



IPA Schedule A

In accordance with the Independent Physician Agreement (which is incorporated here by reference), executed between Medicus Psychiatry Services, LLC ["Medicus"] and Joseph Bonghyun Lee["Physician"] with social security number of To be provided, and a resident at 43 Botsford Rd Chestnut Hill , MA 02467, with an Effective Date of 07/10/2015IPA, Medicus and the Physician agree to the following:

1. General. Joseph Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of VHM Services, Inc., dba MetroWest Physician Servic("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 10/01/2018 - 12/28/2018

Weekday Coverage; 8a-4p:

October 1-5

October 8-12

October 15-19

October 22-26

October 29-November 2

November 5-9

November 12-16

November 19-21

November 23

November 26-30

December 3-7

December 10-14

December 17-21

December 24

December 26-28

Assignment Location(s): MetroWest Medical Center (Framingham, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$185.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$277.50 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

Tolls/Parking/Other

Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

Special Arrangements: For this work assignment, the following special arrangements apply:

Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.

- Any and all overtime must be approved by an authorized Provided Representative.
- Physician shall have a current and active state/Commonwealth of MA license.
- Patient expectation is up to 10 per day plus 1 admission.

Overtime rates apply after 40 hours worked per week, Monday- Friday.



IPA Schedule A

In accordance with the Independent Practitioner Agreement (which is incorporated here by reference), executed between Medicus Psychiatry Services, LLC ["Medicus"] and **Joseph Bonghyun Lee**["Practitioner"] with social security number of **To be provided**, and a resident at **43 Botsford Rd Chestnut Hill , MA 02467**, with an Effective Date of **07/10/2015**IPA, Medicus and the Practitioner agree to the following:

1. **General: Joseph Bonghyun Lee** ["Practitioner"] will provide locum tenens coverage on behalf of **VHM Services, Inc., dba MetroWest Physician Servic**("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Practitioner hereby agrees to continue to comply with all terms and conditions of the IPA.

2. **Assignment Term:**

Weekday Coverage Monday-Friday 8a-4p

July 2-3

July 5-6

July 9-13

July 16-20

July 23-27

July 30-August 3

August 6-10

August 13-17

August 20-24

August 27-31

September 4-7

September 10-14

September 17-21

September 24-28

3. **Assignment Location(s): MetroWest Medical Center (Framingham, MA)**

4. **Rate Schedule:**

Regular Rate(s):

Regular Rate - Weekday \$185.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$277.50 / Hrs

5. **Expenses:** For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Practitioner:

Tolls/Parking/Other

Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

6. **Special Arrangements:** For this work assignment, the following special arrangements apply:

Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.

Any and all overtime must be approved by an authorized Provided Representative.

- Practitioner shall have a current and active state/Commonwealth of MA license.
- Patient expectation is up to 10 per day plus 1 admission.

Overtime rates apply after 40 hours worked per week, Monday- Friday.



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In accordance with the Independent Practitioner Agreement (which is incorporated here by reference), executed between Medicus Psychiatry Services, LLC ["Medicus"] and **Joseph Bonghyun Lee**["Practitioner"] with social security number of **To be provided**, and a resident at **43 Botsford Rd Chestnut Hill , MA 02467**, with an Effective Date of **07/10/2015**IPA, Medicus and the Practitioner agree to the following:

1. **General: Joseph Bonghyun Lee** ["Practitioner"] will provide locum tenens coverage on behalf of **Steward Medical Group, Inc.** ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Practitioner hereby agrees to continue to comply with all terms and conditions of the IPA.

2. **Assignment Term: 05/29/2018 - 06/29/2018**

Coverage Monday-Friday 8a-4p

May 29-June 1

June 4-8

June 11-15

June 18-22

June 25-29

3. **Assignment Location(s): Carney Hospital (Dorchester, MA)**

4. **Rate Schedule:**

Regular Rate(s):

Regular Rate - Weekday \$185.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$277.50 / Hrs

5. **Expenses:** For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Practitioner:

Tolls/Parking/Other

Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

6. **Special Arrangements:** For this work assignment, the following special arrangements apply:

Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.

Any and all overtime must be approved by an authorized Provided Representative.

Practitioner shall have a current and active state/Commonwealth of MA license.

Overtime rate applies to anything worked over 40 hours per week Monday-Friday and must be preapproved the client.

7. Personal Expenses: Practitioner shall be responsible for payment of any expenses not specifically agreed to under the Expenses section of this Schedule, unless either Medicus or the Provider agree otherwise in writing. Any charges not paid will be deducted from the amount otherwise owing to Physician for services rendered in connection with this Assignment. Practitioner authorizes Medicus to make deductions relating to the personal or unauthorized expenses from the amount otherwise owing to Practitioner. Furthermore, while on assignment Practitioner will be solely responsible for any additional airfare for spouse, children and/or significant other; upgrades in airfare, lodging or housing; and upgrades in rental car.

