

EXHIBIT C COMPENSATION

- I. Rncillary Provider agrees that it shall accept the rates listed below as payment in full for Covered Services that HiLabs Health is financially responsible for pursuant to Article V, and that the compensation contained in this Exhibit is all inclusive in accordance with Medicare payment guidelines.

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

- a) For all pre-authorized Services, HiLabs Health shall pay Rncillary Provider at one-hundred percent (100%) of current Medicare rates, less any applicable Copayments and/or deductibles. Notwithstanding the above, the following codes shall be reimbursed at the rates set forth below.

CPT Code 80050	\$50.34
CPT Code 80055	\$75.70

- b) For codes not listed in the current Medicare fee schedule, reimbursement shall be at 75% of Rncillary Provider's billed charges at the time of service.
- c) An additional \$25 per CPT Code shall be applied to STAT testing.
- d) Rncillary Provider must fully comply with this Agreement, including HiLabs Health's policies and procedures, to be entitled to payment by Central Health for Benefits under Exhibit C. HiLabs Health reserves the right to conduct concurrent and retrospective review of Benefits reimbursed in accordance with Exhibit B. Notwithstanding anything to the contrary contained herein, Rncillary Provider shall have no obligation to participate in or comply with any policy, procedure or similar requirement in the event such participation or compliance materially impacts Provider's rights or obligations hereunder or is not consistent with the terms of this Agreement, unless Provider agrees in writing to the obligation or requirement.

** Member Benefits vary and may change from time to time, please contact HiLabs Health for current Member Benefits at 1-866-314-2427.

- 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 will request a refund from Rncillary Provider, but reserves the right to adjust subsequent compensation to offset overpayment if the refund is not made within 45 days.

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