74

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20210909	CB4	CB4	444.00	444.00	-	190.92
					20210910	CB4	CB4	357.00	357.00	-	153.51
					20210910	CB4	CB4	357.00	357.00	-	153.51
					20210910	CB4	CB4	357.00	357.00	-	153.51
					20210909	CB4	CB4	79.00	79.00	-	33.97
					20210910	CB4	CB4	226.00	226.00	-	97.18
					20210915	CB4	CB4	8,373.00	8,373.00	-	3,600.39
					20210915	CB4	CB4	1,100.00	1,100.00	-	473.00
					20210914	CB4	CB4	144.00	144.00	-	61.92
					20210916	CB4	CB4	6,433.00	6,433.00	-	2,766.19
					20210917	CB4	CB4	284.00	284.00	-	122.12
					20210916	CB4	CB4	58.00	58.00	-	24.94
					20210930	CB4	CB4	1,917.00	1,917.00	-	824.31
					20210920	CB4	CB4	267.00	267.00	-	114.81
					20210920	CB4	CB4	375.00	375.00	-	161.25
					20210919	CB4	CB4	551.00	551.00	-	236.93
					20210919	CB4	CB4	408.00	408.00	-	175.44
					20210920	CB4	CB4	408.00	408.00	-	175.44
					20210919	CB4	CB4	534.00	534.00	-	229.62
					20210920	CB4	CB4	691.00	691.00	-	297.13
					20210920	CB4	CB4	408.00	408.00	-	175.44
					20210920	CB4	CB4	408.00	408.00	-	175.44
					20210920	CB4	CB4	12,621.75	12,621.75	-	5,427.35
					20210922	CB4	CB4	8,119.35	8,119.35	-	3,491.32
					20210922	CB4	CB4	392.00	392.00	-	168.56
					20210923	CB4	CB4	562.00	562.00	-	241.66
					20210924	CB4	CB4	5,217.00	5,217.00	-	2,243.31
					20210924	CB4	CB4	5,185.00	5,185.00	-	2,229.55
					20210924	CB4	CB4	623.00	623.00	-	267.89
					20210924	CB4	CB4	800.00	800.00	-	344.00
					20210923	CB4	CB4	649.00	649.00	-	279.07
					20210923	CB4	CB4	902.00	902.00	-	387.86
					20210929	CB4	CB4	285.00	285.00	-	122.55
					20210924	CB4	CB4	8,546.00	8,546.00	-	3,674.78
					20210924	CB4	CB4	800.00	800.00	-	344.00
					20210924	CB4	CB4	638.00	638.00	-	274.34
					20210927	CB4	CB4	2,500.00	2,500.00	-	1,075.00
					20210925	CB4	CB4	3,987.75	3,987.75	-	1,714.73
					20210925	CB4	CB4	408.00	408.00	-	175.44
					20210927	CB4	CB4	392.00	392.00	-	168.56
					20210927	CB4	CB4	392.00	392.00	-	168.56
					20210928	CB4	CB4	10,129.20	10,129.20	-	4,355.56
					20210927	CB4	CB4	353.00	353.00	-	151.79
					20210928	CB4	CB4	408.00	408.00	-	175.44
					20210930	CB4	CB4	4,746.00	4,746.00	-	2,040.78
					20211001	CB4	CB4	1,100.00	1,100.00	-	473.00
					20210930	CB4	CB4	710.00	710.00	-	305.30
					20211001	CB4	CB4	17,880.75	17,592.75	288.00	7,564.88
					20211001	CB4	CB4	196.00	196.00	-	84.28
					20211021	CB4	CB4	1,579.00	1,579.00	-	678.97
					20211002	CB4	CB4	1,004.00	1,004.00	-	431.72
					20211003	CB4	CB4	645.00	645.00	-	277.35

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20211003	CB4	CB4	497.00	497.00	-	213.71
					20210919	CB4	CB4	408.00	408.00	-	175.44
					20211004	CB4	CB4	535.00	535.00	-	230.05
					20211004	CB4	CB4	408.00	408.00	-	175.44
					20211008	CB4	CB4	1,777.00	1,777.00	-	764.11
					20211006	CB4	CB4	6,433.00	6,433.00	-	2,766.19
					20211006	CB4	CB4	408.00	408.00	-	175.44
					20211011	C4	C4	38,397.25	38,397.25	-	7,000.00
					20211006	CB4	CB4	408.00	408.00	-	175.44
					20211008	CB4	CB4	9,665.75	9,665.75	-	4,156.27
					20211008	CB4	CB4	669.00	669.00	-	287.67
					20211028	CB4	CB4	2,062.00	2,062.00	-	886.66
					20211013	CB4	CB4	487.00	487.00	-	209.41
					20211009	CB4	CB4	9,197.50	9,197.50	-	3,954.93
					20211009	CB4	CB4	110.00	110.00	-	47.30
					20211011	CB4	CB4	74.00	74.00	-	31.82
					20211011	CB4	CB4	4,254.50	4,254.50	-	1,829.44
					20211011	CB4	CB4	78.00	78.00	-	33.54
					20211011	CB4	CB4	408.00	408.00	-	175.44
					20211012	CB4	CB4	1,938.00	1,938.00	-	833.34
					20211013	CB4	CB4	5,253.00	5,253.00	-	2,258.79
					20211013	CB4	CB4	6,347.00	6,347.00	-	2,729.21
					20211013	CB4	CB4	1,950.00	1,950.00	-	838.50
					20211014	CB4	CB4	10,457.00	10,457.00	-	4,496.51
					20211014	CB4	CB4	569.00	569.00	-	244.67
					20211014	CB4	CB4	408.00	408.00	-	175.44
					20211015	CB4	CB4	408.00	408.00	-	175.44
					20211019	CB4	CB4	4,784.00	4,784.00	-	2,057.12
					20211015	CB4	CB4	913.00	913.00	-	392.59
					20211018	CB4	CB4	623.00	623.00	-	267.89
					20211015	CB4	CB4	408.00	408.00	-	175.44
					20211015	CB4	CB4	408.00	408.00	-	175.44
					20211015	CB4	CB4	408.00	408.00	-	175.44
					20211016	CB4	CB4	370.00	370.00	-	159.10
					20211018	CB4	CB4	5,185.00	5,185.00	-	2,229.55
					20211018	CB4	CB4	8,494.70	8,494.70	-	3,652.72
					20211018	CB4	CB4	408.00	408.00	-	175.44
					20211018	CB4	CB4	795.00	795.00	-	341.85
					20211018	CB4	CB4	440.00	440.00	-	189.20
					20211019	CB4	CB4	428.00	428.00	-	184.04
					20211018	CB4	CB4	18,145.00	18,145.00	-	7,802.35
					20211019	CB4	CB4	34,558.70	34,558.70	-	14,860.24
					20211108	CB4	CB4	870.00	870.00	-	374.10
					20211020	CB4	CB4	2,272.00	2,272.00	-	976.96
					20211019	CB4	CB4	2,205.75	2,205.75	-	948.47
					20211021	CB4	CB4	2,018.00	2,018.00	-	867.74
					20211022	CB4	CB4	6,347.00	6,347.00	-	2,729.21
					20211022	CB4	CB4	2,304.00	2,304.00	-	990.72
					20211025	CB4	CB4	7,098.70	7,098.70	-	3,052.44
					20211024	CB4	CB4	12,810.00	12,810.00	-	5,508.30
					20211026	CB4	CB4	6,278.00	6,278.00	-	2,699.54
					20211025	CB4	CB4	334.00	334.00	-	143.62

ARPNUM	ARPNAME	ARADMDT	ARSERV	ARPTYPE	ARDISDT	ARORIGFC	ARCURRFC	ARTOTCHG	ARCURBAL	ADJUST	EXPREIMB
					20211027	CB4	CB4	2,500.00	2,500.00	-	1,075.00
					20211028	CB4	CB4	2,018.00	2,018.00	-	867.74
					20211029	CB4	CB4	623.00	623.00	-	267.89
					20211029	CB4	CB4	1,798.00	1,798.00	-	773.14
					20211029	CB4	CB4	13,368.00	13,368.00	-	5,748.24
					20211101	CB4	CB4	1,938.00	1,938.00	-	833.34
					20211102	CB4	CB4	399.00	399.00	-	171.57
					20211103	C4	C4	11,794.50	11,794.50	-	2,800.00
					20211118	CB4	CB4	2,662.00	1,936.00	726.00	832.48
					20211102	CB4	CB4	408.00	408.00	-	175.44
					20211103	CB4	CB4	1,798.00	1,798.00	-	773.14
					20211103	CB4	CB4	643.00	643.00	-	276.49
					20211103	CB4	CB4	800.00	800.00	-	344.00
					20211104	CB4	CB4	334.00	334.00	-	143.62
					20211104	CB4	CB4	756.00	756.00	-	325.08
					20211109	CB4	CB4	6,140.00	6,140.00	-	2,640.20
					20211119	CB4	CB4	2,436.00	1,468.00	968.00	631.24
					20211110	CB4	CB4	2,184.00	2,184.00	-	939.12
					20211110	CB4	CB4	2,304.00	2,304.00	-	990.72
					20211110	CB4	CB4	643.00	643.00	-	276.49
					20211109	CB4	CB4	408.00	408.00	-	175.44
					20211109	CB4	P	122.00	122.00	-	52.46
					20211110	CB4	CB4	118.00	118.00	-	50.74
					20211110	CB4	CB4	118.00	118.00	-	50.74
					20211112	CB4	CB4	2,660.00	2,660.00	-	1,143.80
					20211112	CB4	CB4	58.00	58.00	-	24.94
					20211113	CB4	CB4	143.00	143.00	-	61.49
					20211114	CB4	CB4	32,432.50	32,432.50	-	13,945.98
					20211113	CB4	CB4	408.00	408.00	-	175.44
					20211114	CB4	CB4	408.00	408.00	-	175.44
					20211115	CB4	CB4	10,134.75	6,782.25	3,352.50	2,916.37
								<b>\$ 1,531,308.25</b>	<b>\$ 1,523,484.75</b>	<b>\$ 7,823.50</b>	<b>\$ 575,903.96</b>

11/15 line items paid by Centurion

# HOSPITAL SERVICES AGREEMENT

Between

CORIZON, LLC.

And

CAMERON REGIONAL MEDICAL CENTER

This Agreement is made and entered into this 1<sup>st</sup> day of January, 2015, by and between Corizon, LLC., a Missouri Limited Liability Company with principal offices located at 103 Powell Court, Suite 104, Brentwood, TN, 37027, (hereinafter collectively referred to as "Corizon Health") and Cameron Regional Medical Center (hereinafter referred to as "Hospital"), a health care provider located at 1600 East Evergreen, Cameron, MO 64429 (hereinafter collectively referred to as the "Parties").

