

SERVICES AGREEMENT

THIS SERVICES AGREEMENT (this “Agreement”) is made as of the 1st day of January, 2022 by and between **COMMUNITY CARE NETWORK, INC.**, an Indiana nonprofit corporation (“CCNI”) and **SCHOOL CITY OF HOBART**, an Indiana school corporation (“School”), to be effective on January 1, 2022 (the “Effective Date”).

WITNESSETH:

WHEREAS, CCNI is an Indiana nonprofit corporation formed to provide medical care to the residents of Northwest Indiana at the medical offices and clinics operated by CCNI and at four (4) Indiana nonprofit hospitals: St. Catherine Hospital, Inc., St. Mary Medical Center, Inc., Munster Medical Research Foundation, Inc. d/b/a The Community Hospital and Community Stroke and Rehabilitation Center; and

WHEREAS, School is an Indiana school corporation that desires to provide immediate and primary health care services to its employees and such employees’ eligible direct dependents (together, the “Patients”), including health care provider services and selected laboratory services at an off-site location proximate to School; and

WHEREAS, CCNI employs health care professionals, including physicians, nurse practitioners, registered nurses, and medical assistants (“Providers”), who are licensed, certified, or otherwise qualified to provide health care services to the Patients in the State of Indiana; and

WHEREAS, the St. Mary Medical Center Hobart Brickie Clinic and Immediate Care located at 2211 East 19th Street, Door 11, Hobart, Indiana, 46342 (the “Clinic”) is operated by CCNI through its nonprofit hospital St. Mary Medical Center, Inc.; and

WHEREAS, CCNI desires to provide healthcare services to the Patients on behalf of School at the Clinic on the conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Duties of CCNI. CCNI through its Providers at the Clinic shall:

(a) Provide immediate and primary healthcare services in accordance with the terms and conditions of this Agreement, which immediate and primary healthcare services shall include:

- i. the services associated with the CPT codes listed on Exhibit A, hereto (the “Fixed Fee Services”); and
- ii. all other immediate and/or primary healthcare services required by the Patients, including any laboratory and/or imaging services not included on Exhibit A, (the “Additional Services”) for which the Clinic is the appropriate facility to render such Additional Services;

(b) Provide and maintain such clinical, technical and office equipment and facilities, as may be reasonably required for the effective, efficient and economical provision of Fixed Fee Services and Additional Services to Patients;

(c) Provide all administrative personnel, including designated registration representatives, required for registration and billing;

(d) Engage or employ, as CCNI deems appropriate, such Providers required for the efficient and effective performance of Fixed Fee Services and Additional Services; and

(e) Provide Patients secure access to electronic medical records, visit summaries, and care coordination services.

(f) Patients will be able to receive services at the following Clinic locations:

Brickie Clinic & Immediate Care, 2211 East 10th Street, Door 14, Hobart, IN 46342
Valparaiso Health Center Immediate Care, 3800 St. Mary Drive, Valparaiso, IN 46383
South Valpo Immediate Care, 1451 W. Morthland Drive, Valparaiso, IN 46383

2. Duties of School. School shall:

(a) Designate a/an individual(s) to participate in a clinic committee to be comprised of individuals from CCNI and School that will meet at the times and places mutually agreed upon by both parties to collaborate on strategic initiatives and provide progress updates;

(b) Provide to CCNI, and update on a routine basis, a list of employees who are eligible to receive Fixed Fee Services under this Agreement; and

(c) Collaborate with CCNI in crafting and disseminating branding, education, and related materials to build awareness among Patients regarding the Fixed Fee Services and Additional Services offered by Clinic through its partnership with School.

3. Compensation.

(a) As compensation for the Fixed Fee Services provided by the Providers to Patients at the Clinic under this Agreement, School shall pay CCNI Ninety Dollars (\$90.00) per Patient visit for the first Contract Year (as defined below) and Ninety Three Dollars (\$93.00) per patient visit for the second Contract Year. Such fees shall hereinafter be referred to as the "Patient Fee." After the second Contract Year, the Patient Fee shall be increase by Three Dollars (\$3.00) each year. "Contract Year" shall mean a twelve (12) month period beginning on the Effective Date, and each successive anniversary as the case may be, and ending on the twelve (12) month anniversary thereof.

i. Such Patient Fee shall include all Fixed Fee Services rendered to the Patient by the Providers at the Clinic.

