

**ACPN PARTICIPATING HOSPITAL AGREEMENT
ADDENDUM A – ADDITION OF NATIVIDAD MEDICAL CENTER PROFESSIONAL
FEES**

This Addendum (“Addendum”) is effective this 1st day of September 1, 2016 (“Effective Date”) and serves to modify the Participating Provider Agreement (“Agreement”) dated September 1, 2016 made by and between AMERICA’S CHOICE PROVIDER NETWORK, LLC d/b/a ACPN, a Michigan limited liability company (hereinafter referred to as “ACPN”) and County of Monterey, a Political Subdivision of the State of California, on behalf of the county owned and operated Natividad Medical Center (hereinafter referred to as “Hospital”).

NOW, THEREFORE, in consideration of mutual promises and covenants set forth in the Agreement, ACPN and Hospital acknowledge that Natividad Medical Center hospital based professional fees (all professional fees billed by the Natividad Medical Center on a Centers for Medicare and Medicaid 1500 claim form or its successor) shall be bound by the terms and conditions set forth in the Agreement, including the reimbursement rates set forth in Section 4.1:

4.1.6. Payment of *RATES REDACTED*
or all professional fees.

4.1.7. Payment of *RATES REDACTED*
rate for services provided.

IN WITNESS WHEREOF, both parties have read and understand this Addendum, and agree to abide by the terms and conditions as of the date set forth hereunder.

In accordance with the preamble of this Addendum, the Effective Date is September 1, 2016

HOSPITAL AUTHORIZATION

Authorized Signature

Printed Name

Date of Signature

Title


ACPN AUTHORIZATION

Authorized Signature

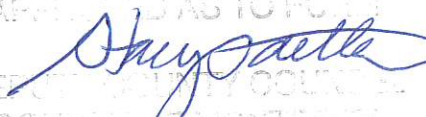
Printed Name

Date of Signature

Title

Reviewed as to fiscal provisions


Auditor-Controller
County of Monterey 12-6-16

APPROVED AS TO FORM


DEPUTY COUNTY COUNSEL
COUNTY OF MONTEREY