8. Work Verification, Billing & Payment: In order for Practitioner to be reimbursed for services and expenses, Practitioner is required to complete, sign and submit (via fax or email) a Confirmation of Services Provided Form, authorized by the Provider, and assent to the terms set forth therein. Any reporting required must also be completed. Additionally, the Practitioner must fax or email to Medicus an Invoice for any authorized expenses incurred together with copies of validated receipts. These items should be faxed or emailed to Medicus each Monday by 12 noon, or within 48 hours of the last day of the assignment. Medicus will send payment 15 business days after their receipt.

9. Travel Arrangements: Medicus will make all arrangements specified on Page 1 of this Schedule on behalf of the Practitioner. For Practitioner's personal car travel, mileage must be included with Invoice. If mileage is not included, Medicus will estimate the mileage using MapQuest or similar service and will pay the IRS approved mileage reimbursement rate. Travel charges that will be the responsibility of the Practitioner, and deducted from amounts owed to the Practitioner if the following conditions apply:

- Rental cars kept for additional days beyond what was booked and authorized by Medicus.
- Upgrades or charges beyond what was booked and authorized by Medicus.
- Upgrades in hotel accommodations resulting in a price increase, as well as any charges in addition to room and tax.
- The Practitioner is responsible for any and all "no show" fees unless Medicus has been notified that they are unable to keep their reservation for any reason, during business hours, via writing, fax or email.
- Change or cancellation fees on airfare not required by a change in the assignment.

10. Privileges: Practitioner's Assignment is pending Practitioner obtaining and maintaining unrestricted medical staff privileges at Facility.

11. Confidentiality: The terms set forth herein and in the Independent Practitioner Agreement, including but not limited to the Practitioner's Regular Daily Rate, Overtime Rate and On-Call and Call Back Rates are confidential. Practitioner shall not divulge this confidential information to any other party, including the Provider or any Facility.

12. Restrictions: Practitioner acknowledges that there is no restriction or contractual obligation with any other party that would prohibit Practitioner from accepting Assignment at the above-referenced Client and/or Facility through Medicus.

13. Cancellation: For this Assignment, Medicus may cancel the assignment 15 days from any scheduled days not yet worked.

14. Medicus' obligations contained herein is subject to Provider's acceptance of a Schedule A containing identical Assignment Term and Assignment Location(s). If this condition is not met, neither party shall have any obligation to the other, nor claim against any party for costs, damages, compensation or otherwise.

Practitioner has read, understands, and agrees to the terms and conditions set forth in this Schedule A and the IPA. Please initial Page 1, sign below and fax both pages to Medicus at (603)-816-9002.

Medicus Psychiatry Services, LLC:

Name: **Eric Boucher**

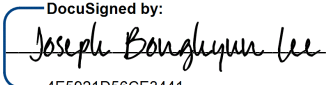
Signature: _____

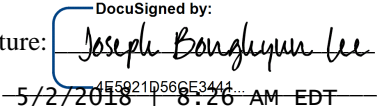
Date: **05/02/2018**

Title: **Recruiter**

PRACTITIONER:

Name: **Joseph Bonghyun Lee**

Signature:  _____

Date:  _____

Title: _____



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1. **General. Joseph Bonghyun Lee** ["Physician"] will provide locum tenens coverage on behalf of **Steward Medical Group, Inc.**("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 01/02/2018 - 03/02/2018

Monday- Friday; 8a-4p:

January 2- 5

January 8-12

January 15-19

January 22-26

January 29-February 2

February 5-9

February 12-16

February 19-23

February 26-March 2

Assignment Location(s): Steward St. Elizabeth's Hospital of Boston, Inc. (Boston, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$185.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$277.50 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

Tolls/Parking/Other

Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

Special Arrangements: For this work assignment, the following special arrangements apply:

Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.

Any and all overtime must be approved by an authorized Provided Representative.

Physician shall have a current and active state/Commonwealth of MA license.

Census will be capped at 10 patients.



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1. General. Joseph Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of Steward Health Care System LLC ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 10/02/2017 - 12/29/2017

Monday- Friday 8a-4p:

October 2-6

October 10-13

October 16-20

October 23-27

October 30-November 3

November 6-10

November 13-17

November 20-22

November 24

November 27-December 1

December 4-8

December 11-15

December 18-22

December 26-29

-
-

Assignment Location(s): Steward St. Elizabeth's Hospital of Boston, Inc. (Boston, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$185.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$277.50 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

- Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

Special Arrangements: For this work assignment, the following special arrangements apply:

- Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.
- Any and all overtime must be approved by an authorized Provided Representative.
- Physician shall have a current and active state/Commonwealth of MA license.
-

- Census will be capped at 10 patients.
-



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1. General. Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Physician Services ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 09/05/2017 - 09/15/2017

Weekday Coverage: 8:00AM- 4:00PM

September 5-8

September 11-15

-

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$180.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$270.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

Tolls/Parking/Other

Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

Special Arrangements: For this work assignment, the following special arrangements apply:

Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.