(b) CCNI shall invoice School for the total Patient Fees by the fifteenth (15th) day of each month. Such monthly invoices shall be sent to: Martha Glover, mglover@hobart.k12.in.us. If this changes, School to notify CCNI of where invoices should be directed.

i. Each monthly invoice shall include: (i) the number of total Patient visits and (ii) an accounting of all Fixed Fee Services rendered to Patient(s) by Clinic Providers during the invoice period.

(c) School shall remit payment in full to CCNI for the previous month's Patient Fees resulting from the Fixed Fee Services rendered to Patients within fifteen (15) days following the meeting of the School Board on the third Tuesday of each month where such payment shall be approved.

- i. If payment is not received on time for two (2) consecutive months for the Patient Fees, CCNI shall have the right to immediately terminate this Agreement and seek payment for the outstanding balance (plus any costs associated with subsequent litigation, including but not limited to reasonable attorney's fees) unless such nonpayment is a result of CCNI's failure to submit an invoice on a timely basis for such Patient Fees.

(d) **Billing for Additional Services.** All Additional Services provided to Patients shall be billed directly to Anthem as the insurance provider for School. . If this changes, School to notify CCNI of replacement insurance carrier.

4. **Clinical Employees.**

(a) Notwithstanding any term or provision hereof to the contrary, the parties acknowledge and agree that CCNI will continue to market the Services of the Clinical Employees under the name of CCNI or the affiliated hospitals of CCNI.

(b) CCNI will obtain and maintain, at CCNI's sole cost and expense, professional liability insurance covering the acts and omission of Clinical Employees for Services hereunder with limits of Two Hundred Fifty Thousand Dollars (\$250,000) per occurrence and Seven Hundred Fifty Thousand Dollars (\$750,000) in the annual aggregate, or such greater amounts as mandated by law. In addition, CCNI shall meet all contribution requirements necessary for each Clinical Employee in the Indiana Patient Compensation Fund. Certificates of insurance evidencing such policies shall be presented to School upon its request. CCNI agrees to obtain continuing liability insurance coverage under a "tail policy" or other reasonable means so that the professional liability coverage for the Clinical Employees is continuous for any acts or omissions during the Term.

5. **Relationship of the Parties.**

(a) It is understood that both parties to this Agreement are independent contractors and engage in the operation of their own respective businesses. Neither party has the authority to enter into contracts or assume any obligations for the other party or to make any warranties or representations on behalf of the other party, except as specifically provided herein. Nothing in this Agreement shall be construed to establish a relationship of co-partners or joint venturers between the parties.

(b) Neither party, or its employees or agents, is or is to be considered as, the agent or employee of the other party for any purposes whatsoever, including federal tax purposes.

(c) Except as provided in this Agreement, School shall have no control or authority over CCNI in the provision of Fixed Fee Services or Additional Services under this Agreement.

6. **Non-Discrimination.** CCNI and School shall act and perform hereunder in accordance with all applicable federal, state and local laws, rules and regulations and ordinances, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Immigration Reform and Control Act and the Americans with Disabilities Act.

7. **HIPAA and HITECH.** CCNI and School and their employees and agents performing services, including the Fixed Fee Services and Additional Services, required under this Agreement shall comply with

the administrative simplification and privacy provision of the Health Insurance Portability and Accountability Act of 1996 (the “Act”), the privacy standards adopted by the U.S. Department of Health & Human Services (“HHS”) as they may be amended from time to time, 45 C.F.R. parts 160 and 164, subparts A and E (“Privacy Rule”), the security standards adopted by HHS as they may be amended from time to time, 45 C.F.R. parts 160,162 and 164, subpart C (“Security Rule”) and the privacy provisions of the Health Information Technology for Economic Clinical Health Title VIII of Pub. III-5 and its implementing regulations (“HITECH Act”).

