



Addendum to Collection Service Agreement:

Hospital agrees that a "reasonable effort" as defined by the regulations of 501(r) released by the Treasury Department has been made to determine eligibility for financial assistance or a notification has been turned over to the Collection Agency of those accounts where a "reasonable effort" has not been made. Collection Agency may make the required "reasonable efforts" as defined by the regulations of 501(r) released by the Treasury Department on any account or responsible individual if the Hospital has not performed the required "reasonable efforts" in order to pursue Extraordinary Collection Actions. Hospital agrees to include the date of first post discharge statement and the deadline date on the final notice for Extraordinary Collection Actions with every account listed with Collection Agency. Hospital approves the use of Extraordinary Collection Actions as defined by the regulations of 501(r) released by the Treasury Department including but not limited to credit reporting, placing liens on a person's property when a suit authorization is signed, attaching or seizing a person's bank account or any other personal property, commencing a civil action/litigation against a person, and garnishing a person's wages. Hospital agrees that within five (5) business days of receiving a financial assistance application, approval of financial assistance, or denial of financial assistance an electronically notification will be sent to the Collection Agency. Collection Agency agrees to suspend Extraordinary Collection Actions upon notification of the Hospital received financial assistance application from Hospital. Collection Agency agrees that it will take all reasonable measures to reverse any Extraordinary Collection Actions upon notification of approval of financial assistance by Hospital. Hospital agrees that it will refund any payments received that are in excess of an approved financial assistance eligible guarantor. Collection Agency agrees that it will not earn a contingency fee on any refunds to approved financial assistance guarantors. Collection Agency agrees to notify Hospital if a guarantor requests a financial assistance application; Hospital or Collection Agency will provide one by mail or electronically. Collection Agency agrees to promptly notify/disclose violations of 501(r) to Hospital and correct the mistake immediately.

Client Name:

Americollect, Inc.

Signature:

Signature:

Title:

Title:

Date:

Date:
