



REMEDY HEALTH SERVICE AGREEMENT

THIS REMEDY HEALTH CLINIC SERVICE AGREEMENT (“Agreement”) is made effective on the ___th day of _____, 2026 by and between **Remedy Health, PLLC** (“Remedy Health”), an Oklahoma Professional Limited Liability Company, and **The City of Broken Arrow** (“Client”). Together Remedy Health and Client may be referred to individually as “Party” and together as the “Parties.”

WHEREAS, Remedy Health typically provides Covered Services, as defined in Exhibit A, through private medical Remedy Health clinics to employers for the benefit of employees and other eligible participants (collectively the “Eligible Participants”); and

WHEREAS, Client has a group health plan (the “Plan”) and would like to offer to Eligible Participants access to Remedy Health clinics to obtain certain Covered Services; and

WHEREAS, Client seeks to partner with a top-quality near site clinic vendor to enhance the access, quality, efficiency, and improvement of participant health as well as long-term sustainability of its programs; so be it

RESOLVED, for good and valuable consideration, the receipt, and the sufficiency of which are hereby acknowledged, Client and Remedy Health hereby agree as follows:

1. Scope of Work

a. Remedy Health shall provide the Covered Services designated on Exhibit A to this Agreement to Client’s Eligible Participants as defined in this agreement primarily at the closed onsite clinic as well as at shared site clinic locations listed on Exhibit A. The onsite clinic will be staffed with one medical receptionist, two medical assistants, and one allopathic physician (MD) or osteopathic physician (DO). Remedy Health shared site clinics will be staffed with any or all of the following: physicians, physician assistants, nurse practitioners, nurses, registered nurses, licensed practical nurses, medical assistants, or other medical support staff (collectively, “Health Professionals”).

b. Remedy Health clinics will be available to those Eligible Participants that are designated as eligible to have access to the Remedy Health clinic by Client and who are communicated to Remedy Health as being eligible by Client. Eligible Participants will not be required to use Remedy Health clinics or any service provided by Remedy Health.

c. Although Remedy Health is not a Covered Entity under the Health Insurance Portability and Accountability Act (“HIPAA”), it is a business associate of Client’s Plan and its Health Professionals are part of Remedy Health’s workforce for purposes of HIPAA.

d. The Parties may not revise the scope of the Covered Services as reflected on Exhibit A unless both Parties have agreed to the change in writing with an amended Exhibit A.

2. Fee and Payment Terms

Client agrees to pay Remedy Health and Remedy Health agrees to accept, as full and complete compensation for acceptable Covered Services, payment in accordance with the fee schedule described in Exhibit B to this Agreement. Payment shall be due by the end of the month of service.

Remedy Health represents that all rates provided hereunder are inclusive of legally required overtime, overhead, and all contributions and taxes payable under federal and state social security acts, old age pension, worker’s compensation laws, unemployment compensation laws, income tax laws, and any other applicable laws. Remedy Health further agrees that the amounts invoiced for services include any sales, use, gross receipts, or like taxes on materials, supplies, equipment or services furnished by Remedy Health. Remedy Health hereby agrees to indemnify and save Client harmless against the consequences of any failure by Remedy Health, or any of its subcontractors, to pay or withhold taxes, charges or compensation due on behalf of its employees or agents involved in the services.

3. Rate Guarantee

Fees as set forth in Exhibit B are in effect for Term as defined in Section 4 below. Changes to the rates as set forth in Exhibit B may only be made upon written authorization of Client and only once each year at the beginning of the subsequent renewal term.

4. Term

The term of this Agreement is for the “Initial Term” of twelve (12) months from the Effective Date of 05/01/2026 until 04/30/2027. Following the Initial Term, Client may elect to renew the Agreement as set forth in Exhibit B subject to budget appropriation. While it is the intent of Client to maintain the agreement for an extended time period, it is understood Client is prohibited from contracting for more than one fiscal year at a time. Client may continue to elect to renew the Agreement on an annual basis. Client shall provide notice of Client’s election to renew the Agreement (“Renewal Notice”), not later than thirty (30) days from the then current term’s end date.

Notwithstanding any other provision of the Agreement, both parties acknowledge funding by Client will be available only as appropriated on a fiscal year-to-fiscal year basis by properly constituted legal authority. In the event that Client determines that sufficient funds have not been appropriated to make the payments required under the terms of the Agreement for an upcoming fiscal year, Client may terminate the Agreement with one hundred twenty (120) days’ prior written notice to Remedy Health.

5. Termination

a. Either Party shall have the right to terminate this Agreement, in whole or in part, for convenience upon one hundred twenty (120) days written notice.

b. Without limiting either Party's right to terminate this Agreement in Section 5.a, Client may provide notice to Remedy Health of Client's intent to terminate this Agreement (the "Client Notice), where in Client's sole discretion numerous or repeated breaches, whether in practice or pattern, of this Agreement exist by Remedy Health. Client may terminate the Agreement if after receipt of the Client Notice, Remedy Health fails to diligently pursue or cure breaches within five (5) business days. The Client Notice shall include the specifics of the defaults and the cure required by Client.

Termination of this Agreement by Client based on Remedy Health's failure to cure shall not prejudice or otherwise operate as a waiver of Client's rights to (a) reimbursement for any amounts paid by Client to Remedy Health for the period extending beyond the date of termination of the Agreement; and (b) sue for, collect, and retain any additional amounts due and owing as of the date of termination.

Furthermore, in addition to any and all other remedies that may be available, either in law or equity, Client shall have the right (but not the obligation) to take such action as in Client's reasonable discretion and judgment shall be necessary to cure such default. In such event, Remedy Health hereby agrees to pay and reimburse Client for all reasonable costs and expenses (including attorney's fees and litigation expenses) incurred by Client in connection with Client's action taken to cure such default.

c. Migration Assistance: Notwithstanding any record maintenance or other obligations Remedy Health may have under applicable law, in the event of termination of this Agreement, in whole or in part, for any reason, the Parties will jointly develop and mutually agree upon a migration plan ("Migration Plan") providing for (i) the timely transfer by Remedy Health (subject to applicable federal and state law, including but not limited to HIPAA) electronic medical records for each Eligible Participant in a format specified by Client to a successor healthcare provider who will provide services at such locations as are designated by Client, with such secure transfer to be undertaken at Client's sole cost.

The terms and conditions of this Agreement shall continue to apply to all activities and the relationship between the Parties during the period of time the Migration Plan is in effect. The Migration Plan will include a process whereby upon completion of all deliverables, milestones and other obligations hereunder, the Parties will meet and exchange information and documentation sufficient for Client to verify and confirm the successful and complete transfer and migration, consistent with such Migration Plan. Both Parties shall have a reasonable time to correct any aspects of the Migration Plan that have not been fully, properly and accurately completed. Once the Migration Plan has been successfully completed, as confirmed by the foregoing process, each Party will confirm completion in writing to the other Party and neither Party will have further performance responsibilities or obligations under such Migration Plan thereafter.

6. Remedy Health Responsibilities

In addition to the responsibilities within the Scope of Work set forth in Section 1 above, Remedy Health shall have the responsibilities identified below during the Term of this Agreement.

a. Remedy Health shall render all services under this Agreement diligently and in good faith, in accordance with industry standards and in compliance with the state and federal law and/or regulations that apply to either Party or such services, including, but not limited to, HIPAA ("Applicable Law"), to the extent applicable. Remedy Health will discharge its obligations under this Agreement with that level of care, skill, prudence, and diligence under the circumstances then prevailing, that a prudent administrator acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims. Remedy Health represents, warrants, and covenants that all services and obligations identified under this Agreement will be performed and/or provided: (i) in a professional manner by personnel with licensure, training and experience appropriate to the responsibilities they are to perform; (ii) in accordance with the terms of this Agreement, including all attachments; (iii) in accordance with the standard of care exercised by other diligent and prudent professionals performing similar services; and (iv) in compliance with Applicable Law.

b. Remedy Health shall have all licenses, permits, and other authorizations necessary to operate the Remedy Health Clinic and provide the Covered Services under this Agreement.

c. Remedy Health shall purchase supplies and equipment that are commonly needed for the operation of the Remedy Health Clinic and to provide the Covered Services. These supplies include the standard formulary and non-dispensing drugs, disposable and non-disposable medical supplies, and standard laboratory services. Remedy Health will ensure that a regular inventory of all supplies is maintained. Remedy Health will maintain lists of the standard formulary, laboratory services and other supplies. These standard lists may be periodically reviewed and modified. Any changes to the standard lists will be communicated to Client.

d. Remedy Health will arrange for lab services, including courier pick-up.

e. Remedy Health will arrange for the pickup and disposal of medical waste in full compliance with applicable law, codes, regulations, and requirements.

f. In addition, to the services listed above and below, Remedy Health shall provide to Client the reports described below. Any reports containing Eligible Participant information will be de-identified before being provided to Client.

I. Reports generated from Elation Health, the electronic medical records system. Reports given for established reporting periods, will include, but are not limited to, chronic disease management, clinic utilization, and aggregate health trends.

II. Patient satisfaction reports.

III. Other reports requested by Client and agreed to by both Parties.

g. Remedy Health will contractually employ Health Professionals to provide services to Client at the Remedy Health Clinic and will indemnify, hold harmless and defend Client, its officers,

directors, affiliates, employees, contractors and agents for the acts or omissions of such Health Professionals. Additionally, Remedy Health shall require that all Health Professionals will:

- I. Have the right to determine his/her own means and methods of providing Covered Services with oversight and quality control functions performed by Remedy Health's Medical Director, Physician Leadership Group and Medical Executive Committee.
 - II. In accordance with the terms and conditions of the Plan, give due consideration to making referrals for additional medical care to health providers identified by the Client as "in network or preferred" for purposes of a health plan. Physicians may make other referrals based on patient preferences, concerns about quality or availability, lack of coverage, or other reasonable bases; Remedy Health will strive to refer patients to any Direct Contract or Preferred Arrangements put in place by the Client.
 - III. Not bill or otherwise solicit payment from Eligible Participants, their dependents, Client, or Client insurers or benefit plans, for the Covered Services provided in the Remedy Health Clinic;
 - IV. Be required to comply with applicable laws and regulations with respect to the Covered Services; and
 - V. Be required to provide Covered Services in a professional manner consistent with medical services provided in the community.
- h. Remedy Health will require all Health Professionals performing services at any clinic to maintain the following:
- I. A license to practice medicine in the State in which the Remedy Health Clinic is located without limitation, restriction, or suspension.
 - II. The absence of any involuntary restriction placed on his/her federal Drug Enforcement Agency (DEA) registration.
 - III. Good standing with his/her profession and state professional association.
 - IV. The absence of any conviction of a felony.
- i. Remedy Health appoints Heather Ashcraft, Chief Operating Officer, and her designees as liaison to Client. Heather and her designees will be responsible for managing and maintaining Remedy Health's relationship with Client and overseeing clinic operations. Heather and her staff will be available to Client to review and discuss any issues with operations or with this Agreement. Should a change in the liaison be necessary, Remedy Health shall provide notice to Client and ensure the proposed replacement liaison is acceptable to Client.
- j. Remedy Health shall be exclusively responsible for the operation of all Remedy Health clinics, including, but not limited to, ensuring that the Covered Services are provided, and the Remedy Health clinics (including, all employee, agents, and representatives) operate in

compliance with all applicable laws. Client shall have no responsibility for the operations of Remedy Health clinics or the provision of the Covered Services.

k. Remedy Health guarantees same day appointments for acute care needs.

m. Remedy Health agrees to allow officers on duty to always keep their firearms with them during their appointments.

n. Remedy Health guarantees physician staffing during business hours, including physician coverage in the event a physician is sick or on vacation.

o. Remedy Health shall incur all costs of physician recruitment, hiring, and replacement (if needed). The City shall not be responsible for the cost of clinic staffing.