8. Compliance with Laws. CCNI shall, and shall cause its employees to, provide the Fixed Fee Services and Additional Services hereunder, in compliance at all times with laws, rules and regulations applicable to the employees, the Fixed Fee Services, and Additional Services.

Pursuant to Indiana Code 22-5-1.7-3, School and CCNI shall execute the Employee Verification Statement attached hereto as Attachment A and incorporated herein by this reference. School and CCNI shall further execute the Certification, attached hereto as Attachment B and incorporated herein by this reference, pursuant to Indiana Code 5-22-16.5 certifying and acknowledging that CCNI is not engaged in investment activities in Iran.

9. Non-Solicitation Agreement. School agrees that for a period of one (1) year following termination of this Agreement, School shall not employ or contract with any employee or independent contractor of CCNI who delivered Fixed Fee Services and Additional Services on behalf of CCNI under this Agreement, unless School obtains the prior written permission from the person holding the position currently titled “Administrator” of CCNI, or such other title as may hereinafter be adopted to describe the executive of CCNI exercising overall authority with respect to the operation and management of CCNI (“Administrator”). This Section 9 shall survive the termination of this Agreement and the method used to terminate this Agreement shall not abrogate the force of this Section in any way.

10. Medical Records. CCNI shall be responsible for establishing, maintaining and securing medical records for Patients relating to the Fixed Fee Services and Additional Services provided by CCNI at the Clinic in compliance with all local, state and federal laws. The data in such records shall, as a whole with respect to a particular Patient, constitute the medical record of that Patient and shall be the property of CCNI.

11. Indemnification. School shall defend, indemnify and hold harmless CCNI from and against any and all third-party claims, liabilities, damages, causes of action, losses, costs and expenses, including reasonable attorneys’ fees (collectively, “Liabilities”) incurred by CCNI in connection with actions brought against it by a third party: (a) which arise out of, relate to or result from the breach of School’s representations or obligations under this Agreement; and (b) with respect to negligent or wrongful acts or omissions by School that arise out of, relate to or result from this Agreement.

CCNI shall defend, indemnify and hold harmless School from and against any and all third-party claims, liabilities, damages, causes of action, loses, costs and expenses, including reasonable attorneys’ fees (collectively, “Liabilities”) incurred by School in connection with actions brought against it by a third party: (a) which arise out of, relate to or result from the breach of CCNI’s representations or obligations under this Agreement; and (b) with respect to negligent or wrongful acts or omissions by CCNI that arise out of, relate to or result from this Agreement.

12. Term. The term of this Agreement (“Initial Term”) shall be for two (2) years commencing on January 1, 2022 and terminating at midnight on December 31, 2023. After the Initial Term, the Agreement shall automatically renew for additional periods of one (1) year (each a “Renewal Term”) and will continue

until terminated as set forth herein. The Initial Term and each Renewal Term shall be collectively referred to as the "Term."

13. Termination. This Agreement may be terminated upon the occurrence of any of the following events:

(a) Upon ninety (90) days' prior written notice by either party if in the reasonable opinion of legal counsel to either party, this Agreement is determined to be in violation of any applicable federal, state or local law or regulation.

(b) By either party upon breach of this Agreement following a cure period of thirty (30) days following notice of such breach by the non-breaching party (or such longer period of time as is required to reasonably cure such breach if the breaching party is making continuing good faith efforts to cure the breach).

(c) By either party at any time without cause by giving at least sixty (60) days' prior written notice to the other party stating the effective date of termination.

14. Effect of Termination. Upon the termination of this Agreement, the provisions herein shall cease to be in force and effect; provided, however, that termination of this Agreement shall have no effect on the following obligations of either party: (i) obligations accruing prior to the date of termination; and (ii) obligations, promises or covenants contained herein that are expressly made to extend beyond the Term of this Agreement, including, without limitation, confidentiality of information.

15. Severability. The provisions of this Agreement shall be severable, and the invalidity of any of such provisions shall not affect the validity of the remaining provisions hereof.