## WITNESSETH:

**WHEREAS**, Corizon Health has a contract to provide or arrange for the provision of Health Care Services to certain inmates and detainees under the control of the Missouri Department of Corrections (hereinafter referred to as "Client"). In certain circumstances, it is necessary for Corizon Health to utilize hospital services for its Patients for both inpatient and outpatient care; and

**WHEREAS**, Hospital is a licensed hospital facility in the State of Missouri, which is capable and willing to provide Health Care Services to the prison/jail community; and

**WHEREAS**, Corizon Health desires to engage Hospital and Hospital desires to contract with Corizon Health to provide Health Care Services to inmates and detainees in the custody of the Client, as specified and on the terms and conditions set forth herein.

**NOW THEREFORE**, for and in consideration of the mutual covenants and promises as are hereinafter set forth and other good and valuable consideration, the sufficiency of which is hereby acknowledged by the Parties, Corizon Health and Hospital hereby agree as follows:

## SECTION 1

### Definitions

1.1 **Affiliated Entity** means any entity who directly or indirectly through one (1) or more intermediaries, controls, or is controlled by, or is under common control with, Corizon Health.

1.2 **Corizon Health/Client Contract** means the agreement entered into between Corizon Health and the Client whereby Corizon Health has agreed to provide or arrange for the provision of Health Care Services to the inmates and detainees in the custody of the Client.

1.3 **Corizon Health's Medical Director** means the physician designated as the Corizon Health Medical Director for the correctional facility or facilities served under the Corizon Health/Client Contract.

1.4 **Completed Claim** means a timely claim submitted on an industry standard claim form (CMS-1500 or UB-04), for reimbursement of Health Care Services which contains at least the following information:

- 1) Patient (Inmate) name and Department of Correction or Booking Identification number (Inmate Number).
- 2) Name and Address of Correctional Facility from which the inmate was transported.
- 3) Patient Date of Birth.
- 4) Date(s) of Service.
- 5) Hospital Name, Address, Phone number, and Tax Identification number.
- 6) ICD-9 Diagnostic and Surgical Procedure codes and descriptions.
- 7) Current industry standard procedure coding (UB-04 Revenue Codes, DRG, HCPCS and CPT codes as appropriate) and descriptions.
- 8) Detailed billing of charges and units.

1.5 **Health Care Services** means the medical and other related services, including both inpatient and outpatient care, provided to a Patient by Hospital or a Hospital-affiliated health care professional, which are Medically Necessary and are requested by Corizon Health contracted on-site physicians or providers or that constitute Emergency Services.

1.6 **Health Services Administrator (HSA)** means the Corizon Health employee responsible for managing the medical program for the correctional facility or facilities served under the Corizon Health/Client Contract.

1.7 **Emergency Medical Condition** means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the Patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part, or such other urgent condition that constitutes an Emergency Medical Condition.

1.8 **Emergency Services** means those Health Care Services, which are Medically Necessary and provided for the treatment of an Emergency Medical Condition.

1.9 **Medically Necessary** describes those services which are determined to be: (a) appropriate for the treatment of the Patient's medical condition; (b) provided for the diagnosis or care and treatment of the Patient's medical condition; (c) in accordance with the applicable standards of good medical practice; (d) not elective or cosmetic or primarily for the convenience of the Patient, the Hospital or any medical provider; and (e) the most appropriate and available supplier level of service that can be safely provided to the Patient.



1.10 **Patient** means those correctional facility inmate patients or detainees in the custody of the Client for whom Corizon Health has contracted to provide or arrange for the provision of Health Care Services pursuant to the Corizon Health/Client Contract.

1.11 **Primary Payor:** Entity that has the initial obligation to pay a claim for Health Care Services for Patient.

1.12 **Provider-Preventable Condition (PPC)** means a condition which reasonably could have been prevented through the application of evidence-based guidelines. For the purposes of this Agreement, PPCs will include but not be limited to the most recent list of Medicare Hospital-Acquired Conditions (HACs).

1.13 **Secondary Payor:** Entity that pays second on a claim for Health Care Services for Patient and their payment is only to the extent that payment has not been made by Primary Payor.

## **SECTION 2**

### **Hospital's Rights and Obligations**

2.1 **General Engagement.** Corizon Health hereby engages Hospital to provide Health Care Services to Patients and Hospital hereby accepts such engagement according to the terms and conditions of this Agreement. Inmate transfer travel arrangements will be made by Corizon Health only after approval by Corizon Health's HSA who will coordinate the provision of Health Care Services and the implicated security requirements with the appropriate agency officials.

2.2 **Time and Place of Services.** Hospital agrees to provide and/or make available Health Care Services at Hospital's usual and customary site for rendering services and in accordance with Hospital's usual and customary schedule for rendering services. If Hospital decides voluntarily to add, limit, or discontinue any of the services that it offers, it will provide Corizon Health with written notice of such action at least sixty (60) days prior to such addition, limitation, or discontinuation. If Hospital must involuntarily limit or discontinue any services, it will provide Corizon Health with written notice immediately upon learning of such limitation or discontinuation.

2.3 **Qualifications.** Hospital represents that Hospital possesses a current and unrestricted license to operate as a hospital in the State of Missouri. Hospital also represents that Hospital possesses current and unrestricted controlled substance certification. Hospital shall maintain all federal, state and local licenses, certifications and permits, without material restriction, which are required to provide Health Care Services according to the laws and jurisdiction in which Health Care Services are provided, and shall comply with all applicable statutes and regulations. Hospital shall also require that all health care professionals employed by or under contract with Hospital to render Health Care Services to Patients comply with this provision. Hospital further agrees to notify Corizon Health immediately if Hospital receives notice of noncompliance with such requirements, conditions, and standards, and if Hospital's status changes in any respect. Hospital shall provide Corizon Health with written documentation of Hospital's current JCAHO accreditation upon request. Hospital's failure to meet or maintain all the required qualifications described in this Section may result in immediate termination of this Agreement.

2.4 **Discharge Summaries and Itemized Statements.** Hospital shall provide a narrative discharge summary and operative report for all Patients receiving inpatient care and a summary discharge statement for all Patients receiving outpatient services at Hospital. These reports will be provided to the Patient as well and shall include a written summary of treatment received and follow-up instructions.

Corizon Health will receive an itemized bill for each such Patient, whether the services provided are inpatient or outpatient in nature, or both. Corizon Health shall be entitled to audit any records necessary to insure that services billed to Corizon Health were rendered in accordance with the invoice presented.

2.5 **Utilization Review.** Hospital specifically agrees to comply with the utilization review program, included as Attachment II implemented by Corizon Health on behalf of the Client. Hospital will cooperate with Corizon Health in the implementation of its utilization review program. The Hospital will assist with physician communications regarding each case. Hospital will permit Corizon Health to review Patient hospital stays during and after hospitalization and will provide Corizon Health with access to Patient information useful in ascertaining the Medical Necessity of particular procedures and the length of time of particular stays. Hospital will make available for review by Corizon Health utilization review personnel all records maintained by the Hospital regarding Patients. The Hospital's Medical Records Department will honor Corizon Health's utilization review personnel's requests for records. Hospital acknowledges and understands that payment for unauthorized or inappropriate services may be adjusted or denied.

2.6 **Treatment Summary and Follow-Up Instructions.** Upon discharge from Hospital, Hospital shall provide a written summary of the treatment provided to the Patient along with written follow-up instructions, if applicable.

2.7 **Quality Assurance.** Hospital shall ensure the application of a quality assurance process that utilizes appropriate quality of care standards. Hospital will also ensure that appropriate quality assurance review activity, including subsequent action taken by the Hospital, will occur for quality of care issues referred by Corizon Health. Hospital shall make available for review and examination by Corizon Health's Medical Director or his or her designee, upon request, documentation regarding the Hospital's quality assurance activities as they may reasonably relate to Health Care Services rendered to Patients hereunder.

2.8 **Compliance with Applicable Law.** Hospital agrees that all Health Care Services provided by or through Hospital pursuant to this Agreement, and documentation thereof, will be in compliance with applicable law and certification or licensure requirements.

2.9 **Security.** Responsibility for the security of Patients being treated on either an inpatient or outpatient basis at Hospital will be provided by the Client. Neither Corizon Health nor Hospital shall be responsible for providing such security, but both are required to adhere to security regulations established by the Client or such other duly qualified security or law enforcement agency.

2.10 **Staff Privileges.** Hospital hereby agrees that Corizon Health's Medical Director shall be considered for staff privileges at Hospital during the term of this Agreement. Approval for staff privileges shall be determined by the guidelines set by the medical staff by-laws of the Hospital.

### **SECTION 3 Compensation of Hospital**

3.1 **Reimbursement for Services.** For any Patient admitted or brought to Hospital for either inpatient or outpatient care by or at the direction of Corizon Health, the following reimbursements shall apply.

- 3.1.1 **Inpatient Care.** Corizon Health shall reimburse Hospital for medical charges according to the rates listed in Attachment I or the lesser of eligible charges.
  - 3.1.1.1 When Corizon Health is the Primary Payor, the payment from Corizon Health shall be accepted by Hospital as payment in full for all authorized Health Care Services.
  - 3.1.1.2 Notwithstanding the above, Corizon Health will be considered Secondary Payor to all other possible payors.
  - 3.1.1.3 Medicaid
    - 3.1.1.3.1 For Hospitals in states in which Medicaid coverage continues post incarceration, Corizon Health is not responsible for the cost of Health Care Services in the event Patient has Medicaid coverage and the Health Care Services are eligible for payment by Medicaid.
    - 3.1.1.3.2 For Hospitals in states in which Medicaid coverage terminates upon incarceration, Medicaid is unavailable for Patients and therefore not a source for reimbursement.
  - 3.1.1.4 Verification of available benefits will be documented prior to payment by Corizon Health. Corizon Health will coordinate payment up to 100% with any other insurance carrier, provided, however, that in no case shall Corizon Health be responsible for payments beyond its coverage limits.
  - 3.1.1.5 Corizon Health is only responsible for payments of Health Care Services provided to inmates and detainees in the custody of the Client. If the inmate/patient is released from custody of the Client while hospitalized, then Corizon Health will cooperate to the greatest extent possible, to determine the availability of third party reimbursement. Cooperation will include Corizon Health notifying the Hospital of the inmate's release or impending release from Client's custody. Corizon Health will cooperate with Hospital in providing information which will allow the Hospital to seek reimbursement from other parties once the Patient is no longer an inmate.

3.1.2 **Outpatient Care.**

All outpatient services including emergency, ancillary, diagnostic or outpatient surgery rendered by Hospital on behalf of a Patient under the care of Corizon Health will be reimbursed according to the rates listed in Attachment I.

3.2 **Provider-Preventable Conditions.** The Parties hereby agree that when a medical condition is not present at the time the Patient is admitted or brought to Hospital for either inpatient or outpatient care but is reported as a secondary diagnosis associated with Hospital's care, Corizon Health's payment to Hospital shall be denied to reflect that the condition could have been prevented by the Hospital. Corizon Health shall not be responsible for reimbursing the Hospital for the care and services related to PPCs. More specifically, Hospital is prohibited from assigning a DRG if the secondary diagnosis associated with the PPC is the only reason for the assignment.