7. Client Responsibilities

a. Client shall maintain an accurate list of Eligible Participants in the Hint Health online application. Remedy Health staff shall assist the Client with utilization of Hint Health. Remedy Health shall ensure that Client is made aware, with as much advanced notice as possible, of any upgrades, enhancements, or changes to the Hint Health online application prior to their deployment.

b. The Client shall communicate Remedy Health clinic locations and clinic hours of operation to all Eligible Participants.

c. The Client shall communicate any changes to or the creation of any benefit plans to Eligible Participants that result from the execution of this Agreement. The Client will also communicate to Remedy Health any changes to or the creation of any benefit plans impacting the Covered Services.

d. Client will not discriminate with regards to Remedy Health Clinic Eligible Participant status on the basis of race, color, creed, national origin, disability, gender, religion, pregnancy, status as an active or former member of the military, sexual orientation, or any other basis on which any applicable law, rule or regulation or prohibits discrimination.

e. Client does not engage in the practice of medicine with Remedy Health and will not have any direct or indirect control over Remedy Health, the Remedy Health Clinic, or any employed or contracted personnel of Remedy Health or Health Professionals.

f. Client will reasonably assist Remedy Health to obtain patient consent for engagement strategies and digital outreach. Client and Remedy Health will jointly develop marketing communication and employee engagement strategies.

8. Insurance and Liability

Insurance. Remedy Health will maintain the following insurance policies at all times during the Term of this Agreement:

- A. **Commercial General Liability** - \$1,000,000.00 per occurrence and \$3,000,000.00 in aggregate of Comprehensive General Liability including independent contractors, contractual liability, and broad-form property damage endorsements, naming Client as additional insured, including waiver of subrogation.
- B. **Professional Liability** - \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate with an insurance company on behalf of Remedy Health, all Remedy Health Clinics, and all Health Professionals employed or engaged to provide services.
- C. **Worker Compensation** – as required by applicable statutes. Employers' Liability requirements of \$1,000,000 each accident, \$1,000,000 disease aggregate, \$1,000,000 disease each employee.
- D. **Cyber Liability** - \$5,000,000 policy aggregate limit for all damages, claims expenses, penalties and PCI fines, expenses, and costs.
- E. **Automobile, Non-Owned Automobile and Hired Auto Liability** - \$1,000,000.00.
- F. **Commercial Property** – replacement value of property owned by Remedy Health maintained at Remedy Health Clinic.
- G. **Umbrella** - \$10,000,000 to provide excess limits when the limits of the underlying policies (A, C & E) are exhausted by payment of claims.
- H. **Employee Dishonesty/Crime Coverage** - \$500,000; \$500,000 Employee Theft.

Upon request, Remedy Health shall provide to Client Certificates of insurance required herein, within thirty (30) days of such request. All insurance coverage shall be written with Insurance Companies authorized to do business in the State of Oklahoma, and rated no less than A-, VII in the latest A.M. Best rating guide.

Remedy Health will provide Client with at least thirty (30) days written notice before the change, cancellation or non-renewal of any insurance coverage contemplated by this Agreement.

9. Electronic Data Sharing

If agreed upon by the parties, which agreement shall not be unreasonably withheld, Remedy Health and Client shall work together to share electronic medical data in a HIPAA compliant manner to assist each other in population health management of the Eligible Participants. Client will enter into a Business Associate Agreement with Remedy Health (Remedy Health as Business Associate) if Remedy Health receives claims data for Eligible Participants from Client's payer for purposes of population health management.

If agreed upon by the parties, Client and its insurance vendor shall provide to Remedy Health historical claims data upon request, including but not limited to healthcare claims, pharmaceutical claims and medical claims for all Eligible Participants. Remedy Health will use the data to establish and track Eligible Participant utilization trends, insurance cost impact and perform

population health management. All costs associated with the transfer of data shall be borne by Client.

10. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Both Parties agree to comply with all applicable federal and state laws governing the confidentiality, privacy, and security of health information, including but not limited to HIPAA.

In the event of a breach of Personal Health Information (“PHI”) held by Remedy Health with respect to an Eligible Participant, Remedy Health shall immediately notify Client and mitigate, to the extent practicable and at Remedy Health’s expense, the effects of the breach. Further, Remedy Health shall fulfill all reporting and notification obligations required under state and federal law, in consultation and cooperation with Client, at Remedy Health’s expense. In addition to reporting and notification obligations under

Notwithstanding this Section 10, the provisions of that certain Business Associate Agreement, as set forth in Exhibit D, executed or to be executed between the Parties shall prevail with respect to any PHI that Client provides to Remedy Health in Remedy Health’s capacity as Client’s business associate.

Remedy Health, on behalf of itself and its affiliates (collectively, the “Remedy Health Entities”) represents and warrants that the Remedy Health Entities will comply with all applicable laws that govern the privacy, security, confidentiality or processing of personal information, health information, dental or medical records, health care claim adjudication records, or other records generated in the course of providing or paying for health care services, including but not limited to HIPAA (collectively, “Privacy Laws”). Remedy Health, on behalf of the Remedy Health Entities further represents and warrants that the Remedy Health Entities have taken or will take by the Effective Date all reasonable steps to protect the confidentiality, integrity, availability and security of its systems and data in all material respects and that it will implement and maintain a reasonable and appropriate privacy and data security program with plans, policies, procedures, and other security measures for privacy, physical and cybersecurity, backup, disaster recovery, business continuity and incident response, including reasonable and appropriate administrative, technical and physical safeguards and workforce training to protect PHI, personal information and the Remedy Health Entities’ systems from any unauthorized access, destruction or other processing. Remedy Health, on behalf of the Remedy Health Entities, represents and warrants that it has or will have by the Effective Date, implemented, and maintain written privacy and security policies and procedures, conducted a comprehensive security risk assessment, and maintain all other documentation as required by the Privacy Laws.

11. Non-Solicitation

During, and for one year after, termination of this Agreement, Client will not directly hire or retain, as a full-time or part-time employee, or on an independent contractor or consultant basis, any Health Professional that performs Covered Services during the term of this Agreement at the Remedy Health Clinics, or otherwise directly or indirectly solicit or encourage any such Health Professional to discontinue performing services for Remedy Health (whether as an employee or independent contractor or consultant). To the extent enforceable under Oklahoma Law, the foregoing obligations will not apply, however, if Remedy Health consents otherwise in writing.

12. Medical and PHI Records; Privacy

a. Remedy Health and Client agree that all PHI and medical information and records applicable to this Agreement will be subject to HIPAA and other privacy rules.

b. Medical records shall be maintained with respect to all the Eligible Participants who are patients in a professional manner. Health Professionals will maintain such medical records consistent with the accepted medical standards of practice in the medical community in which the Health Professionals provide Covered Services, and consistent with HIPAA.

c. All medical records for services provided to Eligible Participants by Remedy Health under this Agreement will belong to Remedy Health; however, Remedy Health agrees to coordinate with Client with respect to the transfer of such records upon termination of the Agreement in accordance with Section 5 and applicable law.

d. Remedy Health will provide Eligible Participants with its Notice of Privacy Practices and make a copy of the Notice available on its website.

e. All medical records for services provided to Eligible Participants, past and present, by Remedy Health under this Agreement may be received upon request of such participants.

f. Notwithstanding the above terms, Client will have access to records pertaining to work-related injuries reimbursable by Client, to the limited extent permitted by law.

g. All obligations to maintain confidentiality of health information will survive termination of this Agreement indefinitely. Subject to the city's obligations under the Open Records Act.

h. Remedy Health will maintain complete and accurate records of all services performed, all employee and contractor records, all receipts and disbursements, and all other records, related to this Agreement for seven years or such greater period as may be required by law from the date of service or cost accrual ("Retention Period").

13. Proprietary and Confidential Information

a. "Confidential and Proprietary Information" includes, among other information, all information relating to a Party or that Party's affiliates' (as applicable) business, employees, contractors, professionals, finances, contracts, strategies, marketing, legal claims, billing and collection practices, insurance, patient lists, medical practices, company policies, wellness initiatives or savings, information systems, data collections, costs or charges, statistics, information regarding Remedy Health Clinics, staffing models, and delivery systems that the Party or the Party's affiliates attempts or intends to keep confidential, but is disclosed to the other Party in the course of performance of this Agreement. Information that is known to the general public is not Confidential and Proprietary Information; however, it will be presumed that all information, furnished or exchanged under this Agreement, is Confidential and Proprietary Information. Subject to the city's obligations under the Open Records Act.

b. Except as expressly set forth herein, Remedy Health will, at all times, exclusively retain all right, title and interest in and to the following materials (collectively, "Licensed Materials"): (i) any marketing collateral supplied by Remedy Health hereunder; and (ii) logos, trademarks, trade

names and service marks of Remedy Health, Inc. To the extent Remedy Health does not own the Licensed Materials, Remedy Health expressly warrants that it has a license to use them for the purposes of providing services under this Agreement.

c. Except as expressly set forth herein, Client will, at all times, exclusively own all right, title and interest in and to the following materials (collectively, "Client Materials"): (i) any marketing collateral supplied by Client hereunder; and (ii) logos, trademarks, trade names and service marks of Client. Neither Remedy Health nor any of its affiliates shall use Client Materials or otherwise identify the Client (or any Client affiliate) in any press release, advertising, marketing, or promotion without Client's prior written consent, which consent may be given or withheld in Client's sole discretion.

d. During the Term of this Agreement, Remedy Health hereby grants to Client a non-exclusive, non-transferable, royalty-free, revocable right and license (or sublicense, as applicable) to use, market, promote and display the Licensed Materials in connection with the services performed by Remedy Health hereunder. Except for those rights expressly granted herein, Client shall not grant, nor claim any right, title or interest in the Licensed Materials not mutually developed by the Parties. Similarly, except as expressly set forth herein, Client shall, at all times, exclusively own all right, title and interest in and to any marketing collateral supplied by Client hereunder, and Client logos, trademarks, trade names and service marks.

e. Each Party acknowledges that, during the Term of this Agreement, it (the "Receiving Party") may receive or be exposed to information that the other Party (the "Disclosing Party") considers to be Confidential and Proprietary Information. Each Party agrees that, except as contemplated in fulfilling its obligations hereunder, it will not, during the term of this Agreement, use directly or indirectly, for its own account or for the account of any other person, or disclose to any other person any Confidential and Proprietary Information of the other Party or any affiliate of the other Party. Each Party shall take such precautions with respect to the Confidential and Proprietary Information of the other Party as it normally takes with respect to its own Confidential Proprietary Information, but in no event will it exercise less than ordinary care with respect to such information. ***In the event of a conflict between the terms of this Agreement and terms of any separate confidentiality or non-disclosure agreement between the Parties, the provisions of this Agreement shall control.***

f. Notwithstanding anything to the contrary contained in this Section, in the event the Receiving Party is required to disclose any Confidential and Proprietary Information of the Disclosing Party pursuant to a court order or decree or in compliance with the rules and regulations of a governmental agency or in compliance with any law, the Receiving Party shall provide the Disclosing Party with prompt notice of such required disclosure so that the Disclosing Party may seek an appropriate protective order and/or waive the Receiving Party's obligation to comply with the provisions of this Section.

g. Upon the written request of the Disclosing Party, the Receiving Party shall transfer all written records of the Disclosing Party's Confidential and Proprietary Information to the Disclosing Party or, at the Disclosing Party's election, in lieu of the transfer of such written records to the Disclosing Party, the Receiving Party shall destroy all such information of the Disclosing Party in the possession of the Receiving Party. Upon the request of the Disclosing Party, the

Receiving Party will promptly certify in writing to the destruction of such written Confidential and Proprietary Information.

h. No document or information, authored by Remedy Health or its affiliates, will ever be deemed a “Work for Hire” for Client. To the extent Remedy Health prepares any document or information for delivery to Client in Remedy Health’s capacity as a business associate of Client (a “Business Associate Deliverable”), Remedy Health grants to Client a worldwide, irrevocable, perpetual, royalty-free license to use and copy such Business Associate Deliverable. To the extent that any Business Associate Deliverable contains PHI or other information owned by Client, Remedy Health makes no claim of ownership to such information.

i. The provisions of this Section 12 shall survive the cancellation, termination, or expiration of this Agreement.