16. Notices. All notices provided for by this Agreement shall be made in writing either by (i) hand delivery of the notice into the hands of the parties thereunto entitled or (ii) by the mailing of the notice in the U.S. mail, registered or certified mail, postage prepaid, return receipt requested. The notice shall be deemed effective in the case of: (i) on the date of its actual receipt by the party entitled thereto, and in case (ii) three (3) days after being deposited in the U.S. mail. All notices shall be addressed as follows:

If to CCNI: Community Care Network, Inc.
901 MacArthur Boulevard
Munster, Indiana 46321
Attn: Alan Kumar, M.D., Administrator

If to School: School City of Hobart
Administration Building
32 East 7th Street
Hobart, Indiana 46342
Attn: Dr. Peggy Buffington, Superintendent

17. Entire Agreement, Modification, Waiver. This Agreement constitutes the entire understanding of the parties hereto with respect to the subject matter hereof, and all prior arrangements, understandings, negotiations and representations have been superseded by the terms of this Agreement and are void. All amendments or modifications to this Agreement shall be mutually agreed to in writing by CCNI and School.

The waiver by either party of a breach or violation of this Agreement shall not operate or be construed to be a waiver of any subsequent breach thereof.

18. Assignment. Neither party may assign this Agreement, or any part hereof, to any other person, firm or corporation without the express written consent of the other party. The terms, covenants, conditions, provisions and agreements herein contained shall be binding upon and inure to the benefit of the parties hereto, their successors and assigns, as permitted by this Agreement.

19. Limited Renegotiation. This Agreement shall be construed to be in accordance with any and all federal and state laws, including without limitation Medicare, Medicaid and all other federal and state statutes, rules, regulations principles and interpretations. In the event there is a change in Medicare, Medicaid or other federal or state statutes, rules regulations principles or interpretations that renders any of the material terms of this Agreement unlawful or unenforceable, including any Fixed Fee Services and Additional Services rendered or compensation to be paid hereunder, either party shall have the immediate right to initiate the renegotiation of the affected term or terms of this Agreement, upon notice to the other party, to remedy such condition. Should the parties be unable to renegotiate the term or terms so affected so as to bring it/them unenforceable within thirty (30) days of the date on which notice of a desired renegotiation was given, then either party shall be entitled, after expiration of such initial thirty (30) day period, to terminate this Agreement upon thirty (30) days' written notice to the other party.

20. Applicable Law. The validity, interpretation and performance of this Agreement shall be governed by the laws of the State of Indiana. Venue for any dispute that arises from this Agreement shall be in a state or federal court of competent jurisdiction located in Lake County, Indiana.

21. Counterparts. This Agreement may be signed in one or more counterparts, each of which shall constitute an original and all of which, when taken together, shall be deemed one and the same instrument.

22. Patient Referrals. The parties agree that no part of this Agreement shall be construed to induce or encourage the referral of patients or the purchase of health care services or supplies. The parties acknowledge that there is no requirement under this Agreement or any other agreement between the parties that either party refer any patients to any health care provider or purchase any health care goods or services from any source. No payment made under this Agreement shall be in return for such referral or purchase. CCNI's sole purpose in entering into this Agreement is to provide Fixed Fee Services and Additional Services in a cost efficient manner so as to serve a broad range of patients.

23. Confidentiality.

(a) CCNI and School acknowledge that each party ("Disclosing Party") may, prior to and during the term of this Agreement, provide to the other party ("Receiving Party") with technical, trade secret, business, or other information which is treated the Disclosing Party as confidential or proprietary, including but not limited to its methods of doing business, policies and procedures, method of pricing for services, price lists, and pricing policies, customers and/or patients, marketing and technical information, financial information, information relating to the manner in which such Disclosing Party does business, concepts, techniques, and know-how, other materials or knowledge related to such Disclosing Party's services or activities that are not generally known to others, and any knowledge that the Disclosing Party treats as or designates confidential or proprietary (hereinafter collectively or individually referred to as "Confidential Information").