3.3 **Claims Submission.**

3.3.1 Completed Claims should be sent to the following address:

Corizon Health accepts the electronic filing of claim forms. When submitting UB-04 forms via an electronic format, Hospital should use the Corizon Health payer identification number 43160.

Or

Corizon Health  
P. O. Box 981639  
El Paso, TX 79998  
Attn: Claims

To inquire about the status of claims submitted, please call Corizon Health Customer Service at 888-865-2910. Customer Service hours are Monday through Friday, 7:30 am to 5:30 pm (CST) or 24/7 access may be obtained by accessing the Corizon Partner Portal at [www.CorizonHealth.com](http://www.CorizonHealth.com).

3.3.2 Hospital will submit Completed Claims to Corizon Health on the approved hospital billing form within 60 days of date of service rendered to the Patient or Corizon Health will have no obligation to pay.

3.3.3 Hospital will use the most current procedural (CPT) and HCPCS codes on all forms. Hospital will abide by all AMA/CPT code billing standards, rules and regulations that are applicable (including inclusive procedure codes, prospective payment system OPPS and/or automated payment classification APC).

3.3.4 Guidelines for billing and coverage for services not specifically detailed within this Agreement will be governed by the most current version of the Centers for Medicare and Medicaid Service's guidelines for the Medicare Program.

3.4 **Claim Audits.** Hospital acknowledges and agrees that all Hospital claims contractually paid at a percentage of charges may be reviewed by a clinical software system or a nurse analyst and/or claims auditor. In this process, detailed charges are reviewed for improper, inappropriate or erroneous billings. The review process may also include a verification of diagnosis codes in relation to the performed procedures. Corizon Health may request Hospital to provide appropriate documentation to substantiate questioned charges and all itemized services may be analyzed for payment on an individual basis according to the type and location of service being provided. For any claims found to be overpaid, Hospital agrees that Corizon Health may recover overpayment made to Hospital by Corizon Health by offsetting such amounts from later payments to Hospital, including, without limitation, making retroactive adjustments to payments to Hospital for errors and omissions relating to data entry errors and incorrectly submitted claims or incorrectly applied discounts.

3.5 **Appeal Process.** In the event that a dispute arises concerning the resolution of a Completed Claim, Hospital may appeal by submitting the dispute to Corizon Health in writing, with supporting documentation, within forty five (45) calendar days following Corizon Health's response or denial of the Completed Claim. Corizon Health shall provide a reply and the Hospital shall initiate appropriate action with Corizon Health, if any, within forty five (45) days following receipt of Corizon Health's response. If Hospital fails to dispute in writing Corizon Health's handling of a Completed Claim within forty five (45) calendar days following receipt of Corizon Health's response, then such claim may be considered waived and Corizon Health shall not be obligated to make any payment or adjustment thereafter.

3.6 **Right of Recovery.** Hospital will not seek reimbursement from the Patient or from the Client without Corizon Health's written consent.

3.7 **Prior Services & Payments.** If Hospital has performed services for Corizon Health patients prior to the Effective Date of this Agreement, and Corizon Health has compensated Hospital for those services, Hospital agrees to accept the amounts previously paid by Corizon Health as full and final reimbursement for services rendered prior to the Effective Date of this Agreement.

3.8 **Changes in the Law.** If any applicable statute, rule or regulation is passed or any applicable order issued or any applicable statute or guideline adopted which requires the Hospital to accept as payment in full rates which are lower than those contemplated herein, the Hospital agrees to extend the same rights to Corizon Health to the fullest extent permitted by law.

**SECTION 4**  
**Term and Termination**

4.1 **Term.** The term of this Agreement will commence on the Effective Date and will continue in effect for one (1) year (“Initial Term”) and shall automatically renew for recurring one (1) year terms thereafter, unless either Party, at least thirty (30) days prior to the expiration date, notifies the other in writing of its desire not to extend or renew this Agreement.

4.2 **Termination.** This Agreement may be terminated as follows:

4.2.1 **Termination without Cause.** Either party may terminate this Agreement, without cause, by giving the other party written notice of termination, not less than thirty (30) days prior to the effective date thereof.

4.2.2 **Termination for Cause.** Corizon Health may terminate this Agreement with Hospital for cause, including but not limited to the occurrence of any of the following events, which has not been cured within thirty (30) days after written notice from Corizon Health.

4.2.2.1 Hospital has breached any of the material terms and conditions of this Agreement or the exhibits or attachments hereto; or

4.2.2.2 Any activities or actions of Hospital that, in the reasonable judgment of Corizon Health, are deemed to be detrimental to Corizon Health.

4.2.3 **Immediate Termination.** Corizon Health may immediately terminate this Agreement upon the occurrence of any of the following events:

4.2.3.1 Hospital’s failure to maintain required insurance as provided in this Agreement; or

4.2.3.2 Hospital’s inability to meet its obligations pursuant to this Agreement due to financial insolvency, bankruptcy, or lack of capacity to provide Health Care Services; or

4.2.3.3 Hospital is found guilty of a criminal offense; or

4.2.3.4 Hospital is found liable for gross misconduct in providing care.

4.3 **Services Subsequent to Termination.** Following termination of this Agreement, Hospital shall continue to provide services to any inmate who is under active treatment either until such treatments are completed or responsibility is assumed by another participating provider. Hospital shall be compensated for services in accordance with the terms in Attachment I.

**SECTION 5**  
**Insurance and Indemnification**

5.1 **Insurance.** At all times during the term of this Agreement and any renewals hereof, Hospital shall maintain or cause to be maintained adequate professional liability insurance policies or self-insurance with limits of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in annual aggregate, and such insurance shall provide occurrence-based coverage, or if it provides claims-made coverage, Hospital agrees that upon the expiration or termination of this Agreement for any reason, Hospital will maintain insurance coverage for any liability directly or indirectly resulting from Hospital's provision of services in connection with this Agreement, or any other acts or omissions of Hospital occurring in whole or in part during the term of this Agreement (hereinafter "Continuing Coverage"). Hospital may procure Continuing Coverage by obtaining subsequent policies which have a retroactive date of coverage equal to the Effective Date of this Agreement, by obtaining an extended reporting endorsement ("tail") applicable to the insurance coverage maintained by Hospital during the term of this Agreement, or by such other methods as are mutually agreed upon by Hospital and Corizon Health. In addition, Hospital agrees to procure and maintain, at its sole expense, such comprehensive general and/or umbrella liability insurance as Hospital shall reasonably deem necessary to cover its potential general liability risk exposure. Hospital shall require all health care professionals employed by or under contract with Hospital to procure or maintain the same limits of professional liability insurance as set forth above, unless such professionals are covered under Hospital's insurance policy.

The insurance obtained pursuant to this Section, including any Continuing Coverage, will cover all employees, physicians and agents of Hospital who provide Health Care Services to Patients, against any and all claims, actions, judgments, liabilities, losses, damages, costs, and obligations (including attorney's fees) which are attributable to or which arise, directly or indirectly, out of any act or omission by Hospital and/or its employees, physicians, or agents. Without limiting the obligations of Hospital under this Section, the insurance maintained or caused to be maintained pursuant to this Section will provide coverage against civil actions based on medical treatment brought under 42 U.S.C. § 1983, and as that statute may be amended, modified, recodified, or succeeded in the future. The obligations of this Section concerning Continuing Coverage shall survive termination of this Agreement.

5.2 **Certifications.** Hospital shall, within ten (10) days after execution of this Agreement and on an annual basis thereafter, provide to Corizon Health certificates issued by an insurance carrier or its agent or other evidence of insurance as required under this Agreement. Hospital shall provide Corizon Health with at least thirty (30) days prior written notice of any modification, cancellation, or non-renewal of such policies.

5.3 **Hold Harmless and Indemnification.** Corizon Health agrees to indemnify and hold harmless Hospital and its agents and employees from any and all claims, damages and lawsuits of any kind whatsoever based upon the acts and omissions of Corizon Health and any of its staff members, employees or agents.

Hospital agrees to indemnify and hold harmless Corizon Health and its agents and employees from any and all claims, damages and lawsuits of any kind whatsoever based upon the acts or omissions of Hospital or any of its staff members, employees or agents.

## **SECTION 6**

### **Relationship of the Parties**

6.1 **Relationship of the Parties.** The relationship of Hospital to Corizon Health is that of independent contractor. Nothing contained herein shall create an employer-employee, principal-agent, or partnership relationship between Corizon Health and Hospital or between Corizon Health and any employee, agent, or physicians of Hospital. Corizon Health shall not exercise control or direction over the manner in which Hospital or any employee, agent, or physician of Hospital renders services. Nothing contained herein shall interfere with the hospital-patient relationship between Hospital and any patient, including the Patients under this Agreement, or with Hospital's legal or ethical obligation to provide the proper standard of care to Patients.

6.2 **Confidential Information.** Hospital agrees not to disclose or in any way use, or allow any other person to disclose or use, confidential information of or concerning Corizon Health or the various facilities either during or after the term of this Agreement without Corizon Health's prior express written consent. Confidential information includes, but is not limited to, legal or claim data, financial data, methods of operation, policies and procedures. Hospital shall not copy or remove Corizon Health documents for its own use or for the use of others, nor shall Hospital make use of or allow or assist any other person or company to make use of any Corizon Health procedure or program, including but not limited to those relating to utilization review or quality improvement, except as authorized under this Agreement. Hospital shall not disclose, or allow others to disclose, the terms of this Agreement, except, as it is necessary to perform this Agreement or to obtain accounting, legal or tax advice from its professional advisors. This Section shall survive termination of this Agreement.

6.3 **Non-Exclusivity.** This Agreement is a non-exclusive arrangement. Hospital may participate in other affiliations and render such other Health Care Services as Hospital determines. Hospital acknowledges that Corizon Health must contract with other health care providers, including hospitals, for the purpose of fulfilling its obligations pursuant to the Corizon Health/Client Contract.

6.4 **Medical Records.** Hospital agrees to prepare comprehensive medical records for each Patient to whom Hospital provides Health Care Services. Each such medical record shall contain sufficient information to identify the Patient, establish a diagnosis and medical classification, support the diagnosis, identify and justify the treatment, and document the results of such treatment. Medical records prepared by Hospital during the term of this Agreement will be kept confidential by Hospital and shall be maintained in accordance with applicable state and federal laws governing confidentiality. Hospital will allow Corizon Health and its health care professionals access to such medical records without cost to Corizon Health. This Section shall survive termination of this Agreement.



**SECTION 7**  
**Construction of Agreement**

7.1 **Assignment.** The Parties to this Agreement may not assign, sell or transfer any of their rights or responsibilities under this Agreement without the prior written consent of the other party; provided however, that Corizon Health may assign this Agreement and all its rights and responsibilities hereunder to any Affiliated Entity, as defined above, without Hospital's prior written consent.

