

Single Case Agreement

Entered into by Dr. Daniel Rosenberg and Accelerated Inc.

For the purposes of this single case agreement, this agreement will suffice as intent to enter into a business relationship as set forth below for this single case only.

Services to be provided: Provider will provide services within the scope of its business/license as defined in this Single Case Agreement, to designated individuals, enrollees, or employees who have contracted with the Payer. These services shall be performed by a physical therapist licensed in the state of New Jersey/ New York. For purposes of this single case agreement, the specific referral is:

Claimant Name: Valdar Chaudruc
Claim #: MT063604
Claimant DOB: 0/18/1970
Requested: EMG
Diagnosis: 353.0/THORACIC OUTLET SYNDROME OR RADICULOPATHY
Fee: SEE ATTACHED CPT CODES

Provider Reimbursement: Provider shall promptly submit completed claim to:

ACCELERATED INC


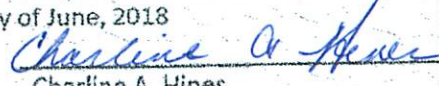
PO BOX 1269

DENVER, NJ 07834

All claims shall be submitted within thirty (30) days of the date the covered services are rendered. Upon approval of Provider's claim by Payer, Accelerated Inc., shall reimburse provider within thirty (30) days. Provider agrees to accept this reimbursement as payment in full and shall not look to Payer or claimant for additional reimbursement.

Intentions: The parties hereto acknowledge and agree that this single case agreement is intended to set forth the fundamentals of a proposed service in which provider will provide therapy services.

Governing Law: The terms herein the single case agreement shall be governed in all respects by the applicable laws in New Jersey and in accordance with any applicable state Workers Compensation Laws, Codes, and/or Rules.

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| Agreed to and accepted on behalf of Provider as of the 25th day of June, 2018 | Agreed to and accepted on behalf of Payer as of the 25th day of June, 2018 |
| By:  | By:  |
| Print Name: Dr. Daniel Rosenberg / ASSOCIATE | Print Name: Charline A. Hines |
| Facility: PHYSICAL MED PAIN CENTER | Facility: Accelerated Inc. |
| TIN: 20-2107679 | TIN: 20-4189739 |

The following are in effect between Dr. Rosenberg and Accelerated Inc.

| FEE FOR SERVICE: | EMG |
|------------------|-------------------|
| 99243 | \$ 150.00 |
| 95886 | \$ 80.00 PER UNIT |
| 95910 | \$ 160.00 |