14. Warranties

a. This Agreement is solely for the provision of Covered Services and its existence does not establish any wellness program, corporate policy, program, or policy offered or required by Client. Covered Services are strictly limited to the services designated on Exhibit A and this Agreement does not create any obligations of Remedy Health or Health Professionals to administer any services not contemplated by this Agreement.

b. Remedy Health is not the “named fiduciary” or “Administrator”, as such terms are defined in ERISA (or as used in similar laws governing plans) of the Remedy Health Clinic. In addition, Remedy Health is not responsible for Client’s or Plan Administrator’s compliance of any such plan with laws (including ERISA, HIPAA, COBRA, PPACA, Federal or other taxes, and similar requirements) that govern plan operation and administration except as may be specifically provided in this Agreement.

c. Remedy Health is not responsible for determining whether an individual is an Eligible Participant. Remedy Health shall rely on the eligibility information provided by Plan Administrator and/or Client or its designee pursuant to Section 7(b) above in allowing access to the Remedy Health Clinic and shall confirm the status of Eligible Participants by reviewing their insurance cards or other evidence of coverage. Where Remedy Health is uncertain as to an individual’s status as an Eligible Participant, Remedy Health shall make a good faith effort to contact Client prior to providing or denying the individual’s request for Covered Services. Remedy Health will not accept any appeals or claims for eligibility determinations. Remedy Health will not be liable for any errors or omissions in eligibility information provided to it by Plan Administrator and/or Client.

d. Remedy Health is not a law or consulting firm and does not purport to give Client any sort of legal, tax, ERISA or fiduciary advice or guidance with respect to: Client or the Plan Administrator’s responsibilities under this Agreement; amending any health, medical, or benefits plan offered by Client; formation of a wellness program or separate medical plan; obligations of Client and/or the Plan Administrator under local, state, and federal law.

e. Remedy Health represents and warrants to Client and its affiliates that Remedy Health’s performance of this Agreement and its products, software and service deliverables will not infringe upon or violate the intellectual property rights of any other rights of any third party or violate any federal, state, and municipal laws.

15. Indemnification

Each Party (the “Indemnifying Party”) agrees, to the extent permitted by law, to indemnify, defend and hold the other Party (the “Indemnitee”), its staff, directors, trustees, officers, agents, affiliates, contractors, employees, successors and assigns, harmless from and against any and all claims, judgments and liabilities (including reasonable attorney’s fees and expenses incurred in the defense thereof) relating to all losses arising out of (i) the breach of any term or condition of this Agreement; (ii) allegations of negligent and/or willful acts or omissions of the Indemnifying Party or any of its affiliates (including, but not limited, to any medical malpractice claims against Remedy Health and/or any Health Professional); (iii) the violation of any law or any representations or warranties herein by the Indemnifying Party or any of its affiliates; and/or (iv) a Party’s use of, access to, or involvement with the other Party’s services, systems, computer hardware or software, whether in combination with other products or services (including without limitation any and all claims that a Party’s use or access or involvement infringes or impermissibly incorporates any of the intellectual property rights of a third party). Reasonable attorney’s fees to be paid only to the prevailing party, which is to be determined by a court of competent jurisdiction.

The Indemnitee shall provide Indemnifying Party with prompt written notice of any claims for which it seeks indemnification. No delay in notice shall excuse the Indemnifying Party’s obligations, except to the extent that the Indemnifying Party has been materially prejudiced by such delay. The Indemnifying Party shall defend the Indemnitee at Indemnifying Party’s sole expense with legal counsel reasonably acceptable to the Indemnitee. If the Indemnifying Party fails to provide a timely defense, then the Indemnitee may defend with counsel of its own choosing at the expense of the Indemnifying Party. Neither the Indemnifying Party nor the Indemnitee shall enter into any settlement without the prior written consent of the other, which shall not be unreasonably withheld or delayed.

NOTWITHSTANDING ANYTHING IN THIS AGREEMENT TO THE CONTRARY, UNDER NO CIRCUMSTANCES SHALL EITHER PARTY BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, INDIRECT, OR SPECIAL DAMAGES (INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, LOST PRODUCTION, OR ECONOMIC DAMAGES), WHETHER SUCH LIABILITY IS BASED, OR CLAIMED TO BE BASED ON ANY BREACH OF EITHER PARTY’S OBLIGATIONS UNDER THE AGREEMENT, INCLUDING ITS PERSONNEL, AGENTS, APPOINTED REPRESENTATIVES, SUBCONTRACTORS OR VENDORS. AND ONLY TO THE EXTENT THE FOLLOWING WAIVERS ARE PERMITTED BY LAW.

The provisions of this Section shall survive the termination of this Agreement.

16. Notices

All notices, consents, demands, and waivers described in this Agreement must be in writing and addressed to the other Party at its address set out below (or to any other address that the receiving Party may designate from time to time in accordance with this section.) Each Party shall deliver all notices by personal delivery, nationally recognized overnight courier (with all fees prepaid, deemed accepted upon confirmation of email (deemed accepted with confirmation of transmission), certified or registered mail (in each case, deemed accepted upon delivery of return receipt requested, or postage prepaid), or by email

If to Remedy Health:

Remedy Health
ATTN: Chris Sudduth, MD
PO Box 2470
Broken Arrow, OK 74013
Email: drsudduth@remedyhealth.care

If to Client:

City of Broken Arrow
ATTN: Kelly Cox, HR Director
220 South 1st Street
Broken Arrow, OK 74012
Email: kcox@brokenarrowok.gov

17. Independent Contractors

It is expressly understood and agreed that Remedy Health and Client shall at all times during the Term of this Agreement act as independent contractors on a non-exclusive basis, and neither Party shall have any authority to bind the other Party. Neither Party is intended to be an employee or employer of, nor joint venture partner with, the other Party; except as otherwise specifically contemplated herein, neither Party shall function as a principal or agent of the other Party. Each Party hereto shall be responsible for its own activities and those of its employees and agents.

Further, nothing contained herein shall be construed to create a partnership, association, or other affiliation between Remedy Health and Client. In no event shall either Party be liable for the debts or obligations of the other except as specifically provided for in this Agreement.

Each Party's employees and contracted professionals will be the employees and professionals only of that Party and not of the other Party. A Party will have the exclusive authority to hire, fire, compensate, assign duties to, and direct its employees. Each Party will be solely responsible to pay any applicable compensation or severance to its employees. Each Party will have the sole obligation to withhold and pay all taxes, unemployment compensation, Social Security, Medicare, and other legally required or authorized withholdings or payments, to or with respect to its employees. Each Party will be solely responsible for the actions or inactions of its employees.

18. Miscellaneous

- a. **Amendment.** This Agreement may only be amended by Remedy Health and Client by a writing duly executed by an appropriate officer of Remedy Health and Client. This requirement is not intended to preclude the Parties from making decisions regarding day-to-day operations.
- b. **Assignment.** Neither Party shall have the right to assign or transfer this Agreement or its rights or obligations under this Agreement, voluntarily or by operation of law, without first obtaining the written consent of the other Party, and any attempted assignment or transfer in the absence of such consent shall be void and of no effect. Notwithstanding the foregoing, either party may assign this Agreement to a successor of all or substantially all of the assets or business of such party to which this Agreement relates, whether by merger, sale of stock, sale of assets, or other similar transaction. As long as the assignee accepts the liabilities contracted for under the original agreement.
- c. **Captions.** All Section captions are for reference only and will not be considered in interpreting this Agreement.

d. **Counterparts.** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

e. **Dispute Resolution.** If a question or controversy arises between the Parties concerning the observance or performance of any of the terms, provisions or conditions contained herein or the rights or obligations of either Party under this Agreement, such question or controversy shall in the first instance be the subject of a meeting between the Parties to negotiate a resolution of such dispute. Such meeting shall be held within fifteen (15) days of a written request by either Party. If within fifteen (15) days after that meeting the Parties have not negotiated a resolution or mutually extended the period of negotiation, either party may seek any remedy available at law or in equity at any time. Client does not agree to binding arbitration.

f. **Entire Agreement.** This document, and all Exhibits, including the Business Associate Agreement (Exhibit E), is intended by the Parties as the final and binding expression of their agreement applicable to this subject matter and is a complete and exclusive statement of the terms thereof and supersedes all prior negotiations, representations, and agreements. Moreover, no representations, understandings, or agreements have been made or relied upon in the making of this Agreement other than those specifically set forth herein.

g. **Force Majeure.** The Parties will not have any obligations to provide, or liability for failure to provide, any good, service, or record under this Agreement for any cause beyond the Parties' reasonable control including, without limitation, any Act of God, fire, flood, tornado, environmental contamination, disruption in utilities, act or order of the other Party or governmental entity, act of terrorism, war, vandalism or other public disruption, disruption of communications or transportation, labor difficulties, shortages of or inability to obtain labor, material or equipment, or unusually severe weather, or any other cause beyond the Parties' reasonable control. In any such case, the Parties agree to negotiate in good faith with the goal of preserving this Agreement and the respective rights and obligations of the Parties hereunder, to the extent reasonably practicable. This provision shall not relieve either Party of any obligation hereunder in the event of a pandemic or other public health emergency, unless a Party is prohibited, by a binding governmental order, from performing an obligation hereunder (e.g., for example, if health care is deemed to be an essential service in connection with a pandemic, both parties shall be required to perform hereunder).

h. **Further Actions.** Each of the Parties agrees to execute and deliver such further instruments, and to do such further acts, et. al., as may be reasonably required or useful to carry out the intent and purpose of this Agreement and as are not inconsistent with the terms hereof. In addition, the Parties agree to cooperate with one another in the fulfillment of their respective obligations under this Agreement.

i. **Governing Law.** This Agreement shall be construed and governed by the laws of the State of Oklahoma, to the extent not preempted by federal law, without consideration of or giving effect to any choice of law provision or rule thereof. Venue for any action or proceeding arising under this Agreement shall be in a Court of competent jurisdiction in Tulsa County, Oklahoma.

j. **Local, State, and Federal Laws.** Neither Party shall take any action in furtherance of this Agreement, which is illegal under any federal, state, county, or local rules, including without limitation, all statutes, laws, ordinances, regulations, or codes (hereinafter “Laws”). Both Parties shall comply with all applicable Laws.

k. **No Third-Party Beneficiaries.** No Eligible Participant, and no other person or entity, is an intended third-party beneficiary of this Agreement.

l. **Severability.** If any provision of this Agreement should be invalid or unenforceable, the remainder of the Agreement will continue in full force and effect as if the invalid or unenforceable portion had never been written, and the remainder of this Agreement will continue to be effective, valid, and enforceable.

m. **Succession.** Subject to the other terms of this Agreement, this Agreement will apply to the benefit of, and be binding on, each Party’s permitted successors and assigns.

n. **Waiver.** Either Party may waive any of the terms or conditions of this Agreement at any time provided such waiver is in writing and signed by the Party granting the waiver. Client may only amend by consent of the governing body.

o. No such waiver will affect or impair the waiving Party’s right to require the performance either of that term or condition as it applies on a subsequent occasion, or any other term or condition of this Agreement. A Party’s failure to object, delay in requiring performance, or other action or inaction, will not be deemed a waiver of any term or condition of this Agreement or consent to a breach.

