

LETTER OF AGREEMENT
[DC Participant Providers and Preferred Providers]

THIS LETTER OF AGREEMENT (this “Agreement”) is made by and between America's MDE, a Florida limited liability company (the “Company”) and the person or entity (“DC Provider”) who has executed this Agreement as indicated below.

RECITALS

A. The Company has filed or will file an application with the Centers for Medicare & Medicaid Services (“CMS”) to participate in the direct contracting model (“DCM”) established pursuant to Section 1115A of the Social Security Act as a direct contracting entity (“DCE”).

B. As a DCE, the Company will, through healthcare providers, provide medical services to Medicare beneficiaries who are assigned by CMS to the Company under DCM.

AGREEMENT

1. **Agreement to Provide Services.**

(a) DC Provider agrees to be listed as a participating provider to the Company in the Company’s approval process in the DCM. The Company and DC Provider intend that DC Provider will furnish services to the Company as a DCE through the DC Participant Providers and Preferred Providers listed on Exhibit A attached hereto.

(b) A “DC Participant Provider” means a core provider and supplier in a DCM to whom Beneficiaries are aligned with the Company as a DCE and are responsible for, among other things, reporting quality through the Company and committing to Beneficiary care improvement.

(c) A “Preferred Provider” means a provider or supplier who contributes to DCE goals by extending and facilitating valuable care relationships beyond the DCE. Beneficiaries are not aligned to a DCE through a Preferred Provider.

2. **The Application Requirements.** DC Provider authorizes the Company to use its name, tax ID number and the names and National Provider Identifier (“NPI”) numbers of the DC Participant Providers and Preferred Providers that are set forth on Exhibit A in all documents submitted by the Company for the DCM.

3. **Definitive Agreement.** The Company and DC Provider agree to negotiate in good faith a definitive agreement pursuant to which DC Provider shall furnish services to the Company in the DCM.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates indicated below.

America's MDE

By: _____

Print Name: _____

Title: _____

Date Signed: _____

DC PROVIDER

Entity Name (if applicable): _____

By: _____

Print Name: _____

Title: _____

Date Signed: _____

Tax Identification No.: _____

Exhibit A
Identifiers

DC Provider TIN: _____

DC Participant Providers

NPI

Preferred Providers

NPI