

EXHIBIT A

CONTRACTOR:

CONTRACTOR ID#

CONTRACT PERIOD: September 1, 2009 – August 31, 2010

SERVICE DESCRIPTION: Inpatient Psychiatric Services

POOLED NOT TO EXCEED: \$250,000.00

PAYMENT DOCUMENTATION: Billing due within 30 days of the date that services were rendered.

PAYMENT RATE: As follows:

	Adult /
	Child /
Inpatient Bed Day	Both
\$487.00	Both

*Note this is an all inclusive rate and physician services are not paid above this rate.