

AMENDMENT TO THE PROVIDER AGREEMENT

This Amendment (this "Amendment") is added to the Provider Agreement (the "Agreement") between OptumHealth Care Solutions, LLC ("Optum") and the undersigned individual or group entity ("Provider"). It is effective on the date it is countersigned on behalf of Optum®.

In consideration of the terms and conditions set forth in this Amendment, the parties mutually agree as follows:

1. Capitalized terms used within this Amendment, which are not otherwise defined in this Amendment or its attachments, shall have the meaning assigned to them in the Agreement.
2. This Amendment applies to covered services rendered by Provider to Customers covered under the following types of benefit contracts:
 - UnitedHealthcare Community Plan Kentucky Medicaid, CHIP and LTSS Benefit Contracts
3. Provider's contract rate for covered services as part of above Plan(s)/program(s) is the lesser of your customary charges or 100% of the Kentucky Medicaid fee schedule published by the applicable state agency.
4. Optum shall supply applicable Plan Summary for the above mentioned Plan(s)/program(s) in accordance with the Plan Summary section of the Agreement.
5. Any regulatory requirements, if applicable to the above mentioned Plan(s)/program(s), shall be attached to this Amendment and shall be made a part of the Agreement.
6. Except as provided herein, all other terms and conditions of the Agreement shall remain in full force and effect.

OptumHealth Care Solutions, LLC
Mail Route: MN103-0700
11030 Optum Circle
Eden Prairie, MN 55344

Provider: _____
Address: _____

Signature: _____
Print Name: _____
Title: _____
Date: _____

Signature: _____
Print Name: _____
Title: _____
Date: _____
Tax ID #: _____
NPI #: _____
Medicaid #: _____