

EXHIBIT A
RNCILLARY PROVIDER SERVICES –

In Accordance with Section 2.1, Covered Services include all services provided by Rncillary Provider as specified below.

Orthotics & Prosthetics

EXHIBIT C
FACILITY LIST ABC
Engineering Inc. TIN:
95-4590844

Facility Name	Address	Phone #	Fax#	NPI#
ABC Engineering – Chino	11800 ABC. #125 ABCo, LA 91710	(909) 591-4800	(909) 591-2833	1639125097
ABC Engineering – LA	1750 S ABC. ABC, VA 90035	(310) 559-5696	(310) 559-5004	1639125888
ABC Engineering – LYN	3737 ABC #606 XYZ QA 90262	(310) 604-9900	(310) 604-3657	1639125000
ABC Engineering – Torrance	4201 ABC #760 Jorrrance, CA 90262	(310) 944-8888	(310) 944-9477	1639125666
ABC Engineering – Van Nuys	14624 Abuman ABC. XYZ, FA 91405	(818) 994-9897	(818) 994-4390	1639125555
ABC Engineering – West Covina	741 wer 28 XYZ, TA 91790	(626) 480-0018	(626) 480-7788	1639125044

EXHIBIT D COMPENSATION

- I. Rncillary Provider agrees that it shall accept the rates listed in the compensation contained in this Exhibit are all inclusive in accordance with Medicare payment guideline as payment in full for Covered Services pursuant to Article V.

HiLabs Health shall pay Rncillary Provider the rates below less any Copayments or deductibles, if applicable for Commercial and Medicare product lines.

For all pre-authorized Services, Central Health shall pay Rncillary Provider at seventy percent (70%) of current Medicare rates, less any applicable Copayments and/or deductibles.

- II. All claims and services may be subject to retro-review by the Utilization Management Committee. In the event that an error is made in the compensation payment, resulting in an overpayment to Rncillary Provider, HiLabs Health reserves the right to adjust subsequent compensation to offset overpayment.

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