- o. **Exhibits.** The following attachments are incorporated into this Agreement:
 - Exhibit A: Clinic Locations, Schedule, and Covered Services
 - Exhibit B: Fees
 - Exhibit C: No-Cost Pharmacy Formulary
 - Exhibit D: No-Cost Lab Formulary
 - Exhibit E: Business Associate Agreement

[Signature page to follow]

IN WITNESS WHEREOF, the Parties have executed and delivered this Agreement as of the last signature date written below.

CLIENT:

City of Broken Arrow

By: _____

Print Name: Debra Wimpee

Title: Mayor

Date: _____

REMEDY HEALTH:

Remedy Health, PLLC

By: _____

Print Name: Christopher Sudduth, MD

Title: Chief Executive Officer

Date: _____



Remedy
HEALTH

EXHIBIT A: CLINIC LOCATIONS, SCHEDULE, AND COVERED SERVICES

Locations:

Eligible Participants will have access to the any and all Remedy Health clinics on all regular days and hours of operation of each clinic. Remedy Health also offers virtual or in-person visits outside of normal business hours for urgent health needs. For the most up-to-date list of clinic locations, please visit www.remedyhealth.care/locations.

Schedule:

Remedy Health clinics are generally open 8:00 am – 5:00 pm Monday through Thursday, and 8:00 am – 12:00 pm on Fridays. Remedy Health observes the list of holidays below. Although clinic sites will be closed on these days, care remains available 24/7, including onsite care for urgent matters. In the event that any of the following holidays falls on a Saturday or a Sunday, Remedy Health will designate in advance the workday upon which the holiday will be observed.

Remedy Health Observed Holidays:

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Thanksgiving Day
Good Friday	Day after Thanksgiving
Memorial Day	Christmas Eve
Independence Day	Christmas Day

Covered Services:

- A. Primary care to include but not limited to:
1. Evaluation, testing, and available treatment for minor illnesses such as, but not limited to, coughs, seasonal allergies, eye/ear infections, sore throat/strep, flu, fevers, headaches, upper respiratory/sinus infections, gastrointestinal issues, urinary tract infections, skin lesions and rashes, migraines, glucose testing, endocrine, and blood pressure consultations either in person at a Remedy Health clinic or via telehealth.
 2. Treatment for minor injuries that are not work related, including but not limited to, sprains/strains, application of splints, laceration repair, suture removal, wound dressing, and animal and insect bites.
 3. Annual physical and/or regular follow up visits to include comprehensive preventive care, including immunization administration, cancer screening, mental health assessment, and lifestyle choices assessment and coaching regarding proper nutrition and physical activity.
 4. Chronic disease management, which includes evaluating, diagnosing, treating, and managing typical chronic illnesses such as diabetes, hypertension, hyperlipidemia,

tobacco use disorder, degenerative joint disease, chronic obstructive pulmonary disorder, allergic rhinitis, and various forms of autoimmunity.

5. Minor medical procedures that are within the Health Professionals' scope of licensure and abilities (which may vary depending on the staffing of the particular Remedy Health clinic) and that can be performed at a Remedy Health clinic, with available equipment, and during operating hours. Such procedures include but are not limited to the following: nail removal, foreign body removal, cryotherapy, wart management, intramuscular injection, incision and drainage, excisional or punch biopsy, skin tag removal, joint aspiration, and intra-articular joint injection.

B. Provisions of pharmaceuticals to treat common illnesses. The current formulary of available onsite medications is listed in Exhibit C. This formulary is subject to change.

C. Necessary standard laboratory work to provide the Covered Services listed above, including, but not limited to collection of blood and urine specimens. Point-of-care testing is also available, including but not limited to TB skin testing, rapid Strep testing, urinalysis, and drug testing.

D. Immunization administration, including the following table of pediatric and adult immunizations will be available as a passthrough or billed through the insurance carrier. The list of available immunizations is subject to change as new vaccines are released to the market. Care will be delivered to Eligible Participants without respect to immunization status.

Immunization	Immunization Class/Condition
Abrysvo	RSV
ActHIB	HIB
Adacel	Tdap (adolescent & adult use)
Bexsero	MCV Grp B
Daptocel	DTap (6 wks – 6 yrs)
Gardasil 9	HPV
Menactra	MCV4
MMR II	MMR
Pentacel	DTap/IPV/HIB (6 wks – 4 yrs)
Pnuemovax23	Pneumonia
Pevnar 13	Pneumonia (pediatric)
Quadracel	DTap/IPV (age 4-6 yrs)
Recombivax HB Adult	Hep B
Recombivax HB Pediatric	HepB
Rotateq	Rotavirus
Shingrix	Shingles
Vaqta- Pediatric	Hep A
Varivax	Varicella

E. Personal Health Assessments (PHA's). Such assessments will be comprised of (a) blood draws and data collection for each Participant conducted by qualified and licensed personnel at an agreed upon location or at the Clinics; (b) standard laboratory work, including prostate-specific antigen (PSA) and nicotine testing; (c) reports accessible via the Spruce Health patient communication application and Elation Health reports; (d) aggregate reports of findings to Client.

PHA's will be comprised of the following blood tests and vital sign data collection:

Vitals	Heart
Height	Total Cholesterol
Weight	HDL-High-Density Lipoproteins
Body Mass Index (BMI)	Ratio of Cholesterol to HDL
Waist Measurement	LDL-Low-Density Lipoproteins
Systolic Pressure	VLDL-Very Low-Density Lipoproteins
Diastolic Pressure	Triglycerides
Tobacco Usage (Cotinine)	Complete Blood Count
Kidneys	White Blood Cells (WBC)
Sodium (Na)	Red Blood Count (RBC)
Potassium (K)	Hemoglobin (HGB)
Chloride (Cl)	Hematocrit (HCT) (Female)
Carbon Dioxide (CO2)	Platelets (PLT)
Blood Urea Nitrogen (BUN)	Creatinine, Serum
Creatinine, Serum	MCV
BUN/Creat Ratio	MCH
Calcium (Ca)	MCHC
Liver	Lymphocytes
Albumin	Monocytes
Total Protein	Eos
Globulin	Basos
Alk Phosphatase	Neutrophils
ALT(SGPT)	Endocrine

AST (SGOT)	<u>Glucose (Glu)</u>
Bilirubin, Total	Hemoglobin I1c (HgbA1c)
A/G Ratio	Thyroid-Stimulating Hormone
	PSA (Males 45 and older)

Follow-up for specified categories based on risk factors indicated by lab values-Lab values have ranges associated with them that vary based on patient age, gender, and race. Remedy Health assigns these values into categories and prioritizes outreach calls based upon the results:

1. Any values in “Panic or High Critical” and “Yellow or Borderline” categories are immediately called to the attention of the Remedy Health Chief Medical Officer and Chief Clinical Officer for immediate action as indicated.
2. A minimum of two telephone attempts will be made for all patients with lab values falling into the urgent or critical categories.
3. A notification letter will be sent following two unsuccessful telephone attempts.

EXHIBIT B: FEES

Per Employee Per Month Fee:

For the Covered Services set forth on Exhibit A, Client shall pay Remedy Health a per employee per month (PEPM) fee for all employees according to the following fee schedule:

May 2026 through April 2027: \$99 PEPM

May 2027 through April 2028: \$104 PEPM

May 2028 through April 2029: \$109 PEPM

Remedy Health shall not charge an additional monthly membership fee for eligible dependents that may be entitled to Covered Services hereunder.

Rate adjustments for subsequent terms will be delivered to the Client no later than ninety (90) days before the renewal date. These adjustments will have an acceptable negotiable cap and will be based on transparent reporting on cost of care delivery provided to Client's members and related to inflation.

The PEPM fee covers all virtual and in-person utilization, labs per the lab formulary, phlebotomy, point-of-care testing, onsite and mail in prescription medications per the medication formulary, onsite digital x-ray (where available and when indicated), in-office procedures, medical supplies, Holter monitoring, spirometry, and electrocardiograms.

Other items throughout the contract period may be added through an amendment at the agreed pricing by both Parties.

Passthrough Costs:

Passthrough costs are limited and include the following:

- All pediatric and adult immunizations.
- COVID/Flu point-of-care testing is \$30 per test.
- \$40 per personal health assessment (PHA) performed onsite at the City. There shall not be an additional fee for PHA's performed at a Remedy Health clinic location.
- Bio-identical hormone replacement therapy (pellets) \$350 for women.
- For a diagnosis of diabetes (hemoglobin A1c equal to or greater than 6.5%) only may include glucagon-like peptide-1 receptor agonists (GLP-1's) tirzepatide and semaglutide. This fee schedule represents the cost of a one-month supply (eight, twice weekly injections) of each medication at the respective or equivalent dose with free home delivery:

Semaglutide 0.25 mg	\$179	Tirzepatide 2.5 mg	\$279
Semaglutide 0.50 mg	\$249	Tirzepatide 5 mg	\$349
Semaglutide 1 mg	\$299	Tirzepatide 7.5 mg	\$399
Semaglutide 1.75 mg	\$329	Tirzepatide 10 mg	\$449
Semaglutide 2.50 mg	\$349	Tirzepatide 12.5 mg	\$479
		Tirzepatide 15 mg	\$499

Additional Optional Services:

Additional services including but not limited to the following can be billed directly to the Client’s member. These services include:

- Hyaluronic acid joint injections are \$750 for set of 3 injections.
- Platelet rich plasma (PRP) joint injections are \$550 each.
- High cost and specialty drugs.
- A broad menu of IV therapy:

Immunity	\$150
Inner Beauty	\$150
Myers Cocktail	\$170
Recovery and Performance	\$160

- Bio-identical hormone replacement therapy (pellets) \$700 for men
- Counseling services with Evolution Mental Health Services at a Remedy Health discounted price of \$120 per session (discounted from \$150) as well as preferential scheduling for Remedy Health patients.
- Ketamine-assisted psychotherapy.
- Individual laboratory tests greater than \$50 not included in Exhibit D.
- For a diagnosis of pre-diabetes (hemoglobin A1c equal to 5.6% to 6.4%) or for weight loss purposes may include glucagon-like peptide-1 receptor agonists (GLP-1’s) tirzepatide and semaglutide. This fee schedule represents the cost of a one-month supply (eight, twice weekly injections) of each medication at the respective dose with free home delivery:

Semaglutide 0.25 mg	\$179	Tirzepatide 2.5 mg	\$279
Semaglutide 0.50 mg	\$249	Tirzepatide 5 mg	\$349
Semaglutide 1 mg	\$299	Tirzepatide 7.5 mg	\$399
Semaglutide 1.75 mg	\$329	Tirzepatide 10 mg	\$449
Semaglutide 2.50 mg	\$349	Tirzepatide 12.5 mg	\$479
		Tirzepatide 15 mg	\$499

EXHIBIT C: NO-COST PHARMACY FORMULARY

Additional medications can be added to the following list of medications currently available onsite and by mail order.