Any and all overtime must be approved by an authorized Provided Representative.

Physician shall have a current and active state/Commonwealth of MA license.

- Patient expectation is up to 10 per day.
- Overtime rates apply after 40 hours worked per week, Monday- Friday.



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1. General. Joseph Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Physician Services ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 04/03/2017 - 09/01/2017

Weekday Coverage; 8a- 4p

- April 3-7
- April 10-14
- April 17-21
- April 24-28
- May 1-5
- May 8-12
- May 15-19
- May 22-26
- May 30-June 2
- June 5-9
- June 12-16
- June 19-23
- June 26-30
- July 3
- July 5-7
- July 10-14
- July 17-21
- July 24-28
- August 14-18
- August 21-25
- August 28-September 1

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$180.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$270.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

- Tolls/Parking/Other
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1. General. Joseph Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Physician Services ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 01/03/2017 - 03/31/2017

2017 Weekday Coverage: 8a- 4p

January 3-6

January 9-13

January 16-20

January 23-27

January 30-February 3

February 6-10

February 13-17

February 21-24

February 27-March 3

March 6-10

March 13-17

March 20-24

March 27-31

-

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$170.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$255.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

Tolls/Parking/Other

Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment

Special Arrangements: For this work assignment, the following special arrangements apply:

Confirmation Of Services Provided Form to be signed by Authorized Provider Representative.

Any and all overtime must be approved by an authorized Provided Representative.

Physician shall have a current and active state/Commonwealth of MA license.



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1. General. Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Physician Services ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 10/03/2016 - 12/30/2016

Weekday Coverage; 8a- 4p

October 3-7

October 10-14

October 17-21

October 24- 28

October 31-November 4

November 7-11

November 14-18

November 21-23

November 25

November 28- December 2

December 5-9

December 12-16

December 19-23

December 26-30

-

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$170.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$255.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

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1. **General. Bonghyun Lee** ["Physician"] will provide locum tenens coverage on behalf of **MetroWest Medical Center** ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. **Assignment Specifics:**

ASSIGNMENT TERM: 06/06/2016 - 09/30/2016

Weekday Coverage; 8a- 4p

June 6-10, 2016

June 13-17, 2016

June 20- 24, 2016

June 27-July 1, 2016

July 5-8, 2016

July 11-15, 2016

July 18-22, 2016

July 25-29, 2016

August 1-5, 2016

August 8-12, 2016

August 15-19, 2016

September 6-9, 2016

September 12-16, 2016

September 19-23, 2016

September 26-30, 2016

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$170.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$255.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

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1. General. Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Medical Center ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 03/07/2016 - 06/03/2016

Weekday Coverage; 8a- 4p

March 7-11, 2016

March 14-18, 2016

March 21-25, 2016

March 28- April 1, 2016

April 4-8, 2016

April 11-15, 2016

April 18-22, 2016

April 25-29, 2016

May 2-6, 2016

May 9-13, 2016

May 16-20, 2016

May 23-27, 2016

May 30-June 3, 2016

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$170.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$255.00 / Hrs

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- **Patient expectation is up to 10 per day.**



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1. General. Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Medical Center ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 12/04/2015 - 03/04/2016

Weekday Coverage; 8a- 4p

December 4, 2015

December 7-11, 2015

December 14-18, 2015

December 21-24, 2015

December 28-31, 2015

January 4-8, 2016

January 11-15, 2016

January 18-22, 2016

January 25-29, 2016

February 1-5, 2016

February 8-12, 2016

February 15-19, 2016

February 22-26, 2016

February 29-March 4, 2016

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)

Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$170.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$255.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

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1. General. Bonghyun Lee ["Physician"] will provide locum tenens coverage on behalf of MetroWest Medical Center ("Provider") at the Assignment Locations noted below pursuant to the terms and conditions of the IPA and this schedule A. The Physician hereby agrees to continue to comply with all terms and conditions of the IPA.

2. Assignment Specifics:

ASSIGNMENT TERM: 08/31/2015 - 12/03/2015

- Weekday Coverage; 8a- 4p
- August 31-September 4, 2015
- September 8- 11, 2015
- September 14-18, 2015
- September 21-25, 2015
- September 28- October 2, 2015
- October 5-9, 2015
- October 12-16, 2015
- October 19-23, 2015
- October 26-30, 2015
- November 2-6, 2015
- November 9-13, 2015
- November 16-20, 2015
- November 23- 25, 2015
- November 27, 2015
- November 30- December 3, 2015

Assignment Location(s): MetroWest Medical Center - Leonard Morse Hospital (Natick, MA)
Rate Schedule:

Regular Rate(s):

Regular Rate - Weekday \$170.00 / Hrs

Overtime Rate(s):

Overtime - Weekday \$255.00 / Hrs

Other Rates:

Orientation Pay \$170.00 / Hrs

Expenses: For this work assignment, the following outlines the authorized expense arrangements for which Medicus will coordinate with the Provider and make on behalf of the Physician:

- Tolls/Parking/Other
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Physician shall have a current and active state/Commonwealth of MA license.