7.2 **Amendments.** This Agreement may be amended only by written agreement signed by the Parties hereto.

7.3 **Section Headings.** The headings of sections in this Agreement are for reference only and shall not affect the meaning of this Agreement.

7.4 **Entire Agreement.** This Agreement, inclusive of any and all amendments, attachments and exhibits incorporated herein by reference, constitutes the entire understanding and agreement between the parties with regard to the subject matter hereof. No other prior or contemporaneous promise, obligation, statement or understanding between the parties, whether written or oral, shall be valid or binding.

7.5 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of each party hereto, and their successors and permitted assigns. No party may assign this Agreement, except as specifically provided otherwise herein.

7.6 **No Third Party Beneficiary Rights.** No patient, nor the Client, nor any other third party shall have any third party beneficiary rights hereunder.

7.7 **Non-Waiver.** Failure to insist upon strict compliance with any of the terms or conditions of this Agreement shall not be deemed to be a waiver in the event of any future breach of any term or condition hereunder.

7.8 **Severability.** Should any provision (or part thereof) of this Agreement be held to be invalid and/or unenforceable, the remaining provisions shall remain in full force and effect.

7.9 **Notices.** Any notice required hereunder (including notice of an amendment of this Agreement) shall be sent by registered or certified mail (return receipt requested), personal delivery, overnight commercial carrier, or other guaranteed delivery. The notice shall be effective as of the date of delivery if the notice is personally delivered, or the date of receipt or refusal to accept delivery if the notice is forwarded by other means. Unless otherwise specified, notices shall be sent to:

**Corizon Health**  
Corizon Health  
103 Powell Court, Suite 104  
Brentwood, TN 37027

Attn: Therese Brumfield, Vice President Provider Operations

With a courtesy copy to the Attn: General Counsel

**Hospital**

Cameron Regional Medical Center  
1600 E. Evergreen St.  
Cameron, MO 64429  
Attn: Joseph Abrutz

7.10 **Non-Discrimination.** Hospital shall not discriminate on the basis of race, color, sex, religion, national origin, ethnic group, age or disability.

7.11 **Multiple Counterparts.** This Agreement may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute a single instrument.

7.12 **Name, Symbol and Service Mark.** During the term of this Agreement, Corizon Health shall have the right to use Provider's name solely to make public reference to Hospital as a contracted provider for Client. Hospital and Corizon Health shall not otherwise use each other's name, symbol or service mark without prior written approval.

7.13 **Applicable Law.** For conflict of law purposes, the laws of the State of Tennessee shall apply in interpreting the terms of this Agreement.

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IN WITNESS WHEREOF, the parties have executed this Agreement effective as of that Commencement Date first above written.

**CORIZON, LLC.**

By: Ralf Salke

\_\_\_\_\_  
Vice President, Operations

Date: \_\_\_\_\_

By: Amenah Martin

\_\_\_\_\_  
Contract Specialist

Date: \_\_\_\_\_

By: M. Therese Brumfield

\_\_\_\_\_  
Vice President, Provider Operations

Date: \_\_\_\_\_

**CAMERON REGIONAL MEDICAL CENTER**

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Print Name: Joseph F. Abantz Jr.

Date: December 19, 2014

TIN: 440668347

NPI: 1811905375

**CONTRACT NOT VALID WITHOUT SIGNATURES**

Hospital Services Agreement

Revised: 12/8/08; 8/09; 3/10; 5/10; 6/10, 8/10, 06/11, 8/12, 10/12

**ATTACHMENT I  
COMPENSATION SCHEDULE  
FOR  
CAMERON REGIONAL MEDICAL CENTER**

**Effective January 1, 2015**

**SECTION 1  
Definitions**

**1.1 Customary Charge:** The usual and customary fees charged by Hospital for the particular service that is performed, which do not exceed the fees Hospital would charge any other person regardless of whether the person is a Patient.

**1.2 Eligible Charges:** The amount of a Hospital's Customary Charges from which any reduction is taken for purposes of payment. Eligible Charges do not include amounts that are billed but that are duplicative, incorrectly coded, improperly coded, or that have similar defects, errors, irregularities or mistakes in billing. Eligible Charges also do not include charges for procedures, services or inpatient days that are not Medically Necessary or were unauthorized under this Agreement.

**1.3 Payment.** For Health Care Services rendered to a Patient and covered by this Agreement, Hospital shall be paid by Corizon Health the lesser of (1) Hospital's Customary Charges, or (2) the amounts set forth in this Exhibit A.

**SECTION 2  
Payment for Inpatient Health Care Services**

Hospital will be reimbursed for inpatient services per the following fee schedule:

Medical/Surgical \$1,400.00/per diem  
ICU/CCU \$1,950.00/per diem

**SECTION 3  
Payment for Outpatient Health Care Services**

Hospital will be reimbursed for all outpatient services per the following reimbursement schedule:

Effective January 1, 2015 Hospital will be reimbursed 68% of billed charges.

Effective January 1, 2016 Hospital will be reimbursed 63% of billed charges.

Effective January 1, 2017 Hospital will be reimbursed 58% of billed charges.

**Hospital Rate Neutralization.** Beginning January 1, 2015, and each calendar year thereafter, Hospital shall give written notice to Corizon Health of its increase in charges. Said notice shall

include a calculation of the aggregate percentage increase in Hospital's billed charges. For inpatient and outpatient health services that are reimbursed as a percentage of Eligible Charges, if Hospital's charges are in excess of three percent (3.5%) for services paid under this Agreement, then effective the first of the month following the Hospital's increase in charges, reimbursement rates based on Eligible Charges shall be decreased by the percentage points over the three percent (3.5%) ceiling. Hospital shall notify Corizon Health of all increases within thirty (30) business days.

Example calculation:

Hospital Charge Master Increase	6%
Charge Master Increase Cap	3.5%
Excess Increase	2.5%
Previous % of Eligible Charges Payment	68%
Revised % of Eligible Charges Payment	$.68/1.025 = 66.3\%$

**Recurring Outpatient Health Services.** When a Patient is scheduled for recurring outpatient encounters (e.g., speech therapy, radiation therapy or chemotherapy) and these visits are combined on a single UB-04 claim form, Hospital must report the date of service associated with each encounter and/or attach an itemized statement. Recurring or series Outpatient Health Care Services should not be combined on the same claim with an Emergency Room visit, an Outpatient Surgery Procedure or an Observation stay if the Hospital expects separate payment for each of the recurring outpatient diagnostic or therapeutic services rendered on separate dates of service.

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**ATTACHMENT II**  
**UTILIZATION REVIEW**

**SECTION I. GENERAL INFORMATION**

Corizon Health's Utilization Review Program (hereinafter "Corizon Health UR") utilizes nationally accepted clinical guidelines to determine justification of admission and necessity of services. Continued stay is based upon severity of illness, necessity of service and level of care provided by the Cameron Regional Medical Center (hereinafter referred to as "Hospital").

The Hospital Utilization Review Department (hereinafter referred to as "Hospital UR") is requested to assist Corizon Health UR in obtaining current clinical information on all hospitalized patients who are in the custody of the Facility.

Corizon Health UR may request the medical record (selected portions or its entirety) upon discharge of the patient from the Hospital to perform retrospective review or quality assurance reviews as needed. Such requests shall be in writing to the Medical Records Department. Separate written consent of the patient is not necessary when Corizon Health is the primary payor of the claim.

All patient information received by the hospital, and likewise by Corizon Health, will remain privileged and confidential. Information will not be disclosed to unauthorized parties.

**SECTION II. ADMISSION AND CONTINUED STAY REVIEWS**

Corizon Health UR requests notification of all admissions by the Admissions Office during normal working hours. Notification of emergency admissions may take place no later than the next working day. If Corizon Health UR initially learns of an admission through its staff, it will contact the Hospital Admissions Office for verification. All elective/planned admissions will be given an authorization number by Corizon Health UR for billing purposes; emergency admissions will not be given an authorization number. Verification of authorization numbers may be obtained from Corizon Health UR during normal working hours (Monday through Friday 8:30 a.m. - 6:00 p.m.) by calling (800) 729-0069. During non-business hours admissions may be reported by Fax to (615) 376-1165.

Failure to report admissions may result in denial of benefits, reduction of benefits, and/or delay in payment of the claim. Notification alone does not guarantee coverage or confirm eligibility. Determination by Corizon Health UR that false, misleading, or incomplete information was provided at the time of initial authorization of service, may result in a denial of payment.

Corizon Health UR will contact the Hospital UR to request review during the Hospital UR Office's normal working hours. Reviews are upon admission to the facility, with continued stay reviews daily. Periods between reviews may be more or less frequent if the patient's condition indicates such and both the Corizon Health UR Representative and the Hospital's UR

Representative are in agreement. Authorization for continued stay will be given to the Hospital's UR Representative by the Corizon Health UR Representative for the period of time for which the service was provided and reported. Authorization for continued stay is not given in advance unless the patient's condition warrants less frequent reviews. If clinical information provided does not meet the criteria for continued Hospital stay Hospital UR will be notified by Corizon Health UR of the potential for denial of payment. An opportunity for the attending physician or Hospital UR to provide further information is then given. A Corizon Health physician advisor is available Monday - Friday for discussion of the case.

### **SECTION III. DENIALS AND RECONSIDERATION**

The Corizon Health Utilization Review Department will notify the Hospital UR Department when the decision to issue a denial of payment for services has been made. Such notification shall be by telephone followed by written letter indicating the reason(s) for denial. Payment denials may be issued for delay of discharge, delay of service, care rendered not associated with primary diagnosis, complications of surgery or treatment that are not normally expected and in other proper circumstances.

The Hospital may request reconsideration for denied payment for services. Written request for reconsideration must be made within forty-five (45) days of the dated letter of payment denial and should include supportive documents for reconsideration such as Physician Progress Notes, Lab and X-ray Results, Nursing Notes, Medication Records, etc. Reconsideration requests should be forwarded to the following address:

UM Systems Coordinator  
Corizon Health  
103 Powell Court, Suite 104  
Brentwood, TN 37027

Final determination by the Medical Review committee of Corizon Health will be issued in writing to the Hospital within forty-five (45) days of request for reconsideration.

### **SECTION IV. COVERAGE ISSUES**

Corizon Health will pay for primary and related diagnosis only. All non-emergent care not related to the primary diagnosis must be prior approved for payment by the Corizon Health UR Department Representative.

Corizon Health does not provide payment for services which can be provided by the Jail/Prison Health Care Infirmary.

Corizon Health does not provide payment for services for the following:

- \* Sterilizations/Tubal Ligations
- \* Non-authorized Elective Surgical Procedures
- \* Cosmetic Surgery

- \* Infertility Studies
- \* Organ Transplants
- \* Care of Newborn (unless by specific contract)
- \* Psychiatric Admissions (unless by specific contract)
- \* Psychiatric Holds (extended stay due to psychiatric illnesses following general medical/surgical or emergent care. Psychiatric care will be provided at the Jail/Prison.)
- \* Pass or Court Days (patient temporarily released from hospital care to attend court, etc.)