NO-COST MEDICATIONS

**AVAILABLE IN-CLINIC &
HOME DELIVERY**

ACETAMINOPHEN	FEXOFENADINE HCL	METRONIDAZOLE
ACYCLOVIR	FLUCONAZOLE	MONTELUKAST SODIUM
ALBUTEROL SULFATE	FLUOXETINE	MUPIROCIN OINTMENT
AMITRIPTYLINE HCL	FLUOXETINE HCL	NAPROXEN
AMLODIPINE	FLUTICASON PROPIONATE	NICOTINE PATCHES
AMOXICILLIN	FOLIC ACID	NITROGLYCERIN
AMOXICILLIN/POTASSIUM CLAV	GABAPENTIN	OFLOXACIN
ASPIRIN	GEMFIBROZIL	OMEGA-3/DHA/EPA/FISH OIL
ATORVASTATIN CALCIUM	GLIMEPIRIDE	OMEPRAZOLE
AZITHROMYCIN	GLIPIZIDE	ONDANSETRON HCL
BACITRACIN	HYDROCHLOROTHIAZIDE	ONDANSETRON ODT
BENZONATATE	HYDROCORTISONE	PANTOPRAZOLE ER
BUPROPION ER	IBUPROFEN	PANTOPRAZOLE SODIUM ER
BUPROPION HCL ER (SR)	IBUPROFEN	POLYMYXIN B SULF/TRIMETHOPRIM
BUPROPION SR	LEVOFLOXACIN	PREDNISONE
CARVEDILOL	LEVOTHYROXINE SODIUM	PROMETHAZINE HCL
CEPHALEXIN	LISINOPRIL	ROSUVASTATIN CALCIUM
CETIRIZINE HCL	LISINOPRIL/HCTZ	SERTRALINE
CIPROFLOXACIN HCL	LISINOPRIL/HYDROCHLOROTHIAZIDE	SILVER SULFADIAZINE
CITALOPRAM HYDROBROMIDE	LORATADINE	SIMVASTATIN
CLINDAMYCIN HCL	LOSARTAN POTASSIUM	SULFAMETHOXAZOLE/TRIMETHOPRIM DS
CLONIDINE HCL	LOSARTAN/HYDROCHLOROTHIAZIDE	SUMATRIPTAN SUCCINATE
CLOPIDOGREL BISULFATE	LOVASTATIN	TADALAFIL
CYCLOBENZAPRINE HCL	MECLIZINE	TAMSULOSIN HCL
DIPHENHYDRAMINE HCL	MELOXICAM	TOPIRAMATE
DOXYCYCLINE HYCLATE	METFORMIN HCL	TRAZODONE
DULOXETINE	METFORMIN HCL ER	TRIAMCINOLONE ACETONIDE
EPINEPHRINE	METHOCARBAMOL	TRIAMCINOLONE CREAM
ERGOCALCIFEROL (VITAMIN D2)	METHYLPREDNISOLONE DP	VENLAFAXINE ER
ESCITALOPRAM OXALATE	METOPROLOL SUCCINATE	VENLAFAXINE HCL
FAMOTIDINE	METOPROLOL SUCCINATE ER	VITAMIN D3

EXHIBIT D: NO-COST LAB FORMULARY

Remedy Health utilizes Quest/DLO as its lab vendor. The list of no-cost labs is included in the list below. Additional labs can be obtained onsite for the exception of unique labs that require specialized collection methods. Labs ordered by outside medical physicians with the following credentials will be obtained onsite as well: allopathic physician (MD), osteopathic physician (DO), physician assistant (PA), and nurse practitioner (APRN, ARNP, DNP).



Remedy
HEALTH



NO-COST Labs

**AVAILABLE IN-CLINIC
AT ALL LOCATIONS**

Test Name

WHITE BLOOD CELL CT
RED BLOOD CELL COUNT
HEMATOCRIT
HEMATOCRIT (REFL)
HEMOGLOBIN (B)
HEMOGLOBIN (REFL)
PLATELET COUNT
HEMOGLOBIN & HEMOCRIT
WHITE CELL COUNT & DIFF
HEMOGLOBINOPATHY
CARDIO IQ(TM) CHOL TOT
CARDIO IQ(TM) HDL CHOL
CARDIO IQ(TM) TRIGLYC.
CHOL TOTAL, (REFL)
CHOLESTEROL, TOTAL
HDL-CHOLESTEROL
IRON, TOTAL
IRON, TOTAL (REFL)
MICRONUTRIENT, IRON
TRIGLYCERIDES
TRIGLYCERIDES (REFL)
URIC ACID
VLDL
HEMOGRAM
UA, MACRO (REFL)
URINALYSIS MACRO NEO
URINALYSIS RFX NEO
URINALYSIS, (REFL)
URINALYSIS, MACRO
URINALYSIS, REFLEX
CBC(H/H, RBC, WBC, PLT)
CBC(REFL)-without Diff
ALBUMIN
ALKALINE PHOSPHATASE ALT
AST
BILIRUBIN, DIRECT
BILIRUBIN, TOTAL
CALCIUM
CARBON DIOXIDE
CHLORIDE
CREATININE

Test Name

GLUCOSE, SERUM
PHOSPHATE (AS PHOS)
POTASSIUM
POTASSIUM, PLASMA
PROTEIN, TOTAL
PROTEIN, TOTAL PLASMA
SODIUM
UREA NITROGEN (BUN)
BILIRUBIN, FRAC.
BUN/CREAT RATIO
PROTEIN, TOT & ALB PLAS
PROTEIN, TOT AND ALB
HEMOGRAM + DIFF
RFL-MICR (INC)
UA, MICROSCOPIC
ELECTROLYTE PANEL
ELECTROLYTE PNL, PLASMA
HEPATIC FUNC PNL W/O IRON,
TOTAL, & IBC IRON,IBC,%SAT
(REFL)
BASIC METAB PNL W/O CA
HEPATIC FUNC PNL
HEPATIC FUNC PNL, PLASM
AMYLASE
CARDIO IQ(TM) HGB A1C
CBC (DIFF/PLT)
CBC (REFL)
FERRITIN
HEM A1C W/EAG (REFL)
HEMOGLOBIN A1C
HEMOGLOBIN A1C (REFL)
HEMOGLOBIN A1C REFL
HEMOGLOBIN A1C W/EAG
HEMOGLOBIN A1C W/MBG
HEMOGLOBIN A1C W/RFL
HEMOGLOBIN A1C W/RFL HGB
A1C W/EAG REFL
HGB A1C W/MPG (REFL)
RHEUMATOID FACTOR
RHEUMATOID FACTOR, CSF
SED RATE BY MOD WEST
SED RATE MANUAL WEST
TSH
TSH W/REFL FT4

Test Name

TSH, PREGNANCY
BASIC METAB PNL
BASIC METAB PNL, PLASMA
RENAL FUNC PNL
CMP W/O CO2,ALT
CMP W/O ALT
RETICULOCYTE COUNT
T-3 UPTAKE
T-3 UPTAKE (REFL)
T-4 (THYROXINE)
T4 (REFL)
COMP METAB PNL
COMP METAB PNL, PLASMA
COMP METAB W/ADJ CAL PL
ANA IFA W/REFL
ANA SCREEN
ANA W/RFX
CREAT 24 HR
CREATININE RAND (U)
CREATININE, FP
MALB, RAND UR W/O CR
MICROALBUMIN RAND UR
MICROALBUMIN, 24-HOUR URINE W/O
MICROALBUMIN, 24-HOUR URINE, 24 HR UR
MICROALBUMIN, TIMED URINE
MICRONUTRIENT,VITB12
RPR MONITOR W/REFL
RPR,PM W/REFL
RPR(DX) RFL (REFL)
RPR(DX)REFL FTA
RPR(MONITOR)(REFL)
T-4, FREE
UA, COMPLETE
UA,COMP W/RFL CULT
UA,COMP W/RFL CULT
UA,COMP W/RFL CULT,N
URINALYSIS,COMP,NEO
VITAMIN B12
VITAMIN B12 (RFLX)
PSA, TOT W/REFL(REFL)
PSA, TOT, MONITORING
PSA, TOTAL
PSA, TOTAL, 2.5 NG/ML CUT
PSA, TOTAL, 2.5 NG/ML CUT
PSA, TOTAL, 2.5 NG/ML CUT



Test Name

PSA, TOTAL, MEDICARE
PSA,TOTAL W/REFL
GLUC, GEST SCR N -135
GLUC, GEST SCR N 140
GLUCOSE (REFL)
GLUCOSE PP (75 GRAM)
GLUCOSE, PLASMA
GLUCOSE, PP/1 HR
GLUCOSE, PP/2 HOUR
GGT
LIPASE
T-3, TOTAL
TESTOSTERONE, M(REFL)
TESTOSTERONE,MALE,IA
LDH, TOTAL
RPR TITER
HCG, TOTAL, QN
ABO GROUP
RH TYPE
CRP
CULT, (U) ROUTINE
CULT, UR ROUT (REFL)
CULT,UR,CATH COLLECT
PROLACTIN
CK, TOTAL
GLUC GEST & FAST-135
GLUC GEST & FAST-140
GLUC,FAST & POST 1HR
GLUC,FAST & POST 2HR
GTT, 2 SPEC
PRO TIME WITH INR
MAGNESIUM
ESTRADIOL
ESTRADIOL, RAPID
FSH
FSH (REFL)
LH
RPR SCREEN W/REFL TITER
SED RATE BY MOD WEST
HCG, SERUM QT (REFL)
FOLATE, SERUM (RFLX)
FOLATE,SERUM
MICRONUTRIENT,FOLATE