Patient expectation is up to 10 per day

Overtime rates apply after 40 hours worked per week, Monday- Friday.

PURCHASE ORDER
Exhibit A

1. In accordance with the Independent Provider Agreement executed between Barton Associates (“Barton”) and **Dr. Bonghyun Lee** (“Provider”) on the date of **December 13, 2013** (the “Agreement”); the parties agree as follows:

Provider agrees to perform medical services (“Services”) for **Cambridge Health Alliance** (“Client”). The Services will be provided to the Client or its customers at a facility located at **Whidden Memorial Hospital**.

Provider shall provide services for the Client for the dates outlined below:

3/2/15 - 7/4/15 (Including any future agreed upon dates)

Provider shall perform these Services at a rate of:

\$165/hour ("Provider’s Rate") to include all Services provided during normal hours of operation.

2. Provider shall within 7 days after the end of each 1 week period, submit to Barton a time record signed by an authorized Client representative verifying the number of days/hours of services that were provided to the Client. No payments will be made to Provider prior to receipt of the verified time records.
3. Expenses: **Client is responsible for mileage.**
4. Provider’s Rate(s) are a confidential matter between Provider and Barton; Provider shall not divulge its rate to any other party, including the Client.
5. As required in Section 8 of the Agreement, Provider must give advance written notice, effective thirty days following the above scheduled start date, should a need to cancel this assignment arise.
6. Provider must complete all medical records and other documents required by Client within **seven** days of patient encounter.
7. Provider shall have a current State of **MA** license.
8. Special arrangements: M-F 40 hours with no call. Provider will give 30 days notice for any requested time off during the duration of the assignment.
9. **Provider shall return this signed purchase order to Barton within one (1) day of receipt.**

The undersigned has read, understands, and agrees to the terms and conditions set forth above.

Barton Recruiter: Jared Notargiacomo

Barton Associates, Inc.

Provider

Date:

Date:

Name: Jeffrey Maloney

Name: Dr. Bonghyun Lee

Signature: _____

Signature: _____

Title:

Title: Provider

PURCHASE ORDER
Exhibit A

1. In accordance with the Independent Provider Agreement executed between Barton Associates (“Barton”) and **Dr. Bonghyun Lee** (“Provider”) on the date of **December 13, 2013** (the “Agreement”); the parties agree as follows:

Provider agrees to perform medical services (“Services”) for **Cambridge Health Alliance** (“Client”). The Services will be provided to the Client or its customers at a facility located at **Whidden Memorial Hospital**.

Provider shall provide services for the Client for the dates outlined below:

11/03/14 - 2/27/15 (*Including any future agreed upon dates*)

Provider shall perform these Services at a rate of:

\$155/hour (“Provider’s Rate”) to include all Services provided during normal hours of operation.

2. Provider shall within 7 days after the end of each 1 week period, submit to Barton a time record signed by an authorized Client representative verifying the number of days/hours of services that were provided to the Client. No payments will be made to Provider prior to receipt of the verified time records.
3. Expenses: **Client is responsible for mileage.**
4. Provider’s Rate(s) are a confidential matter between Provider and Barton; Provider shall not divulge its rate to any other party, including the Client.
5. As required in Section 8 of the Agreement, Provider must give advance written notice, effective thirty days following the above scheduled start date, should a need to cancel this assignment arise.
6. Provider must complete all medical records and other documents required by Client within **seven** days of patient encounter.
7. Provider shall have a current State of **MA** license.
8. Special arrangements: M-F 40 hours with no call. Provider will give 30 days notice for any requested time off during the duration of the assignment.
9. **Provider shall return this signed purchase order to Barton within one (1) day of receipt.**

The undersigned has read, understands, and agrees to the terms and conditions set forth above.

Barton Recruiter: Jared Notargiacomo

Barton Associates, Inc.

Provider

Date:

Date:

Name: Brian Horne

Name: Dr. Bonghyun Lee

Signature: _____

Signature: _____

Title: Team Manager Sales & Recruiting

Title: Provider

PURCHASE ORDER
Exhibit A

1. In accordance with the Independent Provider Agreement executed between Barton Associates (“Barton”) and **Dr. Bonghyun Lee** (“Provider”) on the date of **December 13, 2013** (the “Agreement”); the parties agree as follows:

Provider agrees to perform medical services (“Services”) for **Cambridge Health Alliance** (“Client”). The Services will be provided to the Client or its customers at a facility located at **Whidden Memorial Hospital**.