## **SECTION V. EXPIRATION OF SENTENCE**

The Corizon Health UR Department will notify the Hospital by telephone followed by written confirmation of all inmates released from the custody of Facility. Corizon Health is not responsible for payment of medical care provided after the time of release from custody.

## **SECTION VI. OUTPATIENT SERVICES**

Corizon Health provides precertification of all non-emergent outpatient services. Services, which are provided without pre-authorization, shall be clinically audited for necessity and justification prior to payment. Corizon Health UR Department will work with the outpatient clinic areas to provide verification of authorized services during normal working hours.

## **SECTION VII. QUALITY ASSURANCE**

Hospital shall ensure the application of a quality assurance process that utilizes appropriate quality of care standards. Hospital will also ensure that appropriate quality assurance review activity, including subsequent action taken by the Hospital, will occur for quality of care issues referred by Corizon Health. Hospital shall make available for review and examination by Corizon Health's Medical Director or his or her designee, upon request, documentation regarding the Hospital's quality assurance activities as they may reasonably relate to Health Care Services rendered to Patients hereunder.

Medical records will be requested upon discharge for the Corizon Health Medical Review Committee to review when Corizon Health feels that review is warranted.

The request for medical records will be in writing and directed to the Director of Medical Records and the designated Hospital Representative. QA Studies of records will be prepared and forwarded to the Hospital Representative when Corizon Health feels that such is warranted.



Dear Provider:

The following services are available at the jail/prison infirmary unit once the patient is stable. Discharge planning can be arranged by contacting Corizon Health Case Management Department.

Chief Medical Officer

<p><b>INTRAVENOUS THERAPY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continuous IV therapy for hydration</li> <li><input type="checkbox"/> Antibiotic administration</li> <li><input type="checkbox"/> Hyperalimentation</li> <li><input type="checkbox"/> Chemotherapy</li> </ul>	<p><b>Tube Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foley Catheter</li> <li><input type="checkbox"/> Nephrostomy Tube</li> <li><input type="checkbox"/> Ureteral Stints</li> <li><input type="checkbox"/> Gastrostomy tubes</li> <li><input type="checkbox"/> NG tubes</li> <li><input type="checkbox"/> Penrose Drains</li> <li><input type="checkbox"/> JP Drains</li> <li><input type="checkbox"/> T-Tube drains</li> </ul>	<p><b>Respiratory Therapy</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPPB Treatments</li> <li><input type="checkbox"/> Medicated Aerosol Treatments</li> <li><input type="checkbox"/> Pentamidine Treatments</li> <li><input type="checkbox"/> Oxygen Administration</li> <li><input type="checkbox"/> Tracheostomy Care</li> </ul>
<p><b>IV Access Lines after Placement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Peripheral lines</li> <li><input type="checkbox"/> Central Line Catheters</li> <li><input type="checkbox"/> P.I.C. Lines</li> <li><input type="checkbox"/> Renal Dialysis Access Lines</li> <li><input type="checkbox"/> Porta Caths</li> <li><input type="checkbox"/> Broviac Hickman Caths</li> </ul>	<p><b>Wound Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dressing changes</li> <li><input type="checkbox"/> Medicated Dressings</li> <li><input type="checkbox"/> Observation</li> <li><input type="checkbox"/> Moist Dressings</li> <li><input type="checkbox"/> Sterile Dressings</li> </ul>	<p><b>Pre &amp; Post Hospital Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-operative education</li> <li><input type="checkbox"/> Pre-operative preparation</li> <li><input type="checkbox"/> Pre-operative testing</li> <li><input type="checkbox"/> Post-operative monitoring</li> <li><input type="checkbox"/> Progressive ambulation</li> <li><input type="checkbox"/> Restorative nursing care</li> </ul>
<p><b>Orthopedic Monitoring</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cast care</li> <li><input type="checkbox"/> Pelvic traction</li> <li><input type="checkbox"/> External traction</li> <li><input type="checkbox"/> Circulation Monitoring</li> </ul> <p><b>OTHER SERVICES</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><b>General Nursing Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vital Sign Monitoring</li> <li><input type="checkbox"/> Turning &amp; Positioning</li> <li><input type="checkbox"/> Medication Administration</li> <li><input type="checkbox"/> Assist with Bathing &amp; Toileting</li> <li><input type="checkbox"/> Acuchecks</li> <li><input type="checkbox"/> Urine testing</li> <li><input type="checkbox"/> Specimen Collection</li> <li><input type="checkbox"/> EKG</li> <li><input type="checkbox"/> Universal Isolation</li> </ul>	<p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetic Monitoring</li> <li><input type="checkbox"/> Asthma Monitoring</li> <li><input type="checkbox"/> Cardiac Monitoring</li> <li><input type="checkbox"/> Seizure Monitoring</li> <li><input type="checkbox"/> TB Isolation</li> </ul>

\*\* Some monitoring abilities depend upon the availability of daily lab results to adjust medications etc.

# HOSPITAL SERVICES AGREEMENT

Between

CORIZON, LLC.

And

CAMERON REGIONAL MEDICAL CENTER

This Agreement is made and entered into this 1<sup>st</sup> day of January, 2015, by and between Corizon, LLC., a Missouri Limited Liability Company with principal offices located at 103 Powell Court, Suite 104, Brentwood, TN, 37027, (hereinafter collectively referred to as "Corizon Health") and Cameron Regional Medical Center (hereinafter referred to as "Hospital"), a health care provider located at 1600 East Evergreen, Cameron, MO 64429 (hereinafter collectively referred to as the "Parties").

## WITNESSETH:

**WHEREAS**, Corizon Health has a contract to provide or arrange for the provision of Health Care Services to certain inmates and detainees under the control of the Missouri Department of Corrections (hereinafter referred to as "Client"). In certain circumstances, it is necessary for Corizon Health to utilize hospital services for its Patients for both inpatient and outpatient care; and

**WHEREAS**, Hospital is a licensed hospital facility in the State of Missouri, which is capable and willing to provide Health Care Services to the prison/jail community; and

**WHEREAS**, Corizon Health desires to engage Hospital and Hospital desires to contract with Corizon Health to provide Health Care Services to inmates and detainees in the custody of the Client, as specified and on the terms and conditions set forth herein.

**NOW THEREFORE**, for and in consideration of the mutual covenants and promises as are hereinafter set forth and other good and valuable consideration, the sufficiency of which is hereby acknowledged by the Parties, Corizon Health and Hospital hereby agree as follows:

## SECTION 1 Definitions

1.1 **Affiliated Entity** means any entity who directly or indirectly through one (1) or more intermediaries, controls, or is controlled by, or is under common control with, Corizon Health.

1.2 **Corizon Health/Client Contract** means the agreement entered into between Corizon Health and the Client whereby Corizon Health has agreed to provide or arrange for the provision of Health Care Services to the inmates and detainees in the custody of the Client.

1.3 **Corizon Health's Medical Director** means the physician designated as the Corizon Health Medical Director for the correctional facility or facilities served under the Corizon Health/Client Contract.

1.4 **Completed Claim** means a timely claim submitted on an industry standard claim form (CMS-1500 or UB-04), for reimbursement of Health Care Services which contains at least the following information:

- 1) Patient (Inmate) name and Department of Correction or Booking Identification number (Inmate Number).
- 2) Name and Address of Correctional Facility from which the inmate was transported.
- 3) Patient Date of Birth.
- 4) Date(s) of Service.
- 5) Hospital Name, Address, Phone number, and Tax Identification number.
- 6) ICD-9 Diagnostic and Surgical Procedure codes and descriptions.
- 7) Current industry standard procedure coding (UB-04 Revenue Codes, DRG, HCPCS and CPT codes as appropriate) and descriptions.
- 8) Detailed billing of charges and units.

1.5 **Health Care Services** means the medical and other related services, including both inpatient and outpatient care, provided to a Patient by Hospital or a Hospital-affiliated health care professional, which are Medically Necessary and are requested by Corizon Health contracted on-site physicians or providers or that constitute Emergency Services.

1.6 **Health Services Administrator (HSA)** means the Corizon Health employee responsible for managing the medical program for the correctional facility or facilities served under the Corizon Health/Client Contract.

1.7 **Emergency Medical Condition** means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the Patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part, or such other urgent condition that constitutes an Emergency Medical Condition.

1.8 **Emergency Services** means those Health Care Services, which are Medically Necessary and provided for the treatment of an Emergency Medical Condition.

1.9 **Medically Necessary** describes those services which are determined to be: (a) appropriate for the treatment of the Patient's medical condition; (b) provided for the diagnosis or care and treatment of the Patient's medical condition; (c) in accordance with the applicable standards of good medical practice; (d) not elective or cosmetic or primarily for the convenience of the Patient, the Hospital or any medical provider; and (e) the most appropriate and available supplier level of service that can be safely provided to the Patient.

1.10 **Patient** means those correctional facility inmate patients or detainees in the custody of the Client for whom Corizon Health has contracted to provide or arrange for the provision of Health Care Services pursuant to the Corizon Health/Client Contract.

1.11 **Primary Payor:** Entity that has the initial obligation to pay a claim for Health Care Services for Patient.

1.12 **Provider-Preventable Condition (PPC)** means a condition which reasonably could have been prevented through the application of evidence-based guidelines. For the purposes of this Agreement, PPCs will include but not be limited to the most recent list of Medicare Hospital-Acquired Conditions (HACs).

1.13 **Secondary Payor:** Entity that pays second on a claim for Health Care Services for Patient and their payment is only to the extent that payment has not been made by Primary Payor.

## SECTION 2 Hospital's Rights and Obligations

2.1 **General Engagement.** Corizon Health hereby engages Hospital to provide Health Care Services to Patients and Hospital hereby accepts such engagement according to the terms and conditions of this Agreement. Inmate transfer travel arrangements will be made by Corizon Health only after approval by Corizon Health's HSA who will coordinate the provision of Health Care Services and the implicated security requirements with the appropriate agency officials.

2.2 **Time and Place of Services.** Hospital agrees to provide and/or make available Health Care Services at Hospital's usual and customary site for rendering services and in accordance with Hospital's usual and customary schedule for rendering services. If Hospital decides voluntarily to add, limit, or discontinue any of the services that it offers, it will provide Corizon Health with written notice of such action at least sixty (60) days prior to such addition, limitation, or discontinuation. If Hospital must involuntarily limit or discontinue any services, it will provide Corizon Health with written notice immediately upon learning of such limitation or discontinuation.