(b) During the term of this Agreement and following its termination, none of Receiving Party, or any employee, representative, or agent of the Receiving Party will, without Disclosing Party's prior written consent, disclose to any third party any of Disclosing Party's Confidential Information or use such

Confidential Information for any purpose other than as stated under this Agreement. Receiving Party will restrict the dissemination of Confidential Information to those persons who have a need to know and will ensure that each such person is aware of the obligation of confidentiality required by this Agreement and is bound by confidentiality obligations at least as onerous as those set forth in this Agreement.

(c) Disclosing Party shall be entitled to seek injunctive relief to prevent a breach or threatened breach of the provision of this section, in addition to all other remedies that may be available. Should either party receive notice of an audit or investigation by any governmental entity regarding Services pursuant to this Agreement, said party shall immediately inform the other party and to the extent not prohibited by law or other legal obligation, share fully with the other party the nature of the audit or investigation and any response thereto. Each party's obligations of confidentiality and non-disclosure will survive the termination of this Agreement.

24. Attorney's Fees. If any party to this Agreement seeks to enforce the terms and provisions of this Agreement, then the prevailing party in such action shall be entitled to recover from the losing party all costs in connection with such action, including without limitation, reasonable attorney's fees, expenses and costs incurred at court.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first written above.

SCHOOL CITY OF HOBART

By: _____
Dr. Peggy Buffington
Superintendent

COMMUNITY CARE NETWORK, INC.

By: _____
Alan Kumar, M.D.
Administrator

EXHIBIT A

Flat Fee Procedures

Immediate Care Procedures/CPT
<u>Description (CPT)</u>
PR OFFICE OUTPATIENT VISIT 15 MINUTES [99213]
PR OFFICE OUTPATIENT NEW 20 MINUTES [99202]
PR STREP A ASSAY W/OPTIC [87880]
PR OFFICE OUTPATIENT VISIT 25 MINUTES [99214]
PR DETECT AGENT,IMMUN,DIR OBS,INFLUENZA [87804]
PR OFFICE OUTPATIENT NEW 30 MINUTES [99203]
PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT [96372]
PR COLLECTION VENOUS BLOOD, VENIPUNCTURE [36415]
PR OFFICE OUTPATIENT VISIT 15 MINUTES [99213]
PR ORAL PRESCRIP DRUG NON CHEMO [J8499]
PR KETOROLAC TROMETHAMINE INJ [J1885]
PR OFFICE OUTPATIENT VISIT 10 MINUTES [99212]
PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT [94640]
PR ALBUTEROL NON-COMP UNIT [J7613]
PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID [90471]
PR TDAP VACCINE >7 YO, IM [90715]
PR ONDANSETRON 4 MG [S0119]
PR OFFICE OUTPATIENT NEW 20 MINUTES [99202]
PR REPR SUPERF WND BODY <2.5CM [12001]
PR DRAIN SKIN ABSCESS SIMPLE [10060]
PR FINGER SPLINT, STATIC [Q4049]
PR DEXAMETHASONE SODIUM PHOS [J1100]
PR OFFICE OUTPATIENT VISIT 25 MINUTES [99214]
PR REPR SUPERF WND FACE <2.5CM [12011]
PR STREP A ASSAY W/OPTIC [87880]
PR DETECT AGENT,IMMUN,DIR OBS, RSV [87807]
PR DRUGS UNCLASSIFIED INJECTION [J3490]
PR ALBUTEROL NON-COMP CON [J7611]
PR OFFICE OUTPATIENT NEW 10 MINUTES [99201]
PR DETECT AGENT,IMMUN,DIR OBS,INFLUENZA [87804]
PR OFFICE OUTPATIENT NEW 30 MINUTES [99203]
PR REPR SUP NPTERF WND BODY 2.6-7.5 [12002]
PR CAST SUP SHT ARM SPLINT FBRG [Q4022]