Provider shall provide services for the Client for the dates outlined below:

7/15/2014 - 10/31/2014 (*Including any future agreed upon dates*)

Provider shall perform these Services at a rate of:

\$155/hour (“Provider’s Rate”) to include all Services provided during normal hours of operation.

2. Provider shall within 7 days after the end of each 1 week period, submit to Barton a time record signed by an authorized Client representative verifying the number of days/hours of services that were provided to the Client. No payments will be made to Provider prior to receipt of the verified time records.
3. Expenses: **Client is responsible for mileage.**
4. Provider’s Rate(s) are a confidential matter between Provider and Barton; Provider shall not divulge its rate to any other party, including the Client.
5. As required in Section 8 of the Agreement, Provider must give advance written notice, effective thirty days following the above scheduled start date, should a need to cancel this assignment arise.
6. Provider must complete all medical records and other documents required by Client within **seven** days of patient encounter.
7. Provider shall have a current State of **MA** license.
8. Special arrangements: M-F 40 hours with no call
9. **Provider shall return this signed purchase order to Barton within one (1) day of receipt.**

The undersigned has read, understands, and agrees to the terms and conditions set forth above.

Barton Recruiter: Jared Notargiacomo

Barton Associates, Inc.

Provider

Date:

Date:

Name: Brian Horne

Name: Dr. Bonghyun Lee

Signature: _____

Signature: _____

Title: Team Manager Sales & Recruiting

Title: Provider

PURCHASE ORDER
Exhibit A

1. In accordance with the Independent Provider Agreement executed between Barton Associates (“Barton”) and **Dr. Bonghyun Lee** (“Provider”) on the date of **December 13, 2013** (the “Agreement”); the parties agree as follows:

Provider agrees to perform medical services (“Services”) for **Cambridge Health Alliance** (“Client”). The Services will be provided to the Client or its customers at a facility located at **Whidden Memorial Hospital**.

Provider shall provide services for the Client for the dates outlined below:

3/3/14 - 6/28/14 (*Including any future agreed upon dates*)

Provider shall perform these Services at a rate of:

\$155/hour (“Provider’s Rate”) to include all Services provided during normal hours of operation.

2. Provider shall within 7 days after the end of each 1 week period, submit to Barton a time record signed by an authorized Client representative verifying the number of days/hours of services that were provided to the Client. No payments will be made to Provider prior to receipt of the verified time records.
3. Expenses: **Client is responsible for mileage.**
4. Provider’s Rate(s) are a confidential matter between Provider and Barton; Provider shall not divulge its rate to any other party, including the Client.
5. As required in Section 8 of the Agreement, Provider must give advance written notice, effective thirty days following the above scheduled start date, should a need to cancel this assignment arise.
6. Provider must complete all medical records and other documents required by Client within **seven** days of patient encounter.
7. Provider shall have a current State of **MA** license.
8. Special arrangements: M-F 40 hours with no call
9. **Provider shall return this signed purchase order to Barton within one (1) day of receipt.**

The undersigned has read, understands, and agrees to the terms and conditions set forth above.

Barton Recruiter: Jared Notargiacomo

Barton Associates, Inc.

Provider

Date:

Date:

Name: Brian Horne

Name: Dr. Bonghyun Lee

Signature: _____

Signature: _____

Title: Manager Sales/Recruiting

Title: Provider



Jackson & Coker Medical Group, LLC
 3000 Old Alabama Road
 Suite 119-608
 Alpharetta, GA 30022

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phone 800.272.2707
fax 800.936.4562

CONTRACTOR CONFIRMATION OF ASSIGNMENT

Addendum to Contractor Agreement

Contractor: Dr. Bonghyun Lee

Client Name: Arbour-Fuller Hospital
 200 May St
 Attleboro MA 02703

OppID: 157687

AssignID: 175706

Facility: Arbour-Fuller Hospital
 200 May St
 Attleboro MA 02703-5220

Malpractice Insurance Provided By: Contractor

Specialty: PSYCHIATRY

Dates of Coverage: 11/1/2013 to 11/30/2013

Date: 9/23/2013

Weekday: \$140.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Professional services beginning December 1, 2012 for 6 months, with extension possible if mutually agreed upon.