2.3 **Qualifications.** Hospital represents that Hospital possesses a current and unrestricted license to operate as a hospital in the State of Missouri. Hospital also represents that Hospital possesses current and unrestricted controlled substance certification. Hospital shall maintain all federal, state and local licenses, certifications and permits, without material restriction, which are required to provide Health Care Services according to the laws and jurisdiction in which Health Care Services are provided, and shall comply with all applicable statutes and regulations. Hospital shall also require that all health care professionals employed by or under contract with Hospital to render Health Care Services to Patients comply with this provision. Hospital further agrees to notify Corizon Health immediately if Hospital receives notice of noncompliance with such requirements, conditions, and standards, and if Hospital's status changes in any respect. Hospital shall provide Corizon Health with written documentation of Hospital's current JCAHO accreditation upon request. Hospital's failure to meet or maintain all the required qualifications described in this Section may result in immediate termination of this Agreement.

2.4 **Discharge Summaries and Itemized Statements.** Hospital shall provide a narrative discharge summary and operative report for all Patients receiving inpatient care and a summary discharge statement for all Patients receiving outpatient services at Hospital. These reports will be provided to the Patient as well and shall include a written summary of treatment received and follow-up instructions.

Corizon Health will receive an itemized bill for each such Patient, whether the services provided are inpatient or outpatient in nature, or both. Corizon Health shall be entitled to audit any records necessary to insure that services billed to Corizon Health were rendered in accordance with the invoice presented.

2.5 **Utilization Review.** Hospital specifically agrees to comply with the utilization review program, included as Attachment II implemented by Corizon Health on behalf of the Client. Hospital will cooperate with Corizon Health in the implementation of its utilization review program. The Hospital will assist with physician communications regarding each case. Hospital will permit Corizon Health to review Patient hospital stays during and after hospitalization and will provide Corizon Health with access to Patient information useful in ascertaining the Medical Necessity of particular procedures and the length of time of particular stays. Hospital will make available for review by Corizon Health utilization review personnel all records maintained by the Hospital regarding Patients. The Hospital's Medical Records Department will honor Corizon Health's utilization review personnel's requests for records. Hospital acknowledges and understands that payment for unauthorized or inappropriate services may be adjusted or denied.

2.6 **Treatment Summary and Follow-Up Instructions.** Upon discharge from Hospital, Hospital shall provide a written summary of the treatment provided to the Patient along with written follow-up instructions, if applicable.

2.7 **Quality Assurance.** Hospital shall ensure the application of a quality assurance process that utilizes appropriate quality of care standards. Hospital will also ensure that appropriate quality assurance review activity, including subsequent action taken by the Hospital, will occur for quality of care issues referred by Corizon Health. Hospital shall make available for review and examination by Corizon Health's Medical Director or his or her designee, upon request, documentation regarding the Hospital's quality assurance activities as they may reasonably relate to Health Care Services rendered to Patients hereunder.

2.8 **Compliance with Applicable Law.** Hospital agrees that all Health Care Services provided by or through Hospital pursuant to this Agreement, and documentation thereof, will be in compliance with applicable law and certification or licensure requirements.

2.9 **Security.** Responsibility for the security of Patients being treated on either an inpatient or outpatient basis at Hospital will be provided by the Client. Neither Corizon Health nor Hospital shall be responsible for providing such security, but both are required to adhere to security regulations established by the Client or such other duly qualified security or law enforcement agency.

2.10 **Staff Privileges.** Hospital hereby agrees that Corizon Health's Medical Director shall be considered for staff privileges at Hospital during the term of this Agreement. Approval for staff privileges shall be determined by the guidelines set by the medical staff by-laws of the Hospital.

### SECTION 3 Compensation of Hospital

3.1 **Reimbursement for Services.** For any Patient admitted or brought to Hospital for either inpatient or outpatient care by or at the direction of Corizon Health, the following reimbursements shall apply.

3.1.1 **Inpatient Care.** Corizon Health shall reimburse Hospital for medical charges according to the rates listed in Attachment I or the lesser of eligible charges.

3.1.1.1 When Corizon Health is the Primary Payor, the payment from Corizon Health shall be accepted by Hospital as payment in full for all authorized Health Care Services.

3.1.1.2 Notwithstanding the above, Corizon Health will be considered Secondary Payor to all other possible payors.

3.1.1.3 Medicaid

3.1.1.3.1 For Hospitals in states in which Medicaid coverage continues post incarceration, Corizon Health is not responsible for the cost of Health Care Services in the event Patient has Medicaid coverage and the Health Care Services are eligible for payment by Medicaid.

3.1.1.3.2 For Hospitals in states in which Medicaid coverage terminates upon incarceration, Medicaid is unavailable for Patients and therefore not a source for reimbursement.

3.1.1.4 Verification of available benefits will be documented prior to payment by Corizon Health. Corizon Health will coordinate payment up to 100% with any other insurance carrier, provided, however, that in no case shall Corizon Health be responsible for payments beyond its coverage limits.

3.1.1.5 Corizon Health is only responsible for payments of Health Care Services provided to inmates and detainees in the custody of the Client. If the inmate/patient is released from custody of the Client while hospitalized, then Corizon Health will cooperate to the greatest extent possible, to determine the availability of third party reimbursement. Cooperation will include Corizon Health notifying the Hospital of the inmate's release or impending release from Client's custody. Corizon Health will cooperate with Hospital in providing information which will allow the Hospital to seek reimbursement from other parties once the Patient is no longer an inmate.

3.1.2 **Outpatient Care.**

All outpatient services including emergency, ancillary, diagnostic or outpatient surgery rendered by Hospital on behalf of a Patient under the care of Corizon Health will be reimbursed according to the rates listed in Attachment I.

3.2 **Provider-Preventable Conditions.** The Parties hereby agree that when a medical condition is not present at the time the Patient is admitted or brought to Hospital for either inpatient or outpatient care but is reported as a secondary diagnosis associated with Hospital's care, Corizon Health's payment to Hospital shall be denied to reflect that the condition could have been prevented by the Hospital. Corizon Health shall not be responsible for reimbursing the Hospital for the care and services related to PPCs. More specifically, Hospital is prohibited from assigning a DRG if the secondary diagnosis associated with the PPC is the only reason for the assignment.

3.3 **Claims Submission.**

3.3.1 Completed Claims should be sent to the following address:

Corizon Health accepts the electronic filing of claim forms. When submitting UB-04 forms via an electronic format, Hospital should use the Corizon Health payer identification number 43160.

Or

Corizon Health  
P. O. Box 981639  
El Paso, TX 79998  
Attn: Claims

To inquire about the status of claims submitted, please call Corizon Health Customer Service at 888-865-2910. Customer Service hours are Monday through Friday, 7:30 am to 5:30 pm (CST) or 24/7 access may be obtained by accessing the Corizon Partner Portal at [www.CorizonHealth.com](http://www.CorizonHealth.com).

3.3.2 Hospital will submit Completed Claims to Corizon Health on the approved hospital billing form within 60 days of date of service rendered to the Patient or Corizon Health will have no obligation to pay.

3.3.3 Hospital will use the most current procedural (CPT) and HCPCS codes on all forms. Hospital will abide by all AMA/CPT code billing standards, rules and regulations that are applicable (including inclusive procedure codes, prospective payment system OPPS and/or automated payment classification APC).

3.3.4 Guidelines for billing and coverage for services not specifically detailed within this Agreement will be governed by the most current version of the Centers for Medicare and Medicaid Service's guidelines for the Medicare Program.

3.4 **Claim Audits.** Hospital acknowledges and agrees that all Hospital claims contractually paid at a percentage of charges may be reviewed by a clinical software system or a nurse analyst and/or claims auditor. In this process, detailed charges are reviewed for improper, inappropriate or erroneous billings. The review process may also include a verification of diagnosis codes in relation to the performed procedures. Corizon Health may request Hospital to provide appropriate documentation to substantiate questioned charges and all itemized services may be analyzed for payment on an individual basis according to the type and location of service being provided. For any claims found to be overpaid, Hospital agrees that Corizon Health may recover overpayment made to Hospital by Corizon Health by offsetting such amounts from later payments to Hospital, including, without limitation, making retroactive adjustments to payments to Hospital for errors and omissions relating to data entry errors and incorrectly submitted claims or incorrectly applied discounts.

3.5 **Appeal Process.** In the event that a dispute arises concerning the resolution of a Completed Claim, Hospital may appeal by submitting the dispute to Corizon Health in writing, with supporting documentation, within forty five (45) calendar days following Corizon Health's response or denial of the Completed Claim. Corizon Health shall provide a reply and the Hospital shall initiate appropriate action with Corizon Health, if any, within forty five (45) days following receipt of Corizon Health's response. If Hospital fails to dispute in writing Corizon Health's handling of a Completed Claim within forty five (45) calendar days following receipt of Corizon Health's response, then such claim may be considered waived and Corizon Health shall not be obligated to make any payment or adjustment thereafter.

3.6 **Right of Recovery.** Hospital will not seek reimbursement from the Patient or from the Client without Corizon Health's written consent.

3.7 **Prior Services & Payments.** If Hospital has performed services for Corizon Health patients prior to the Effective Date of this Agreement, and Corizon Health has compensated Hospital for those services, Hospital agrees to accept the amounts previously paid by Corizon Health as full and final reimbursement for services rendered prior to the Effective Date of this Agreement.

3.8 **Changes in the Law.** If any applicable statute, rule or regulation is passed or any applicable order issued or any applicable statute or guideline adopted which requires the Hospital to accept as payment in full rates which are lower than those contemplated herein, the Hospital agrees to extend the same rights to Corizon Health to the fullest extent permitted by law.



**SECTION 4**  
**Term and Termination**

4.1 **Term.** The term of this Agreement will commence on the Effective Date and will continue in effect for one (1) year (“Initial Term”) and shall automatically renew for recurring one (1) year terms thereafter, unless either Party, at least thirty (30) days prior to the expiration date, notifies the other in writing of its desire not to extend or renew this Agreement.

4.2 **Termination.** This Agreement may be terminated as follows:

4.2.1 **Termination without Cause.** Either party may terminate this Agreement, without cause, by giving the other party written notice of termination, not less than thirty (30) days prior to the effective date thereof.

4.2.2 **Termination for Cause.** Corizon Health may terminate this Agreement with Hospital for cause, including but not limited to the occurrence of any of the following events, which has not been cured within thirty (30) days after written notice from Corizon Health.

4.2.2.1 Hospital has breached any of the material terms and conditions of this Agreement or the exhibits or attachments hereto; or

4.2.2.2 Any activities or actions of Hospital that, in the reasonable judgment of Corizon Health, are deemed to be detrimental to Corizon Health.

4.2.3 **Immediate Termination.** Corizon Health may immediately terminate this Agreement upon the occurrence of any of the following events:

4.2.3.1 Hospital’s failure to maintain required insurance as provided in this Agreement; or

4.2.3.2 Hospital’s inability to meet its obligations pursuant to this Agreement due to financial insolvency, bankruptcy, or lack of capacity to provide Health Care Services; or

4.2.3.3 Hospital is found guilty of a criminal offense; or

4.2.3.4 Hospital is found liable for gross misconduct in providing care.

4.3 **Services Subsequent to Termination.** Following termination of this Agreement, Hospital shall continue to provide services to any inmate who is under active treatment either until such treatments are completed or responsibility is assumed by another participating provider. Hospital shall be compensated for services in accordance with the terms in Attachment I.