PR GLUCOSE BLOOD TEST [82962]
PR CEFTRIAXONE SODIUM INJECTION [J0696]
PR METHYLPREDNISOLONE 80 MG INJ [J1040]
PR METHYLPREDNISOLONE INJECTION [J2920]
PR VITAL CAPACITY TEST [94150]
PR NORMAL SALINE SOLUTION INFUS [J7030]
PR CAST SUP SHT LEG SPLNT FBRGL [Q4046]
PR INJECTION, THERAP/PROPH/DIAGNOST, IM OR SUBCUT [96372]
PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT [69209]
PR IV INFUSION, THERAP/PROPH/DIAGNOST, INITIAL, 1ST HOUR [96365]
PR METOCLOPRAMIDE HCL INJECTION [J2765]
PR REMOVE FOREIGN BODY SIMPLE [10120]
PR METHYLPREDNISOLONE 40 MG INJ [J1030]
PR TRIAMCINOLONE ACETONIDE INJ [J3301]
PR DRAIN SKIN ABSCESS SIMPLE [10060]
PR IV INFUSION, HYDRATION, 31-60 MIN [96360]
PR PREDNISONE ORAL [J7506]
PR COLLECTION VENOUS BLOOD, VENIPUNCTURE [36415]
PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT [94640]
PR ALBUTEROL NON-COMP UNIT [J7613]
PR URINE PREGNANCY TEST [81025]
PR IV INFUSION, THERAP/PROPH/DIAGNOST, INITIAL, EA ADD HOUR [96366]
PR NORMAL SALINE SOLUTION INFUS [J7040]
PR PREDNISONE IR OR DR ORAL 1MG [J7512]
PR CAST SUP SHT ARM SPLNT PED F [Q4024]
SPORT PHYSICAL, EST [SCHOOLEST]
PR IMMUNIZ ADMIN, 1 SINGLE/COM VAC/TOXOID [90471]
PR TDAP VACCINE >7 YO, IM [90715]
PR ORAL PRESCRIPT DRUG NON CHEMO [J8499]
PR ONDANSETRON 4 MG [S0119]
PR DRAIN SKIN ABSCESS COMPLIC [10061]
PR DIPHENHYDRAMINE HCL INJECTIO [J1200]
PR ONDANSETRON HCL INJECTION [J2405]
PR METHYLPREDNISOLONE INJECTION [J2930]
PR PREDNISOLONE ORAL PER 5 MG [J7510]
AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 G [Q0144]
PR RECONSTRUC OF NAIL BED [11760]
PR INJECT TRIGGER POINT, 1 OR 2 [20552]
PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US [20605]
PR APPLY FOREARM SPLINT, STATIC [29125]

PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE [90714]
PR OFFICE OUTPATIENT NEW 25 MINUTES [99204]
PR IPRATROPIUM BROMIDE NON-COMP [J7644]
PR REPR SUPERF WND BODY <2.5CM [12001]
PR METHYLPREDNISOLONE 80 MG INJ [J1040]
PR KETOROLAC TROMETHAMINE INJ [J1885]
PR PREDNISONE ORAL [J7506]
PR FINGER SPLINT, STATIC [Q4049]
PR DRAIN PILONIDAL CYST COMPLIC [10081]
PR REMOVAL OF NAIL PLATE [11730]
PR DRAIN BLOOD FROM UNDER NAIL [11740]
PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US [20600]
PR APPLY LOWER LEG SPLINT [29515]
PR REMV F.B.,EYE,SUPERF CONJUNC [65205]
PR REMV F.B.,EYE,CORNEA,NO SLIT [65220]
PR REMV EXT CANAL FOREIGN BODY [69200]
PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT [69210]
PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG [96374]
PR CAST SUP LNG ARM SPLNT PED F [Q4020]
PR DRAIN SKIN ABSCESS COMPLIC [10061]
PR REPR SUPERF WND BODY 7.6-12.5 [12004]
PR REPR SUPERF WND FACE 2.6-5 [12013]
PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT [69210]
PR URINE PREGNANCY TEST [81025]
PR GLUCOSE BLOOD TEST [82962]
PR OFFICE OUTPATIENT NEW 10 MINUTES [99201]
PR OFFICE OUTPATIENT VISIT 10 MINUTES [99212]
PR CEFTRIAXONE SODIUM INJECTION [J0696]
PR DEXAMETHASONE SODIUM PHOS [J1100]
PR ONDANSETRON HCL INJECTION [J2405]
PR METHYLPREDNISOLONE INJECTION [J2920]
PR DRUGS UNCLASSIFIED INJECTION [J3490]
PR PREDNISONE IR OR DR ORAL 1MG [J7512]
AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 G [Q0144]
PR CAST SUP SHT ARM SPLNT PED F [Q4024]
SCHOOLEST
SPORT PHYSICAL, EST [SCHOOLEST]
PR DRAIN PILONIDAL CYST SIMPL [10080]
PR REMOVAL OF SKIN TAGS, UP TO 15 [11200]
PR REPR SUPERF WND BODY 7.6-12.5 [12004]