This Confirmation of Assignment, weekly Contractor's service record, and weekly Contractor payment request (with receipts for allowable expenses) must be signed and returned in order to process Contractor's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens contractors who are providing coverage as independent contractor for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Contractor Agreement between Dr. Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Contractor Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Contractor Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC
Authorized Representative: Meghan Hunter

Signature: _____

Date: _____

Contractor: Dr. Bonghyun Lee

Contractor Signature: Bonghyun Lee

Date: 9/24/13



**JACKSON
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MEDICAL GROUP, LLC

Jackson & Coker Medical Group, LLC

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Alpharetta, GA 30022

www.jacksoncoker.com

phone 800.272.2707

fax 800.936.4562

CONTRACTOR CONFIRMATION OF ASSIGNMENT

Addendum to Contractor Agreement

Contractor: Dr. Bonghyun Lee

Client Name: Arbour-Fuller Hospital

200 May St
Attleboro MA 02703

OppID: 157687

AssignID: 175706

Facility: Arbour-Fuller Hospital

200 May St
Attleboro MA 02703-5220

Malpractice Insurance Provided By: Physician

Specialty: PSYCHIATRY

Dates of Coverage: 9/2/2013 to 10/31/2013

Date: 6/7/2013

Weekday: \$140.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Professional services beginning December 1, 2012 for 6 months, with extension possible if mutually agreed upon.

This Confirmation of Assignment, weekly Contractor's service record, and weekly Contractor payment request (with receipts for allowable expenses) must be signed and returned in order to process Contractor's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens contractors who are providing coverage as independent contractor for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Contractor Agreement between Dr. Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Contractor Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Contractor Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC
Authorized Representative: Meghan Hunter

Signature: _____

Date: _____

Contractor: Dr. Bonghyun Lee

Contractor Signature: *Bonghyun Lee*

Date: 6/18/13



**JACKSON
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MEDICAL GROUP, LLC

Jackson & Coker Medical Group, LLC

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fax 800.936.4562

CONTRACTOR CONFIRMATION OF ASSIGNMENT

Addendum to Contractor Agreement

Contractor: Dr. Bonghyun Lee

Client Name: Arbour-Fuller Hospital

200 May St
South Attleboro MA 02703

OppID: 157687

AssignID: 175706

Facility: Arbour-Fuller Hospital

200 May St
Attleboro MA 02703

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 5/30/2013 to 8/30/2013

Date: 3/26/2013

Weekday: \$140.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Professional services beginning December 1, 2012 for 6 months, with extension possible if mutually agreed upon.

This Confirmation of Assignment, weekly Contractor's service record, and weekly Contractor payment request (with receipts for allowable expenses) must be signed and returned in order to process Contractor's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens contractors who are providing coverage as independent contractor for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Contractor Agreement between Dr. Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Contractor Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Contractor Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC
Authorized Representative: Meghan Hunter

Contractor: Dr. Bonghyun Lee

Signature: _____

Contractor Signature: _____

Date: _____

Date: _____



**JACKSON
& COKER**
MEDICAL GROUP, LLC

Jackson & Coker Medical Group, LLC
3000 Old Alabama Road
Suite 119-608
Alpharetta, GA 30022

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fax 800.936.4582

CONTRACTOR CONFIRMATION OF ASSIGNMENT

Addendum to Contractor Agreement

OppID: 157687

Contractor: Dr. Bonghyun Lee

AssignID: 175706

Client Name: Arbour-Fuller Hospital

Facility: Arbour-Fuller Hospital

200 May St
South Attleboro MA 02703

200 May St
Attleboro MA 02703

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 12/1/2012 to 5/31/2013

Date: 10/1/2012

Weekday: \$140.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Professional services beginning December 1, 2012 for 6 months, with extension possible if mutually agreed upon. Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

This Confirmation of Assignment, weekly Contractor's service record, and weekly Contractor payment request (with receipts for allowable expenses) must be signed and returned in order to process Contractor's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens contractors who are providing coverage as independent contractor for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Contractor Agreement between Dr. Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Contractor Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Contractor Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC
Authorized Representative: Meghan Hunter

Contractor: Dr. Bonghyun Lee

Signature: _____

Contractor Signature: *Bonghyun Lee*

Date: _____

Date: 10/2/12



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Alpharetta, GA 30022

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CONTRACTOR CONFIRMATION OF ASSIGNMENT

Addendum to Contractor Agreement

OppID: 161097

Contractor: Dr. Bonghyun Lee

AssignID: 185039

Client Name: Steward Health Care System

Facility: Carney Hospital

f/k/a: Caritas Christi Physician Network
77 Warren St 3rd Floor
Boston MA 02135

2100 Dorchester Ave
Dorchester MA 02124

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 11/1/2012 to 11/30/2012

Date: 9/25/2012

Weekday: \$140.00 per hour. Min 8/hr day; 40/hr work week

Overtime: \$202.50 per hour. For hours worked over 40 hours per week or 8 hours per day.

Night Call: \$200.00 per night. After regularly scheduled shift M-F. OT applies for time worked while on-call.

Weekend Calls: \$500.00 per day. A weekend day is equal to 24 hours. Not prorated for partial days. OT applies for time worked while on-call.