**SECTION 5**  
**Insurance and Indemnification**

5.1 **Insurance.** At all times during the term of this Agreement and any renewals hereof, Hospital shall maintain or cause to be maintained adequate professional liability insurance policies or self-insurance with limits of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in annual aggregate, and such insurance shall provide occurrence-based coverage, or if it provides claims-made coverage, Hospital agrees that upon the expiration or termination of this Agreement for any reason, Hospital will maintain insurance coverage for any liability directly or indirectly resulting from Hospital's provision of services in connection with this Agreement, or any other acts or omissions of Hospital occurring in whole or in part during the term of this Agreement (hereinafter "Continuing Coverage"). Hospital may procure Continuing Coverage by obtaining subsequent policies which have a retroactive date of coverage equal to the Effective Date of this Agreement, by obtaining an extended reporting endorsement ("tail") applicable to the insurance coverage maintained by Hospital during the term of this Agreement, or by such other methods as are mutually agreed upon by Hospital and Corizon Health. In addition, Hospital agrees to procure and maintain, at its sole expense, such comprehensive general and/or umbrella liability insurance as Hospital shall reasonably deem necessary to cover its potential general liability risk exposure. Hospital shall require all health care professionals employed by or under contract with Hospital to procure or maintain the same limits of professional liability insurance as set forth above, unless such professionals are covered under Hospital's insurance policy.

The insurance obtained pursuant to this Section, including any Continuing Coverage, will cover all employees, physicians and agents of Hospital who provide Health Care Services to Patients, against any and all claims, actions, judgments, liabilities, losses, damages, costs, and obligations (including attorney's fees) which are attributable to or which arise, directly or indirectly, out of any act or omission by Hospital and/or its employees, physicians, or agents. Without limiting the obligations of Hospital under this Section, the insurance maintained or caused to be maintained pursuant to this Section will provide coverage against civil actions based on medical treatment brought under 42 U.S.C. § 1983, and as that statute may be amended, modified, recodified, or succeeded in the future. The obligations of this Section concerning Continuing Coverage shall survive termination of this Agreement.

5.2 **Certifications.** Hospital shall, within ten (10) days after execution of this Agreement and on an annual basis thereafter, provide to Corizon Health certificates issued by an insurance carrier or its agent or other evidence of insurance as required under this Agreement. Hospital shall provide Corizon Health with at least thirty (30) days prior written notice of any modification, cancellation, or non-renewal of such policies.

5.3 **Hold Harmless and Indemnification.** Corizon Health agrees to indemnify and hold harmless Hospital and its agents and employees from any and all claims, damages and lawsuits of any kind whatsoever based upon the acts and omissions of Corizon Health and any of its staff members, employees or agents.

Hospital agrees to indemnify and hold harmless Corizon Health and its agents and employees from any and all claims, damages and lawsuits of any kind whatsoever based upon the acts or omissions of Hospital or any of its staff members, employees or agents.

## **SECTION 6**

### **Relationship of the Parties**

6.1 **Relationship of the Parties.** The relationship of Hospital to Corizon Health is that of independent contractor. Nothing contained herein shall create an employer-employee, principal-agent, or partnership relationship between Corizon Health and Hospital or between Corizon Health and any employee, agent, or physicians of Hospital. Corizon Health shall not exercise control or direction over the manner in which Hospital or any employee, agent, or physician of Hospital renders services. Nothing contained herein shall interfere with the hospital-patient relationship between Hospital and any patient, including the Patients under this Agreement, or with Hospital's legal or ethical obligation to provide the proper standard of care to Patients.

6.2 **Confidential Information.** Hospital agrees not to disclose or in any way use, or allow any other person to disclose or use, confidential information of or concerning Corizon Health or the various facilities either during or after the term of this Agreement without Corizon Health's prior express written consent. Confidential information includes, but is not limited to, legal or claim data, financial data, methods of operation, policies and procedures. Hospital shall not copy or remove Corizon Health documents for its own use or for the use of others, nor shall Hospital make use of or allow or assist any other person or company to make use of any Corizon Health procedure or program, including but not limited to those relating to utilization review or quality improvement, except as authorized under this Agreement. Hospital shall not disclose, or allow others to disclose, the terms of this Agreement, except, as it is necessary to perform this Agreement or to obtain accounting, legal or tax advice from its professional advisors. This Section shall survive termination of this Agreement.

6.3 **Non-Exclusivity.** This Agreement is a non-exclusive arrangement. Hospital may participate in other affiliations and render such other Health Care Services as Hospital determines. Hospital acknowledges that Corizon Health must contract with other health care providers, including hospitals, for the purpose of fulfilling its obligations pursuant to the Corizon Health/Client Contract.

6.4 **Medical Records.** Hospital agrees to prepare comprehensive medical records for each Patient to whom Hospital provides Health Care Services. Each such medical record shall contain sufficient information to identify the Patient, establish a diagnosis and medical classification, support the diagnosis, identify and justify the treatment, and document the results of such treatment. Medical records prepared by Hospital during the term of this Agreement will be kept confidential by Hospital and shall be maintained in accordance with applicable state and federal laws governing confidentiality. Hospital will allow Corizon Health and its health care professionals access to such medical records without cost to Corizon Health. This Section shall survive termination of this Agreement.

**SECTION 7**  
**Construction of Agreement**

7.1 **Assignment.** The Parties to this Agreement may not assign, sell or transfer any of their rights or responsibilities under this Agreement without the prior written consent of the other party; provided however, that Corizon Health may assign this Agreement and all its rights and responsibilities hereunder to any Affiliated Entity, as defined above, without Hospital's prior written consent.

7.2 **Amendments.** This Agreement may be amended only by written agreement signed by the Parties hereto.

7.3 **Section Headings.** The headings of sections in this Agreement are for reference only and shall not affect the meaning of this Agreement.

7.4 **Entire Agreement.** This Agreement, inclusive of any and all amendments, attachments and exhibits incorporated herein by reference, constitutes the entire understanding and agreement between the parties with regard to the subject matter hereof. No other prior or contemporaneous promise, obligation, statement or understanding between the parties, whether written or oral, shall be valid or binding.

7.5 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of each party hereto, and their successors and permitted assigns. No party may assign this Agreement, except as specifically provided otherwise herein.

7.6 **No Third Party Beneficiary Rights.** No patient, nor the Client, nor any other third party shall have any third party beneficiary rights hereunder.

7.7 **Non-Waiver.** Failure to insist upon strict compliance with any of the terms or conditions of this Agreement shall not be deemed to be a waiver in the event of any future breach of any term or condition hereunder.

7.8 **Severability.** Should any provision (or part thereof) of this Agreement be held to be invalid and/or unenforceable, the remaining provisions shall remain in full force and effect.

7.9 **Notices.** Any notice required hereunder (including notice of an amendment of this Agreement) shall be sent by registered or certified mail (return receipt requested), personal delivery, overnight commercial carrier, or other guaranteed delivery. The notice shall be effective as of the date of delivery if the notice is personally delivered, or the date of receipt or refusal to accept delivery if the notice is forwarded by other means. Unless otherwise specified, notices shall be sent to:

**Corizon Health**  
Corizon Health  
103 Powell Court, Suite 104  
Brentwood, TN 37027

Attn: Therese Brumfield, Vice President Provider Operations

With a courtesy copy to the Attn: General Counsel

**Hospital**

Cameron Regional Medical Center

1600 E. Evergreen St.

Cameron, MO 64429

Attn: Joseph Abrutz

7.10 **Non-Discrimination.** Hospital shall not discriminate on the basis of race, color, sex, religion, national origin, ethnic group, age or disability.

7.11 **Multiple Counterparts.** This Agreement may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute a single instrument.

7.12 **Name, Symbol and Service Mark.** During the term of this Agreement, Corizon Health shall have the right to use Provider's name solely to make public reference to Hospital as a contracted provider for Client. Hospital and Corizon Health shall not otherwise use each other's name, symbol or service mark without prior written approval.

7.13 **Applicable Law.** For conflict of law purposes, the laws of the State of Tennessee shall apply in interpreting the terms of this Agreement.

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IN WITNESS WHEREOF, the parties have executed this Agreement effective as of that Commencement Date first above written.

**CORIZON, LLC.**

By: Ralf Salke

\_\_\_\_\_  
Vice President, Operations

Date: \_\_\_\_\_

By: Amenah Martin

\_\_\_\_\_  
Contract Specialist

Date: \_\_\_\_\_

By: M. Therese Brumfield

\_\_\_\_\_  
Vice President, Provider Operations

Date: \_\_\_\_\_

**CAMERON REGIONAL MEDICAL CENTER**

By:

\_\_\_\_\_  
Signature

Title

Print Name:

Date:

TIN:

NPI:



\_\_\_\_\_  
Title

Joseph F. Abrutz Jr.

December 19, 2014

440668347

1811905375

**CONTRACT NOT VALID WITHOUT SIGNATURES**  
Hospital Services Agreement  
Revised: 12/8/08; 8/09; 3/10; 5/10; 6/10, 8/10, 06/11, 8/12, 10/12

**ATTACHMENT I  
COMPENSATION SCHEDULE  
FOR  
CAMERON REGIONAL MEDICAL CENTER**

**Effective January 1, 2015**

**SECTION 1  
Definitions**

**1.1 Customary Charge:** The usual and customary fees charged by Hospital for the particular service that is performed, which do not exceed the fees Hospital would charge any other person regardless of whether the person is a Patient.

**1.2 Eligible Charges:** The amount of a Hospital's Customary Charges from which any reduction is taken for purposes of payment. Eligible Charges do not include amounts that are billed but that are duplicative, incorrectly coded, improperly coded, or that have similar defects, errors, irregularities or mistakes in billing. Eligible Charges also do not include charges for procedures, services or inpatient days that are not Medically Necessary or were unauthorized under this Agreement.

**1.3 Payment.** For Health Care Services rendered to a Patient and covered by this Agreement, Hospital shall be paid by Corizon Health the lesser of (1) Hospital's Customary Charges, or (2) the amounts set forth in this Exhibit A.

**SECTION 2  
Payment for Inpatient Health Care Services**

Hospital will be reimbursed for inpatient services per the following fee schedule:

Medical/Surgical \$1,400.00/per diem  
ICU/CCU \$1,950.00/per diem

**SECTION 3  
Payment for Outpatient Health Care Services**

Hospital will be reimbursed for all outpatient services per the following reimbursement schedule:

Effective January 1, 2015 Hospital will be reimbursed 68% of billed charges.

Effective January 1, 2016 Hospital will be reimbursed 63% of billed charges.

Effective January 1, 2017 Hospital will be reimbursed 58% of billed charges.