Test Name

MEASLES AB IGG DIA
MEASLES AB IGG,EIA
MUMPS VIRUS AB IGG D
MUMPS VIRUS IGG, EIA
RUBELLA DIAGNOSTIC
RUBELLA IMMUNE
AB SCR RFX ID/TITER
MICROALBUMIN
PROGESTERONE
HBC TOTAL W/REFL IGM
HCG TOTAL QL
HCG, QUAL,REFL QUANT
HCG, TOTAL,QL (REFL)
HCV WITH REFLEXES
HEP A AB, TOTAL
HEP A AB, TOTAL
HEP A AB, TOTAL, REFL IGM
HEP A AB,W/REFL IGM
HEP A IGM AB
HEP B C AB, TOT (REFL)
HEP B CORE AB, TOTAL
HEP B CORE AB, TOTAL
HEP B CORE IGM AB
HEP B SURF AG (REFL)
HEP B SURF AG W/CONF
HEP B SURFACE AB QN
HEP B SURFACE AB QN
HEP C AB (REFL)
HEP C AB W/ REFL HCV
HEP C AB W/REFL HCV
HEP TOTAL W/REFL IGM
HEP.A AB,TOT. (REFL)
UA MACRO MAN W/RFL
UA MACRO MANUAL
GTT, 3 SPECIMENS
GTT,GEST,3 IADPSG
PREALBUMIN
PTT, ACTIVATED
FECAL IMMUNOCHEM
FECAL IMMUNOCHEM (MEDICARE)
ABO AND RH (REFL)
ABO AND RH (REFL)
ABO GRP AND RH TYPE
CORD BLOOD ABO/RH

Test Name

CULTURE, GP. A STREP
T-3, FREE
HETEROPHILE, MONO
HETEROPHILE, MONO SCREEN (REFL)
PROLACTIN, 2 SPEC
CAMPY AG, EIA
CAMPY CULTURE
IGA (REFL)
IMMUNOGLOBULIN A
IMMUNOGLOBULIN G
IMMUNOGLOBULIN M
ANA TITER&PATTERN
GTT, GESTATIONAL, 4
GTT,4 SPECIMEN
FSH & LH (S)
TESTOSTERONE , TOTALMS
CARDIO IQ(TM) CARDIO CRP
HS CRP
THYROID PEROXID AB
UR CULT W/GBS SUSCEP
CULTURE, AEROBIC BAC
C. TRACHOMATIS RNA, TMA,
C. TRACHOMATIS, TMA ALTER
C.TRACH RNA,TMA,THROAT
CHLAMYDIA RNA, TMA
GC RNA, TMA
HSV 1 HERPESELECT
HSV 2 HERPESELECT
HSV 2 W/REFL INHIB
N. GONORRHOEAE RNA, TMA,
N.GON RNA,TMA,THROAT
N.GONORRHOEAE TMA ALTER
PATH REVIEW OF SMEAR
CARDIO IQ(TM) INSULIN
INSULIN
CULT, STREP GRP B
GBS CULT W/SENSI
UA, COMPLETE MANUAL
UA,MANUAL W/REFL CUL
GLUCOSE, 5 SPEC
GTT,5 SPECIMEN
VIT D,25-OH,TOTAL,IA
BILI, TOTAL PEDIATR.
ABALONE IGE
ACTH (RC206) IGE



NO-COST LABS

AVAILABLE IN-CLINIC
AT ALL LOCATIONS

Test Name

ALFALFA (W45) IGE **
 ALLSPICE IGE
 ALPHA AMYLASE (K87) IGE
 AM CKRCH (I206) IGE
 AMOXICILLIN C6 IGE
 ASPERGILLUS NIGER
 AZ CYPRESS (T222)
 BAMBOO SHOOT (F51)
 BARLEY IGE
 BEETROOT (F319) IGE
 BLACK OLIVE IGE
 BRZLNUT F18 IGE W/RF
 BUMBLE BEE (I205)
 CARAWAY SEED (F265)
 CARMINE/RED DYE IGE
 CASHEW F202 IGE W/RF
 CAT DANDR(E1)IGE RFL
 CAT S ALB (RE220)IGE
 CATFISH (F369) IGE
 CEDAR IGE
 CHICK PEA IGE
 CHICKEN DROP (E218)
 CHICKEN S (RE219)IGE
 CORIANDER/ CILANTROE
 COW'S MILK (F2) IGE
 COWS MILK(F2)IGE RFL
 CRANBERRY IGE
 CRAYFISH IGE
 DATE (T214) IGE
 DOG ALB (RE221)IGE
 DOG DANDR(E5)IGE RFL
 EGG WHITE(F1)IGE RFL
 EGG YOLK IGE (REFL)
 ETHYLENE OXIDE (K78)
 FENUGREEK (RF305) IGE
 FIG (F328) IGE
 FINCH FEATH. (RE214)
 FLAXSEED IGE
 FLOUNDER (F147) IGE
 FORMALDEHYDE IGE
 GELATIN (C74) IGE
 GROUPER (F410) IGE
 HACKBERRY IGE
 HADDOCK (F42) IGE
 HAKE (F307) IGE

Test Name

HAZEL NUT TREE (T4)
 HAZLNUT F17 IGE W/RF
 HEXA ANHY(RK209) IGE
 IMCAP EGG WHT(F1)IGE REFL
 IMCAP MILK (F2)IGE(REFL)
 IMCAP, A. FUMIGATUS (M3)
 IMCAP, A. PULLULANS (M12)
 IMCAP, A. TENUIS (M6)
 IMCAP, ACACIA (T19)
 IMCAP, ACARUS SIRO (D70)
 IMCAP, ALDER (T2)
 IMCAP, ALMOND (F20)
 IMCAP, ANCHOVY (F313)
 IMCAP, ANISAKIS (P4)
 IMCAP, ANISE (F271)
 IMCAP, APPLE (F49)
 IMCAP, APRICOT (F237)
 IMCAP, ASCARIS (P1)
 IMCAP, ASPARAGUS (F261)
 IMCAP, AUST. PINE (T73)
 IMCAP, AVOCADO (F96)
 IMCAP, B. CINEREA (M7)
 IMCAP, B. TROPICALIS (D20)
 IMCAP, BAHIA GRASS (G17)
 IMCAP, BANANA (F92)
 IMCAP, BARLEY (F6)
 IMCAP, BASIL (F269)
 IMCAP, BAY LEAF (F278)
 IMCAP, BEECH (T5)
 IMCAP, BEEF (F27)
 IMCAP, BERLIN BEETLE (I76)
 IMCAP, BERMUDA GRASS (G2)
 IMCAP, BIRCH (T3)
 IMCAP, BLACK PEPPER (F280)
 IMCAP, BLACKBERRY (F211)
 IMCAP, BLOOD WORM (I73)
 IMCAP, BLUE MUSSEL (F37)
 IMCAP, BLUEBERRY (F288)
 IMCAP, BRAZIL NUT (F18)
 IMCAP, BROCCOLI (F260)
 IMCAP, BROME GRASS (G11)
 IMCAP, BRUSSEL SPROUT(F21)
 IMCAP, BSA (E204)
 IMCAP, BUCKWHEAT (F11)

Test Name

IMCAP, C. ACREMONIUM (M20)
 IMCAP, C. ALBICANS (M5)
 IMCAP, C. GLOBOSUM (M208)
 IMCAP, C. HERBARUM (M2)
 IMCAP, C. LUNATA (M16)
 IMCAP, CABBAGE (F216)
 IMCAP, CANARY FEATHER(E20)
 IMCAP, CANARY GRASS (G71)
 IMCAP, CAROB (F296)
 IMCAP, CARROT (F31)
 IMCAP, CASHEW NUT (F202)
 IMCAP, CAT DANDER (E1)
 IMCAP, CAULIFLOWER (F291)
 IMCAP, CELERY (F85)
 IMCAP, CHEDDAR CHEESE (F8)
 IMCAP, CHEESE MOLD (F82)
 IMCAP, CHERRY (F242)
 IMCAP, CHESTNUT (F299)
 IMCAP, CHESTNUT (T206)
 IMCAP, CHICKEN FEATH (E85)
 IMCAP, CHICKEN MEAT (F83)
 IMCAP, CHILI PEPPER (F279)
 IMCAP, CHUB MACKEREL (F50)
 IMCAP, CINNAMON (F220)
 IMCAP, CLAM (F207)
 IMCAP, CLOVE (F268)
 IMCAP, COCKLEBUR (W13)
 IMCAP, COCKROACH (I6)
 IMCAP, COCOA (F93)
 IMCAP, COCONUT (F36)
 IMCAP, CODFISH (F3)
 IMCAP, COFFEE (F221)
 IMCAP, COMMON MILLET (F55)
 IMCAP, COMMON RAGWEED (W1)
 IMCAP, COMMON REED (G7)
 IMCAP, CORN (F8)
 IMCAP, CORN (G202)
 IMCAP, COTTON FIBERS(O1)
 IMCAP, COTTON SEED (K83)
 IMCAP, COTTONWOOD (T14)
 IMCAP, COW DANDER (E4)
 IMCAP, CRAB (F23)
 IMCAP, CUCUMBER (F244)
 IMCAP, CULT OAT (G14)
 IMCAP, CULT RYE GRASS (G1)



NO-COST LABS

AVAILABLE IN-CLINIC
AT ALL LOCATIONS

Test Name

IMCAP, CULT. WHEAT (G15)
 IMCAP, D. FARINAE (D2)
 IMCAP, D. MICROCERAS (D3)
 IMCAP, D. PTERONYSSINUS(D)
 IMCAP, DANDELION (W8)
 IMCAP, DATE (F289)
 IMCAP, DILL (F277)
 IMCAP, DOG DANDER (E5)
 IMCAP, DUCK FEATH (E86)
 IMCAP, E. MAYNEI (D74)
 IMCAP, E.PURPURASCENS(M14)
 IMCAP, EGG MIX (F245)
 IMCAP, EGG WHITE (F1)
 IMCAP, EGG YOLK (F75)
 IMCAP, EGGPLANT (F262)
 IMCAP, ELDERTREE (T205)
 IMCAP, ELM (T8)
 IMCAP, ENG. PLANTAIN (W9)
 IMCAP, EUCALYPTUS (T18)
 IMCAP, EUROPEAN HORNET(I7)
 IMCAP, F. MONILIFORME (M9)
 IMCAP, FALSE RAGWEED (W4)
 IMCAP, FENNEL, FRESH (F27)
 IMCAP, FERRET EPITH. (E21)
 IMCAP, FICUS SPECIES (K81)
 IMCAP, FIRE ANT (I70)
 IMCAP, FIREBUSH (W17)
 IMCAP, FOXTAIL MILLET (F5)
 IMCAP, G. DOMESTICUS (D73)
 IMCAP, GARLIC (F47)
 IMCAP, GERBIL (E209)
 IMCAP, GIANT RAGWEED (W3)
 IMCAP, GINGER (F270)
 IMCAP, GLUTEN (F79)
 IMCAP, GOAT EPITH. (E80)
 IMCAP, GOAT MILK (F300)
 IMCAP, GOLDENROD (W12)
 IMCAP, GOOSE FEATHERS (E7)
 IMCAP, GR COFFEE BEAN (K7)
 IMCAP, GRAPE (F259)
 IMCAP, GRAPEFRUIT (F209)
 IMCAP, GREEN BEAN (F315)
 IMCAP, GREEN PEPPER (F263)
 IMCAP, GUAR BEAN GUM (F24)
 IMCAP, GUINEA PIG EPITH(E

