NDCHealth Corporation dba Per-Se Technologies ("Per-Se")
5222 E. Baseline RD #101
Gilbert, AZ 85234

Amendment to Electronic Data Interchange (EDI) Customer Contract (ECC)

ATTN: Enrollment Department **FAX Completed Form to MedicServe: (631) 941-1013**

Customer Information		
Customer Name:		
Primary Contact: First Name:		Last Name:
Email Address:		
Physical Address:		
City:	State:	Zip Code:
Telephone:		Fax:
Tax ID:	EIN ☐	SSN ☐

WHEREAS, Customer and Per-Se entered into an Electronic Data Interchange (EDI) Customer Contract (ECC) dated _____ (the "ECC");

WHEREAS, Customer wishes to amend such ECC to modify Services Selection and associated fees;

WHEREAS, Per-Se is agreeable to accepting Customer's requested and authorized modifications of the ECC; and

NOW THEREFORE, Customer and Per-Se agree as follows:

1. The Services Selection of the ECC shall be deleted and replaced with the following:

SERVICES SELECTION: ***Please indicate all services and appropriate fees*.**

Service	**Price Plan**		
☐ **Electronic Claims/Encounter Processing**	☐ **flat fee ***	**# of Providers _____**	**Total _____ /Month**
	☐ **per claim†**		**Total _____/Claim**
☐ **Electronic Patient Statements**	**_____/1st page of each Patient Statement**		**_____/ additional pages**
☐ **Electronic Remittance Advice All Payer**	**_____/month per practice**		
☐ **Eligibility Verification**	**_____ Initial Set Up Fee** **_____/month for Maximum of _____ monthly transactions***		

*** Flat fee price plan includes up to 150 paper claims. Additonal paper claims to be billed at $0.43 per paper claim.**
† Per claim price plan is only available for Billing Service, Radiologist or Lab. $30 monthly minimum applies to per claim pricing plan.

* ***Accounts exceeding the transaction count for their monthly flat rate are subject to review and fee increase*.**

ALL SERVICE FEES ARE NON-REFUNDABLE.

2. All other terms and conditions of the ECC shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers.

Accepted by Customer:	**Accepted by NDCHealth:**
Authorized Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

AMENDMENT NOT VALID WITHOUT AUTHORIZED CUSTOMER SIGNATURE