PR REPR SUPERF WND FACE 2.6-5 [12013]
PR CHEM CAUTERY GRANULATN TISSUE [17250]
PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US [20610]
PR APPLY LONG LEG SPLNT [29505]
PR CTRL NOSEBLEED,ANTER,SIMPLE [30901]
PR PLACE NEEDLE IN VEIN [36000]
PR URINALYSIS, AUTO, W/O SCOPE [81003]
BLOOD OCCULT,BY PEROXID, FECES, 1-3 SIMULT, NON CA SCREEN [82272]
PR ELECTROCARDIOGRAM, TRACING [93005]
PR IV INFUSION, HYDRATION, EA ADD HOUR [96361]
PR OFFICE OUTPATIENT VISIT 5 MINUTES [99211]
INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG [J0171]
PR CAST SUP LNG ARM SPLINT FBRG [Q4018]
PR CAST SUP LNG LEG SPLNT FBRGL [Q4042]
PR CAST SUP LNG LEG SPLNT PED F [Q4044]
PR CAST SUP SHT LEG SPLNT PED F [Q4048]
SPORT PHYSICAL, NEW [SCHOOLNEW]

ATTACHMENT A

Employment Eligibility Verification

CCNI hereby affirms under the penalties of perjury that it does not knowingly employ an unauthorized alien.

CCNI further affirms that its parent company, Community Foundation of Northwest Indiana, Inc. (“CFNI”), is enrolled in the Federal E-Verify program (“E-Verify”) as defined in Indiana Code 22-5-1.7-3 and that CCNI shall utilize E-Verify through CFNI to confirm the work eligibility status of all newly hired employees. However, should E-Verify cease to exist then CCNI shall no longer be required to participate.

CCNI shall not knowingly employ or contract with an unauthorized alien. CCNI shall not retain an employee or contract with a person that CCNI subsequently learns is an unauthorized alien.

CCNI shall require its subcontractors, who perform work under this Agreement, to certify to School that the subcontractor does not knowingly employ or contract with an unauthorized alien and that the subcontractor has enrolled and is participating in E-Verify.

CCNI agrees to maintain this certification throughout the duration of the Term of this Agreement with School and during the term of any subsequent contract with a subcontractor performing work under this Agreement.

In the event that CCNI fails to maintain this certification, School will notify CCNI of the breach in writing. School may immediately terminate this Agreement pursuant to Section 13(b) following CCNI’s failure to cure such breach within thirty (30) days of its receipt of such notice.

AFFIRMED: “CCNI”

Alan Kumar, M.D., Administrator
Community Care Network, Inc.
Date: _____

ACKNOWLEDGED: “School”

Dr. Peggy Buffington, Superintendent
School City of Hobart
Date: _____

ATTACHMENT B

Certification of No Investment in Iran

As required by Indiana Code 5-22-16.5, CCNI hereby certifies that, as of the date of this Agreement, CCNI is not engaged in investment activities in Iran.

CCNI further acknowledges that false certification may result in the consequences listed under Indiana Code 5-22-16.5-14, including termination of this Agreement, denial of future state contracts, and imposition of civil penalties.

AFFIRMED: "CCNI"

Alan Kumar, M.D., Administrator
Community Care Network, Inc.
Date: _____

ACKNOWLEDGED: "School"

Dr. Peggy Buffington, Superintendent
School City of Hobart
Date: _____