Test Name

IMCAP, GUM ARABIC (F297)
 IMCAP, H. HALODES (M8)
 IMCAP, HALIBUT (F303)
 IMCAP, HAMSTER EPITH. (E8)
 IMCAP, HAZELNUT (F17)
 IMCAP, HERRING (F205)
 IMCAP, HICKORY/PECAN (T22)
 IMCAP, HONEY (F247)
 IMCAP, HONEY BEE (I1)
 IMCAP, HORN BEAM (T209)
 IMCAP, HORSE CHESTNUT(T20)
 IMCAP, HORSE DANDER (E3)
 IMCAP, HORSEFLY (I204)
 IMCAP, HOUSE DUST-GR (H1)
 IMCAP, HOUSE DUST-HS (H2)
 IMCAP, INSULIN, HUMAN (C7)
 IMCAP, ISPAGHULA (K72)
 IMCAP, ITAL. CYPRESS (T23)
 IMCAP, JACK MACKEREL (F60)
 IMCAP, JAPANESE CEDAR (T1)
 IMCAP, JOHNSON GRASS (G10)
 IMCAP, JUNE GRASS (G8)
 IMCAP, KIWI FRUIT (F84)
 IMCAP, LAMB (F88)
 IMCAP, LAMBS QTRS (W10)
 IMCAP, LEMON (F208)
 IMCAP, LENTILS (F235)
 IMCAP, LETTUCE (F215)
 IMCAP, LIME (F306)
 IMCAP, LINDEN TREE (T208)
 IMCAP, LOBSTER (F80)
 IMCAP, LOBSTER,SPINY (F30)
 IMCAP, LUPIN (W207)
 IMCAP, M. RACEMOSUS (M4)
 IMCAP, MACE (F266)
 IMCAP, MACKEREL (F206)
 IMCAP, MALT (F90)
 IMCAP, MANDARIN (F302)
 IMCAP, MANGO FRUIT (F91)
 IMCAP, MAPLE (T1)
 IMCAP, MARE'S MILK(F286)
 IMCAP, MARJORAM (F274)
 IMCAP, MEADOW FESCUE (G4)
 IMCAP, MEADOW FOXTAIL (G1)
 IMCAP, MELALEUCA (T21)

Test Name

IMCAP, MELONS (F87)
 IMCAP, MESQUITE (T20)
 IMCAP, MILK, BOILED (F231)
 IMCAP, MOSQUITO (I71)
 IMCAP, MOUNTAIN CEDAR (T6)
 IMCAP, MOUSE (E88)
 IMCAP, MOUSE EPITH. (E71)
 IMCAP, MOUSE UR PROT (E72)
 IMCAP, MUGWORT (W6)
 IMCAP, MUSHROOM (F212)
 IMCAP, MUSTARD (F89)
 IMCAP, NETTLE (W20)
 IMCAP, NUTMEG (F282)
 IMCAP, OAK (T7)
 IMCAP, OAT (F7)
 IMCAP, OCTOPUS (F59)
 IMCAP, OLIVE TREE (T9)
 IMCAP, ONION (F48)
 IMCAP, ORANGE (F33)
 IMCAP, ORCHARD GRASS (G3)
 IMCAP, OREGANO (F283)
 IMCAP, OXEYE DAISY (W7)
 IMCAP, OYSTER (F290)
 IMCAP, P. FREQUENTANS(M20)
 IMCAP, P. NOTATUM (M1)
 IMCAP, PACIFIC SQUID (F58)
 IMCAP, PAPAYA (F293)
 IMCAP, PAPER WASP (I4)
 IMCAP, PARSLEY (F86)
 IMCAP, PASSION FRUIT (F29)
 IMCAP, PEA (F12)
 IMCAP, PEACH (F95)
 IMCAP, PEANUT (F13)
 IMCAP, PEAR (F94)
 IMCAP, PECAN NUT (F201)
 IMCAP, PERENNIAL RYE (G5)
 IMCAP, PERSIMMON (F301)
 IMCAP, PHOMA BETAE (M13)
 IMCAP, PINE (T213)
 IMCAP, PINE NUT (F253)
 IMCAP, PINEAPPLE (F210)
 IMCAP, PISTACHIO (F203)
 IMCAP, PLAICE (F254)
 IMCAP, PLUM (F255)
 IMCAP, PON FEATHER(E215)



Test Name

IMCAP, POPPY SEED (F224)
 IMCAP, PORK (F26)
 IMCAP, POTATO (F35)
 IMCAP, PRIVET (T210)
 IMCAP, PUMPKIN (F225)
 IMCAP, PUMPKIN SEED (F226)
 IMCAP, QUEEN PALM (T72)
 IMCAP, R. NIGRICANS (M11)
 IMCAP, RABBIT (F213)
 IMCAP, RABBIT EPITH. (E82)
 IMCAP, RABBIT URINE (E211)
 IMCAP, RAPE WEED (W203)
 IMCAP, RAT (E87)
 IMCAP, RAT EPITH. (E73)
 IMCAP, RED KIDNEY BEAN(F2)
 IMCAP, RED TOP GRASS (G9)
 IMCAP, RG MARSH ELDER (W1)
 IMCAP, RICE (F9)
 IMCAP, ROUGH PIGWEED (W14)
 IMCAP, RUSS. THISTLE (W11)
 IMCAP, RYE (F5)
 IMCAP, S. BOTRYOSUM (M10)
 IMCAP, SALMON (F41)
 IMCAP, SARDINE/PILCHARD(F)
 IMCAP, SCALE (W15)
 IMCAP, SCALLOPS (F338)
 IMCAP, SEMINAL FLUID (O7)
 IMCAP, SESAME SEED (F10)
 IMCAP, SHEEP EPITH. (E81)
 IMCAP, SHEEP SORREL (W18)
 IMCAP, SHRIMP (F24)
 IMCAP, SNAIL (F314)
 IMCAP, SOYBEAN (F14)
 IMCAP, SPINACH (F214)
 IMCAP, SPRUCE (T201)
 IMCAP, SQUID (F258)
 IMCAP, STACHY(RGM24)IGE
 IMCAP, STORAGE MITE (D71)
 IMCAP, STRAWBERRY (F44)
 IMCAP, SUGAR-BEET SEED(F2)
 IMCAP, SUNFLOWER (W204)
 IMCAP, SUNFLOWER SEED (K8)
 IMCAP, SWEET GUM (T211)
 IMCAP, SWINE EPITH. (E83)
 IMCAP, SWORDFISH (F312)

Test Name

IMCAP, SYCAMORE (T11)
 IMCAP, T. RUBRUM (M205)
 IMCAP, T. VIRIDE (M15)
 IMCAP, T.PUTRESCENTIAE(D7)
 IMCAP, TARRAGON (F272)
 IMCAP, TEA (F222)
 IMCAP, THYME (F273)
 IMCAP, TIMOTHY GRASS (G6)
 IMCAP, TOMATO (F25)
 IMCAP, TROUT (F204)
 IMCAP, TUNA (F40)
 IMCAP, TURKEY FEATHER (E8)
 IMCAP, TURKEY MEAT (F284)
 IMCAP, VANILLA (F234)
 IMCAP, VELVET GRASS (G13)
 IMCAP, VERNAL GRASS (G1)
 IMCAP, WALL PELLITORY (W1)
 IMCAP, WALL PELLITORY (W2)
 IMCAP, WALNUT (F256)
 IMCAP, WALNUT TREE (T10)
 IMCAP, WEST. RAGWEED (W2)
 IMCAP, WH-FACE HORNET (I2)
 IMCAP, WHEAT (F4)
 IMCAP, WHEY (F236)
 IMCAP, WHITE ASH (T15)
 IMCAP, WHITE BEAN (F15)
 IMCAP, WHITE MULBERRY (T7)
 IMCAP, WHITE PINE (T16)
 IMCAP, WILD RYE GRASS (G7)
 IMCAP, WILD SILK (K73)
 IMCAP, WILLOW (T12)
 IMCAP, WORMWOOD (W5)
 IMCAP, YEAST (F45)
 IMCAP, YELLOW HORNET (I5)
 IMCAP, YELLOW JACKET (I3)
 IMCAP,BALD CYPRESS (T37)
 IMCAP,BAYBERRY (T56) IGE
 IMCAP,DOG FENNEL IGE
 IMCAP,RED CEDAR IGE
 ISOCYANATE HDI (K77)
 ISOCYANATE MDI (K76)
 ISOCYANATE TDI (K75)
 JACK FRUIT (F318)IGE
 LATEX (K82) IGE
 LIMA BEAN IGE

Test Name

LUPIN SEED (F335)IGE
 LYSOZYME (RK208) IGE
 MACADAMIA NUT IGE
 MEGRIM (F311) IGE
 MILK SHEEP IGE
 MINT (F332) IGE
 MOTH IGE
 OAK, VIRGINIA LIVE
 PAPAINE IGE
 PAPRIKA (F218) IGE
 PEANUT (F13) W/REFL
 PEPPERTREE IGE
 PHTHALIC ANHYDRIDE
 QUINOA IGE*
 RABBIT SR PROT E206
 RAPE SEED RF316 IGE
 RAST, PENICILLIN G
 RAST, PENICILLIN V
 RAST, RASPBERRY
 SARDINE PILCHARD 308
 SOLE,IGE
 STAPH ENTERO A IGE
 STAPH ENTERO B IGE
 STAPH ENTERO IGE
 SUXAMETH (RC202)IGE
 SWEET POTATO (F54)
 T. TRITICI (M201)
 TRICHOPHYTON MEN.IGE
 TRIMET ANHYDRIDE K86
 U.CHARTARUM (M204)
 W HICKORY IGE
 WALNUT F256 IGE W/RF
 WATERMELON IG
 YELLOW DOCK IGE
 HEP B SUR AB QL(REFL)
 HEP B SURF AB QL
 LACTOSE, 5 SPEC 50G
 ANAEROBIC CULT. W/GS
 PROLACTIN, 3 SPEC
 AMMONIA (P)
 ANTI-DSDNA AB, EIA
 HIV1/2 AG/AB,4 W/RFL
 HIV1/2 AG/AB,4 W/RFL
 CREATININE CLEARANCE



NO-COST LABS

**AVAILABLE IN-CLINIC
AT ALL LOCATIONS**

Test Name

GTT,6 SPECIMEN
CORTISOL, 15 MIN
CORTISOL, 30 MIN
CORTISOL, 60 MIN
CORTISOL, A.M.
CORTISOL, BASELINE
CORTISOL, P.M.
CORTISOL, TOTAL
IMMUNOGLOBULIN E
LITHIUM
LYME AB W/REFL BLOT
S CL-70
SHBG
TESTOS, FR, DIAL, TOTAL
DHEA, LC/MS/MS
ASO
RHEUMATOID FACT. IGA
RHEUMATOID FACT(IGM)
LYME AB W/REFL IA
GTT,7 SPECIMEN
BILI,DIRECT,PEDI
THYROGLOBULIN AB
SurePath (REFL)
PROLACTIN, 4 SPEC
APOLIPOPROTEIN B
CARDIO IQ(TM) APO B
CULTURE, BLOOD
CULTURE, BLOOD NO. 2
CULTURE, BLOOD NO. 3
MAGNESIUM, RBC
MICRONUTRIENT,MG,RBC
VITAMIN D,1,25
UBT COLLECTION
B2-GLYCO I(IGG)
B2-GLYCO I(IGM)
OVA AND PARASITE
B2-GLYCO I(IGA)
FECAL LEUKOCYTE STN
CARDIOLIPIN IGA AB
CARDIOLIPIN IGG AB
CARDIOLIPIN IGM AB
CCP AB IGG
C-PEPTIDE
PTH,INTACT & CALCIUM
SALM/SHIG, CULTURE