This Confirmation of Assignment, weekly Contractor's service record, and weekly Contractor payment request (with receipts for allowable expenses) must be signed and returned in order to process Contractor's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens contractors who are providing coverage as independent contractor for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Contractor Agreement between Dr. Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Contractor Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Contractor Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC
Authorized Representative: Meghan Hunter

Contractor: Dr. Bonghyun Lee

Signature: _____

Contractor Signature: _____

Date: _____

Date: _____



**JACKSON
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fax 800.938.4562

CONTRACTOR CONFIRMATION OF ASSIGNMENT

Addendum to Contractor Agreement

OppID: 161097

Contractor: Dr. Bonghyun Lee

AssignID: 185039

Client Name: Steward Health Care System

Facility: Carney Hospital

f/k/a: Caritas Christi Physician Network
77 Warren St 3rd Floor
Boston MA 02135

2100 Dorchester Ave
Dorchester MA 02124

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 8/1/2012 to 10/31/2012

Date: 8/21/2012

Weekday: \$140.00 per hour. Min 8/hr day; 40/hr work week

Overtime: \$198.00 per hour. For hours worked over 40 hours per week or 8 hours per day.

Night Call: \$200.00 per night. After regularly scheduled shift M-F. OT applies for time worked while on-call.

Weekend Calls: \$500.00 per day. A weekend day is equal to 24 hours. Not prorated for partial days. OT applies for time worked while on-call.

Professional services beginning August 1, 2012 for 3 months with extension possible if mutually agreed upon.
The \$140/hour weekday rate will be effective 8/20/2012.

This Confirmation of Assignment, weekly Contractor's service record, and weekly Contractor payment request (with receipts for allowable expenses) must be signed and returned in order to process Contractor's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens contractors who are providing coverage as independent contractor for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Contractor Agreement between Dr. Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Contractor Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Contractor Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC
Authorized Representative: Meghan Hunter

Contractor: Dr. Bonghyun Lee

Signature: _____

Contractor Signature: _____

Date: _____

Date: _____



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 3000 Old Alabama Road
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 Alpharetta, GA 30022

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PROVIDER CONFIRMATION OF ASSIGNMENT

Addendum to Provider Agreement

OppID: 157687

Provider: Dr. Bonghyun Lee

AssignID: 175706

Client Name: Arbour-Fuller Hospital
 200 May St
 South Attleboro MA 02703

Facility: Arbour-Fuller Hospital
 200 May St
 Attleboro MA 02703

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 7/1/2012 to 7/31/2012

Date: 4/18/2012

Weekday: \$132.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

This Confirmation of Assignment, weekly time sheets, and weekly expense reports (with receipts for allowable expenses) must be signed and returned in order to process Provider's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens providers who are providing coverage as independent contractors for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Provider Agreement between Bonghyun Lee("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Provider Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Provider Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Medical Group, LLC Authorized Representative: Meghan Hunter

Provider: Dr. Bonghyun Lee

Recruiter Signature _____

Provider Signature _____

Date: _____

Date: _____



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Alpharetta, GA 30022
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fax 800.938.4562

PROVIDER CONFIRMATION OF ASSIGNMENT

Addendum to Provider Agreement

OppID: 157687

Provider: Dr. Bonghyun Lee

AssignID: 175706

Client Name: Arbour-Fuller Hospital
200 May St
South Attleboro MA 02703

Facility: Arbour-Fuller Hospital
200 May St
Attleboro MA 02703

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 12/1/2011 to 6/30/2012

Date: 9/26/2011

Weekday: \$132.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Professional services beginning December 1, 2011 through June 30, 2012, with extension possible if mutually agreed upon. Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

This Confirmation of Assignment, weekly time sheets, and weekly expense reports (with receipts for allowable expenses) must be signed and returned in order to process Provider's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens providers who are providing coverage as independent contractors for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Provider Agreement between Bonghyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Provider Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Provider Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Authorized Representative: Meghan Hunter

Provider: Dr. Bonghyun Lee

Recruiter Signature _____

Provider Signature _____

Date: _____

Date: _____



Jackson & Coker
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PROVIDER CONFIRMATION OF ASSIGNMENT

Addendum to Provider Agreement

OppID: 157687

Provider: Dr. Bonhgyun Lee

AssignID: 175706

Client Name: Arbour-Fuller Hospital
200 May St
South Attleboro MA 02703

Facility: Arbour-Fuller Hospital
200 May St
Attleboro MA 02703

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 9/1/2011 to 11/30/2011

Date: 7/13/2011

Weekday: \$132.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week.

Professional services beginning June 1, 2011 for 3 months, with extension possible if mutually agreed upon. Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

This Confirmation of Assignment, weekly time sheets, and weekly expense reports (with receipts for allowable expenses) must be signed and returned in order to process Provider's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens providers who are providing coverage as independent contractors for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Provider Agreement between Bonhgyun Lee("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Provider Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Provider Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Authorized Representative: Meghan Hunter

Provider: Dr. Bonhgyun Lee

Recruiter Signature _____

Provider Signature _____

Date: _____

Date: _____



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fax 800.936.4562

PROVIDER CONFIRMATION OF ASSIGNMENT

Addendum to Provider Agreement

OpplD: 157687

Provider: Dr. Bonhgyun Lee

AssignID: 175706

Client Name: Arbour-Fuller Hospital
200 May St
South Attleboro MA 02703

Facility: Arbour-Fuller Hospital
200 May St
Attleboro MA 02703

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 6/1/2011 to 8/31/2011

Date: 5/31/2011

Weekday: \$132.00 per hour. Min 8/hrs per day; 40 hrs per week.

