Addendum to Service Agreement
Option of Ambulance Supplemental Payment Program

This Addendum ("Addendum") is made and entered into this 26 day of Sept, 2016 (the "Addendum Effective Date") by and between Wise County Emergency Medical Services, a Texas municipality, with principal offices located at 1101 W. Rose Avenue, Decatur, TX 76234 ("Client") and Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation, a Delaware Corporation with principal offices located at 6451 North Federal Highway, Suite 1000, Fort Lauderdale, Florida 33308 ("Intermedix").

WHEREAS, Client and Intermedix are parties to the Agreement for Ambulance Billing and Related Professional Services (the "Agreement") as of its Effective Date; and

WHEREAS, The Centers for Medicare and Medicaid Services (CMS) allows States to establish alternative payment methodologies (herein referred as the "Ambulance Supplemental Payment Program") for certain classes of providers pursuant to 42 CFR 447.321, section 1902 (a)(30) of the Social Security Act, and

WHEREAS, Client has elected to partner with Intermedix and Intermedix's Consultant, Public Consulting Group, Inc., to develop, for a fee, an Ambulance Supplemental Payment Program.

NOW THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to amend the Agreement as follows:

1. A new section 5.01.1 will be added to the Agreement to read as follows:

"5.01.1 Settlement Fee (Ambulance Supplemental Payment Program). Intermedix will charge to Client a Settlement Fee as follows:

Thirteen percent (13%) of the Client's revenue from the Ambulance Supplemental Payment Program when the funding settlement is received."

2. Capitalized terms not otherwise defined in this Amendment shall have the meanings ascribed to such terms in the Agreement. All terms and conditions of the Agreement are hereby ratified and shall remain in full force and effect except to the extent this Amendment expressly modifies or is inconsistent with the terms and conditions of the Agreement, in which case the terms of this Amendment shall be controlling.

IN WITNESS WHEREOF, the parties have executed this Addendum as of the date written above.

Client:
Wise County Emergency Medical Services

By: [signature]
Name: JD Clark
Title: County Judge
Date: 9-26-16

Intermedix:
Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation, a Delaware corporation

By: [signature]
Name: Brad Williams
Title: Vice-president
Date: 9.21.16

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-114934

Date Filed:
09/21/2016

Date Acknowledged:
9-28-16

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Advanced Data Processing, Inc.
Fort Lauderdale, FL United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Wise County EMS

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Ambulance Bill Serv Amendment
Ambulance billing and related profession services amendment

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

NOTARY PUBLIC STATE OF FLORIDA
Mitsuka Sandy Delcius
Notary Public - State of Florida
Commission #GG 10891
Expires 07/12/2020

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leigh Anne Gedrich, this the 28 day of Sept, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: Mitsuka S. Delcius | Title of officer administering oath: Office Assistant