Test Name

SJOGRENS AB (SS-B)
SM ANTIBODY
SM/RNP ABS
SS A RO AB(IGG)EIA
ANTI-DSDNA,RFX,TITER
CHLAM/GC,RNA,TMA,THROAT
CHLAMYDIA/N. GON RNA, TMA
CHLAMYDIA/N. GON RNA, TMA
CHLAMYDIA/N. GONORRHOEAE
CT/GC RNA,TMA,UROGEN
CT/NG RNA TMA W/REFL
CT/NG RNA,TMA (REFL)
CULT, FUNGUS (B)
HSV 1/2 IGG TYPE SP
INSULIN, 2 SPEC
MITOCHONDRIAL W/REFL
PROLACTIN, 5 SPEC
TROPONIN I
SHIGA TOXINS E.COLI
SJOGREN'S ANTIBODIES
MICRONUTRIENT,ZINC,P
ZINC (P)
CULTURE,AEROB/ANAER
AMH, FEMALE
AMH, MALE
COPPER
MICRONUTRIENT,COPPER
AFP,TUMOR (CHIRON)
LAMOTRIGINE
LIPO FRACT,ION MOB
QUESTASSURED VIT D
QUESTASSURED(TM),INF
RHEUMATOID FACT(IGG)
THYROGLOBULIN QT
VIT D 25OH LC/MS/MS
PENICILLLOLY G & V
JO-1 ANTIBODY
RIBOSOMAL P AB
LYME DIS IGG/M
BLOT REFLEX LYME AB IA
CALCIUM, IONIZED
SM & SM/RNP ABS
QUESTASSURED VIT D
CORTISOL, 2 SPEC
HBSAG CONFIRMATION

Test Name

M.GENITALIUM, PCR
M.GENITALIUM, TMA
TRICHOMONAS VAG RNA
TRICHOMONAS VAG RNA, QL
TROPONIN T
TROPONIN T (HS)
COMPLEMENT C3C
COMPLEMENT C4C
CULT, THROAT
CHROMATIN AUTO AB
LD ISOENZYMES
RNP ANTIBODY
SODIUM W/O CREAT RAND UR
HAPTOGLOBIN
HPV GENO 16,18/45
HPV GENO 16,18/45
HPV GENO 16,18/45,P
HPV MRNA E6/E7 RFLX
HPV MRNA E6/E7 W/RFL
HPV MRNA E6/E7, POST
HPV MRNAE6/E7,RECTAL
HPV RNA HR E6/E7 TMA
17-OHP ROGEST .LC/MSMS
INSULIN, 3 SPEC
CA 125
HPV GENO 16 AND 18
HPV HR
HPV HR
BV DNA, QNT REAL-TIME PCR

EXHIBIT E: BUSINESS ASSOCIATE AGREEMENT

In accordance with the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191 (“**HIPAA**”) and the Health Information Technology For Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (“**HITECH Act**”), Remedy Health shall, to the extent it acts in its capacity as a Business Associate to the Client, adhere to the applicable requirements established in the HIPAA Rules (as defined below) for Business Associates as set forth below.

1. Definitions:

Capitalized terms used, but not otherwise defined, in this Attachment shall have the same meaning as those terms as used or defined in the HIPAA Rules, including but not limited to the following terms: Breach, Data Aggregation, Designated Record Set, Individual, Minimum Necessary, Notice of Privacy Practices, Plan Administrator, Required By Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Workforce.

A. “**Business Associate**” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this Attachment, shall mean Remedy Health.

B. “**HIPAA Rules**” shall mean the requirements of the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164, implementing HIPAA and the HITECH Act, in each case only as of the applicable compliance date for such requirements.

C. “**Incident Response Team**” shall mean the unit designated by Remedy Health that is responsible for investigating and responding to information privacy and security incidents and complaints.

D. “**Privacy Rule**” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

E. “**Protected Health Information**” (“**PHI**”) and “**Electronic Protected Health Information**” (“**EPHI**”). PHI and EPHI shall have the same meaning as such terms as defined in 45 CFR 160.103 but limited to such information created or received by Remedy Health in its capacity as a Business Associate (and not a pharmacy or other health care provider) of Client.

F. “**Security Rule**” shall mean the Standards for Security of Electronic Protected Health Information at 45 CFR parts 160 and 164, subpart C.

2. Obligations and Activities of Business Associate:

A. Business Associate agrees not to use or disclose PHI other than as permitted or required by the Agreement or this Attachment, or as permitted or Required By Law.

B. Business Associate agrees to use appropriate safeguards to protect against any use or disclosure of PHI not provided for herein and to comply, where applicable, with Subpart C of 45 CFR Part 164 with respect to EPHI. Without limiting the foregoing, Business Associate

agrees to implement appropriate administrative, physical, and technical safeguards designed to prevent the unauthorized use and disclosure of PHI, and to protect the confidentiality, integrity, and availability of EPHI, including maintaining an Incident Response Team to investigate and respond to unauthorized uses and disclosures of PHI upon learning thereof, as required by 45 CFR § 164.308, 164.310, 164.312, and 164.316, as may be amended from time to time.

C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Attachment.

D. Business Associate agrees to report to Client, within ten (10) business days of discovery by the Incident Response Team any unauthorized disclosure of the PHI arising from a Security Incident, and otherwise not provided for by the Agreement or permitted under the HIPAA Rules.

E. In accordance with 45 CFR 164.502 (e)(1)(ii) and 164.308(b)(2) Business Associate agrees to require that any Subcontractor to whom it delegates any function or activity it has undertaken to perform on behalf of Client, and whom it provides PHI received from or created on behalf of Client, agrees to substantially the same restrictions and conditions on the use or disclosure of PHI as apply through this Business Associate Agreement through a Business Associate Agreement between such Subcontractor and Business Associate.

F. Upon the Client's written request, and in a reasonable time and manner, Business Associate agrees to provide to Client such PHI maintained by Business Associate in a Designated Record Set as required for Client to respond to a request for access under 45 CFR 164.524.

G. Upon the Client's written request, and in a reasonable time and manner, Business Associate agrees to make available PHI maintained by it in a Designated Record Set, and to make amendments to such PHI, in order for Client to respond to a request for amendment under 45 CFR 164.526.

H. Business Associate agrees to document such disclosures of PHI made by it, and information related to such disclosures, as would be required for Client to respond to a request by an Individual for an accounting of disclosures of PHI under 45 CFR 164.528.

I. Upon written request by Client, and in a reasonable time and manner, Business Associate agrees to provide to Client information collected in accordance with Paragraph I of this Section 2 for Client to provide an accounting under 45 CFR 164.528.

J. To the extent Client specifically delegates to Business Associate one or more of Client's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate agrees to comply with the requirements of Subpart E that apply to Client in the performance of such obligation(s).

K. Following the discovery by Business Associate of any Breach of Unsecured PHI by Business Associate or its Subcontractors, Business Associate agrees to notify Client of such Breach without unreasonable delay, but no later than within five (5) business days after the Incident Response Team is notified of the Breach. Such notification shall include, to the extent available, the identity of each Individual whose Unsecured PHI has been or is reasonably believed by Business Associate to have been, accessed, acquired, used, or disclosed during

the Breach. At the time of notification or promptly thereafter as such information becomes available, Business Associate shall also provide Client with such other available information as is required for Client to notify an Individual of the Breach as required by 45 CFR 164.404(c). Business Associate agrees that to the extent the Breach is solely as a result of Business Associate's negligent acts or omissions, Business Associate shall provide the notifications required under 45 CFR 164.404, 45 CFR 164.406 and 164.408(b). Notwithstanding the above, if a law enforcement official provides Business Associate with a statement that the notification required under this paragraph would impede a criminal investigation or cause damage to national security, Business Associate may delay the notification for the period of time set forth in the statement as permitted under 45 CFR 164.412.

3. Permitted Uses and Disclosures by Business Associate:

A. Business Associate may use or disclose PHI to perform functions, activities and services for or on behalf of, Client as provided in the Business Associate Agreement. Such uses and disclosures shall be limited to those that would not violate the Privacy Rule if done by Client except that Business Associate may use and disclose PHI:

(i) for the proper management and administration of the Business Associate or to carry out its legal responsibilities; provided that, in the case of any disclosures for either of these purposes, the disclosure is Required by Law or Business Associate obtains reasonable assurances in writing from the person to whom the information is disclosed, that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and that the person will notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(ii) to provide Data Aggregation services to Client and/or Plan Administrator as permitted by 45 CFR 164.504(e)(2)(i)(B);

B. Business Associate may also use and disclose PHI: (i) to respond to requests for PHI either accompanied by an authorization that meets the requirements of 45 CFR 164.508 or from a covered entity or health care provider in accordance with 45 CFR 164.506(c); (ii) to de-identify the information or create a limited data set in accordance with 45 CFR §164.514, which de-identified information or limited data set may be used and disclosed by Business Associate as permitted by law, including HIPAA; (iii) to report violations of law to appropriate federal and state authorities, consistent with 45 CFR §164.502(j)(1); and (iv) as authorized in writing by Client.

C. Business Associate agrees to request, use, and disclose PHI in compliance with the Minimum Necessary standard of the HIPAA Rule.

4. Obligations of Client:

A. Client shall provide PHI to Business Associate in compliance with the Minimum Necessary standard of the Privacy Rule. Client shall not ask or require Business Associate to use or disclose PHI in a manner in which Client could not do as a Covered Entity except as permitted by 45 CFR 164.504(e) to perform Data Aggregation services.

B. Client represents and warrants that its Notice of Privacy Practices complies with 45 C.F.R. 164.520 and permits Client to use and disclose PHI in the manner that Business Associate is authorized to use and disclose PHI under this Attachment.

C. To the extent that the Client honors a request to restrict the use or disclosure of PHI pursuant to 45 C.F.R. 164.522(a), Client agrees not to provide such PHI to Business Associate unless Client notifies Business Associate of the restriction and Business Associate advises Client that it is able to accommodate the restriction. Client agrees to reimburse Business Associate for any increase in costs required to accommodate such restriction.

D. Client shall be responsible for using administrative, physical, and technical safeguards at all times to maintain and ensure the confidentiality, privacy and security of PHI transmitted to Business Associate in accordance with the standards and requirements of the HIPAA Rules, until such PHI is received by Business Associate.

E. Client shall obtain any consent or authorization that may be required by applicable federal or state laws in order for Business Associate to provide its services under the Agreement.

F. Client shall provide to Business Associate a written list of the names of those individuals in its Workforce that are authorized to receive or access PHI on its behalf, and to provide reasonable prior written notice to Business Associate of any changes to such list.

5. Miscellaneous:

A. Regulatory References. A reference in this Attachment to a section in the HIPAA Rules means the section as in effect or as amended, and as of its applicable compliance date.

B. Changes to this Attachment. The Parties agree to negotiate in good faith to amend this Attachment or the Agreement as necessary to comply with any changes in the HIPAA Rules. If, within sixty (60) business days after Business Associate receives a proposed amendment for this purpose from Client, the Parties are unable in good faith to reach agreement on its terms, either Party may terminate the Agreement and this Attachment by written notice to the other.

C. Interpretation. Any ambiguity in this Attachment shall be resolved to permit the Parties to comply with the HIPAA Rules.



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