**Hospital Rate Neutralization.** Beginning January 1, 2015, and each calendar year thereafter, Hospital shall give written notice to Corizon Health of its increase in charges. Said notice shall

include a calculation of the aggregate percentage increase in Hospital's billed charges. For inpatient and outpatient health services that are reimbursed as a percentage of Eligible Charges, if Hospital's charges are in excess of three percent (3.5%) for services paid under this Agreement, then effective the first of the month following the Hospital's increase in charges, reimbursement rates based on Eligible Charges shall be decreased by the percentage points over the three percent (3.5%) ceiling. Hospital shall notify Corizon Health of all increases within thirty (30) business days.

Example calculation:

Hospital Charge Master Increase	6%
Charge Master Increase Cap	3.5%
Excess Increase	2.5%
Previous % of Eligible Charges Payment	68%
Revised % of Eligible Charges Payment	$.68/1.025 = 66.3\%$

**Recurring Outpatient Health Services.** When a Patient is scheduled for recurring outpatient encounters (e.g., speech therapy, radiation therapy or chemotherapy) and these visits are combined on a single UB-04 claim form, Hospital must report the date of service associated with each encounter and/or attach an itemized statement. Recurring or series Outpatient Health Care Services should not be combined on the same claim with an Emergency Room visit, an Outpatient Surgery Procedure or an Observation stay if the Hospital expects separate payment for each of the recurring outpatient diagnostic or therapeutic services rendered on separate dates of service.

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**ATTACHMENT II**  
**UTILIZATION REVIEW**

**SECTION I. GENERAL INFORMATION**

Corizon Health's Utilization Review Program (hereinafter "Corizon Health UR") utilizes nationally accepted clinical guidelines to determine justification of admission and necessity of services. Continued stay is based upon severity of illness, necessity of service and level of care provided by the Cameron Regional Medical Center (hereinafter referred to as "Hospital").

The Hospital Utilization Review Department (hereinafter referred to as "Hospital UR") is requested to assist Corizon Health UR in obtaining current clinical information on all hospitalized patients who are in the custody of the Facility.

Corizon Health UR may request the medical record (selected portions or its entirety) upon discharge of the patient from the Hospital to perform retrospective review or quality assurance reviews as needed. Such requests shall be in writing to the Medical Records Department. Separate written consent of the patient is not necessary when Corizon Health is the primary payor of the claim.

All patient information received by the hospital, and likewise by Corizon Health, will remain privileged and confidential. Information will not be disclosed to unauthorized parties.

**SECTION II. ADMISSION AND CONTINUED STAY REVIEWS**

Corizon Health UR requests notification of all admissions by the Admissions Office during normal working hours. Notification of emergency admissions may take place no later than the next working day. If Corizon Health UR initially learns of an admission through its staff, it will contact the Hospital Admissions Office for verification. All elective/planned admissions will be given an authorization number by Corizon Health UR for billing purposes; emergency admissions will not be given an authorization number. Verification of authorization numbers may be obtained from Corizon Health UR during normal working hours (Monday through Friday 8:30 a.m. - 6:00 p.m.) by calling (800) 729-0069. During non-business hours admissions may be reported by Fax to (615) 376-1165.

Failure to report admissions may result in denial of benefits, reduction of benefits, and/or delay in payment of the claim. Notification alone does not guarantee coverage or confirm eligibility. Determination by Corizon Health UR that false, misleading, or incomplete information was provided at the time of initial authorization of service, may result in a denial of payment.

Corizon Health UR will contact the Hospital UR to request review during the Hospital UR Office's normal working hours. Reviews are upon admission to the facility, with continued stay reviews daily. Periods between reviews may be more or less frequent if the patient's condition indicates such and both the Corizon Health UR Representative and the Hospital's UR

Representative are in agreement. Authorization for continued stay will be given to the Hospital's UR Representative by the Corizon Health UR Representative for the period of time for which the service was provided and reported. Authorization for continued stay is not given in advance unless the patient's condition warrants less frequent reviews. If clinical information provided does not meet the criteria for continued Hospital stay Hospital UR will be notified by Corizon Health UR of the potential for denial of payment. An opportunity for the attending physician or Hospital UR to provide further information is then given. A Corizon Health physician advisor is available Monday - Friday for discussion of the case.

### **SECTION III. DENIALS AND RECONSIDERATION**

The Corizon Health Utilization Review Department will notify the Hospital UR Department when the decision to issue a denial of payment for services has been made. Such notification shall be by telephone followed by written letter indicating the reason(s) for denial. Payment denials may be issued for delay of discharge, delay of service, care rendered not associated with primary diagnosis, complications of surgery or treatment that are not normally expected and in other proper circumstances.

The Hospital may request reconsideration for denied payment for services. Written request for reconsideration must be made within forty-five (45) days of the dated letter of payment denial and should include supportive documents for reconsideration such as Physician Progress Notes, Lab and X-ray Results, Nursing Notes, Medication Records, etc. Reconsideration requests should be forwarded to the following address:

UM Systems Coordinator  
Corizon Health  
103 Powell Court, Suite 104  
Brentwood, TN 37027

Final determination by the Medical Review committee of Corizon Health will be issued in writing to the Hospital within forty-five (45) days of request for reconsideration.

### **SECTION IV. COVERAGE ISSUES**

Corizon Health will pay for primary and related diagnosis only. All non-emergent care not related to the primary diagnosis must be prior approved for payment by the Corizon Health UR Department Representative.

Corizon Health does not provide payment for services which can be provided by the Jail/Prison Health Care Infirmary.

Corizon Health does not provide payment for services for the following:

- \* Sterilizations/Tubal Ligations
- \* Non-authorized Elective Surgical Procedures
- \* Cosmetic Surgery

- \* Infertility Studies
- \* Organ Transplants
- \* Care of Newborn (unless by specific contract)
- \* Psychiatric Admissions (unless by specific contract)
- \* Psychiatric Holds (extended stay due to psychiatric illnesses following general medical/surgical or emergent care. Psychiatric care will be provided at the Jail/Prison.)
- \* Pass or Court Days (patient temporarily released from hospital care to attend court, etc.)

## **SECTION V. EXPIRATION OF SENTENCE**

The Corizon Health UR Department will notify the Hospital by telephone followed by written confirmation of all inmates released from the custody of Facility. Corizon Health is not responsible for payment of medical care provided after the time of release from custody.

## **SECTION VI. OUTPATIENT SERVICES**

Corizon Health provides precertification of all non-emergent outpatient services. Services, which are provided without pre-authorization, shall be clinically audited for necessity and justification prior to payment. Corizon Health UR Department will work with the outpatient clinic areas to provide verification of authorized services during normal working hours.

## **SECTION VII. QUALITY ASSURANCE**

Hospital shall ensure the application of a quality assurance process that utilizes appropriate quality of care standards. Hospital will also ensure that appropriate quality assurance review activity, including subsequent action taken by the Hospital, will occur for quality of care issues referred by Corizon Health. Hospital shall make available for review and examination by Corizon Health's Medical Director or his or her designee, upon request, documentation regarding the Hospital's quality assurance activities as they may reasonably relate to Health Care Services rendered to Patients hereunder.

Medical records will be requested upon discharge for the Corizon Health Medical Review Committee to review when Corizon Health feels that review is warranted.

The request for medical records will be in writing and directed to the Director of Medical Records and the designated Hospital Representative. QA Studies of records will be prepared and forwarded to the Hospital Representative when Corizon Health feels that such is warranted.

Dear Provider:

The following services are available at the jail/prison infirmary unit once the patient is stable. Discharge planning can be arranged by contacting Corizon Health Case Management Department.

Chief Medical Officer

<p><b>INTRAVENOUS THERAPY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continuous IV therapy for hydration</li> <li><input type="checkbox"/> Antibiotic administration</li> <li><input type="checkbox"/> Hyperalimentation</li> <li><input type="checkbox"/> Chemotherapy</li> </ul>	<p><b>Tube Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foley Catheter</li> <li><input type="checkbox"/> Nephrostomy Tube</li> <li><input type="checkbox"/> Ureteral Stents</li> <li><input type="checkbox"/> Gastrostomy tubes</li> <li><input type="checkbox"/> NG tubes</li> <li><input type="checkbox"/> Penrose Drains</li> <li><input type="checkbox"/> JP Drains</li> <li><input type="checkbox"/> T-Tube drains</li> </ul>	<p><b>Respiratory Therapy</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPPB Treatments</li> <li><input type="checkbox"/> Medicated Aerosol Treatments</li> <li><input type="checkbox"/> Pentamidine Treatments</li> <li><input type="checkbox"/> Oxygen Administration</li> <li><input type="checkbox"/> Tracheostomy Care</li> </ul>
<p><b>IV Access Lines after Placement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Peripheral lines</li> <li><input type="checkbox"/> Central Line Catheters</li> <li><input type="checkbox"/> P.I.C. Lines</li> <li><input type="checkbox"/> Renal Dialysis Access Lines</li> <li><input type="checkbox"/> Porta Caths</li> <li><input type="checkbox"/> Broviac Hickman Caths</li> </ul>	<p><b>Wound Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dressing changes</li> <li><input type="checkbox"/> Medicated Dressings</li> <li><input type="checkbox"/> Observation</li> <li><input type="checkbox"/> Moist Dressings</li> <li><input type="checkbox"/> Sterile Dressings</li> </ul>	<p><b>Pre &amp; Post Hospital Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-operative education</li> <li><input type="checkbox"/> Pre-operative preparation</li> <li><input type="checkbox"/> Pre-operative testing</li> <li><input type="checkbox"/> Post-operative monitoring</li> <li><input type="checkbox"/> Progressive ambulation</li> <li><input type="checkbox"/> Restorative nursing care</li> </ul>
<p><b>Orthopedic Monitoring</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cast care</li> <li><input type="checkbox"/> Pelvic traction</li> <li><input type="checkbox"/> External traction</li> <li><input type="checkbox"/> Circulation Monitoring</li> </ul> <p><b>OTHER SERVICES</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><b>General Nursing Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vital Sign Monitoring</li> <li><input type="checkbox"/> Turning &amp; Positioning</li> <li><input type="checkbox"/> Medication Administration</li> <li><input type="checkbox"/> Assist with Bathing &amp; Toileting</li> <li><input type="checkbox"/> Acuchecks</li> <li><input type="checkbox"/> Urine testing</li> <li><input type="checkbox"/> Specimen Collection</li> <li><input type="checkbox"/> EKG</li> <li><input type="checkbox"/> Universal Isolation</li> </ul>	<p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetic Monitoring</li> <li><input type="checkbox"/> Asthma Monitoring</li> <li><input type="checkbox"/> Cardiac Monitoring</li> <li><input type="checkbox"/> Seizure Monitoring</li> <li><input type="checkbox"/> TB Isolation</li> </ul>

\*\* Some monitoring abilities depend upon the availability of daily lab results to adjust medications etc.