Overtime: \$195.00 per hour. Overtime after working 40 hours per week. All overtime must be pre-approved by Arbour-Fuller.

Professional services beginning June 1, 2011 for 3 months, with extension possible if mutually agreed upon. Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

Dr. Lee is providing his own malpractice insurance minimum limits of \$1m/\$3m. Client will also provide Dr. Lee with gas reimbursement.

This Confirmation of Assignment, weekly time sheets, and weekly expense reports (with receipts for allowable expenses) must be signed and returned in order to process Provider's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment. Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens providers who are providing coverage as independent contractors for this or any assignment. All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Provider Agreement between Bonhgyun Lee ("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an "Assignment Addendum" as described in the Provider Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Provider Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Authorized Representative: Meghan Hunter

Provider: Dr. Bonhgyun Lee

Recruiter Signature _____

Provider Signature _____

Date: _____

Date: _____



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fax 800.936.4562

PROVIDER CONFIRMATION OF ASSIGNMENT

Addendum to Provider Agreement

OppID: 157218

Provider: Dr. Bonghyun Lee

AssignID: 175488

Client Name: Cambridge Health Alliance Physicians Orga
1493 Cambridge St
Cambridge MA 02139

Facility: Whidden Memorial Hospital
103 Garland St
Everett MA 02149

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 5/1/2011 to 5/31/2011

Date: 3/8/2011

Weekday: \$127.00 per hour. A day is guaranteed 8 hours.

Overtime: \$190.00 per hour. Overtime after working 8 hour day.

Professional services extending on May 1, 2011 through May 31, 2011, with extension possible if mutually agreed upon.

Dr. Lee will provide & pay for his own Malpractice Insurance. He will also be reimbursed for his mileage.

Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

This Confirmation of Assignment, weekly time sheets, and weekly expense reports (with receipts for allowable expenses) must be signed and returned in order to process Provider's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment.

Jackson & Coker is not responsible for any worker's compensation or Employment Insurance nor will Jackson & Coker be providing any worker's compensation or Employment Insurance for any locum tenens providers who are providing coverage as independent contractors for this or any assignment.

All assignments are contingent upon credentialing and hospital privileges being granted. This Assignment Addendum serves as an amendment and supplement to the Provider Agreement between Bonghyun Lee("you") and Jackson & Coker Medical Group, LLC ("we" or "us"). This Assignment Addendum is an " Assignment Addendum" as described in the Provider Agreement and is incorporated therein. The provisions hereof shall control over any inconsistent provisions contained in the Provider Agreement (to the extent of the inconsistency) with respect to this assignment.

Jackson & Coker Authorized Representative: Meghan Hunter

Provider: Dr. Bonghyun Lee

Recruiter Signature _____

Provider Signature _____

Date: _____

Date: _____



**JACKSON
& COKER**

Jackson & Coker
3000 Old Alabama Road
Suite 118-808
Alpharetta, GA 30022
www.jacksoncoker.com
phone 800.272.2707
fax 800.938.4562

PROVIDER CONFIRMATION OF ASSIGNMENT

Addendum to Provider Agreement

OppID: 157218

Provider: Dr. Bonghyun Lee

AssignID: 175488

Client Name: Cambridge Health Alliance Physicians Orga
1493 Cambridge St
Cambridge MA 02139

Facility: Whidden Memorial Hospital
103 Garland St
Everett MA 02149

Malpractice Insurance Provided By: PHY

Specialty: PSYCHIATRY

Dates of Coverage: 2/14/2011 to 4/30/2011

Date: 1/14/2011

Weekday: \$127.00 per hour. A day is guaranteed 8 hours.

Overtime: \$190.00 per hour. Overtime after working 8 hour day.

Professional services beginning on February 14, 2011 through April 30, 2011, with extension possible if mutually agreed upon.

Dr. Lee will provide & pay for his own Malpractice Insurance. He will also be reimbursed for his mileage.

Federal, State, or County Clients may terminate any assignment immediately without cause for the convenience of the government.

This Confirmation of Assignment, weekly time sheets, and weekly expense reports (with receipts for allowable expenses) must be signed and returned in order to process Provider's payment. Any personal mileage reimbursement is based on a single round trip to and from the assignment.

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Jackson & Coker Authorized Representative: Meghan Hunter

Provider: Dr. Bonghyun Lee

Recruiter Signature _____

Provider Signature _____

Date: _____

Date: _____