

## ULTIMATE HEALTH PLANS, INC. JOINDER

This agreement ("**Joinder**") serves as an Attachment to the Independent Physician Association Primary Care Provider Participation Agreement ("**Agreement**") between **Ultimate Health Plans, Inc.** ("**PLAN**") and **Unity Healthcare, LLC** ("**IPA**") and the undersigned IPA Physician, who may be an individual or entity, who joins in the Agreement for the purposes of setting forth the terms and conditions under which IPA Physician, who is a subcontractor of IPA, shall render Covered Services to Members.

1. **Definitions:** Any capitalized terms not specifically defined in this Joinder shall have the same meaning as defined in the Agreement.
2. **Credentialing:** IPA and/or IPA Physician shall supply all information requested by PLAN to credential IPA Physician. Prior to rendering Covered Services to Members, IPA Physician must receive written approval for participation by PLAN. IPA and/or IPA Physician agrees to notify PLAN immediately of any change of status in IPA Physician's license or any credentialing information provided to PLAN.
3. **Rights and Obligations:** IPA Physician agrees to assume IPA obligations under the Agreement that apply to IPA Physician's provision of Covered Services to Members. IPA Physician further agrees to be bound by certain provisions of the Agreement, including but not limited to all regulatory requirements applicable to PLAN. PLAN and IPA may amend the Agreement without right of approval of IPA Physician, and PLAN's notice to IPA shall be sufficient to notify IPA Physician of such amendment.
4. **Reimbursement:** IPA shall be solely responsible to IPA Physician if reimbursement for Covered Services rendered to Members is on a capitated basis. IPA shall be solely responsible to Physician/Provider if reimbursement for Covered Services rendered to Members is on a fee-for-service basis. The reimbursement rate provided for Physician/Provider named on this Attachment H shall supersede the reimbursement rates contained in the Agreement or any other Attachments to the Agreement.
5. **Priority of Agreements:** IPA and IPA Physician have a written agreement regarding the provision of Covered Services to Members. In the event of any conflict between IPA Physician's contract with the IPA and this Joinder, IPA Physician agrees that the terms and conditions of this Joinder shall prevail.

IN WITNESS WHEREOF, the parties have the authority necessary to bind the entities identified herein and agree to and acknowledge the foregoing through their signatures effective as of the Effective Date of the Agreement.

**PLAN: Ultimate Health Plans, Inc.**

**IPA: Unity Healthcare, LLC**

Signed By: \_\_\_\_\_

Signed By: \_\_\_\_\_

Print Name: Mike Turrell

Print Name: Pariksith Singh, MD

Title: CEO

Title: CEO

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

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

IPA Physician: Print Name	IPA Physician Signature	Effective Date	Reimbursement
			\$50 PMPM