

Prompt Payment Program Agreement

The Prompt Payment Program is designed for National Preferred Providers to alleviate payroll challenges faced by Providers by shortening the time in which Veterans Home Care, LLC pays for the care provided to its clients.

1. Current Provider Agreement Payment Terms

The parties entered into a "Provider Agreement" dated _____. Section 3.5 of the Provider Agreement states:

Company shall pay Provider's invoices on the later of: Sixty (60) days after the first of the month following the last date of care included on invoice, or 60 days following the invoice date. Any invoices sent by Provider with inaccurate rates or hours that require adjustments prior to payment are excepted from standard payment terms and may require additional time for adjustments and payment by Company.

Amended Terms – Net 45 with 30 Day Prompt Pay Option

2. Revised Provider Agreement Payment Terms

Company shall pay Provider's invoices on the later of: Forty-five (45) days after the first of the month following the last date of care included on invoice, or Forty-five (45) days following the invoice date. Any invoices sent by Provider with inaccurate rates or hours that require adjustments prior to payment are excepted from standard payment terms and may require additional time for adjustments and payment by Company.

2a. Prompt Payment Option:

Company shall pay Provider's invoices on the later of: Thirty (30) days after the first of the month following the last date of care included on invoice, or Thirty (30) days following the invoice date. Payments shall be made less a 2% deduction. The 2% deduction shall be calculated based on the total amount due under the invoices submitted for the corresponding time period.

Company reserves the right to suspend the Prompt Payment Program upon thirty (30) days written notice to Provider. During the period of any suspension of the Program, payment terms shall revert to the Forty-five (45) day terms outlined in Section 2 above.

Any invoices sent by Provider with inaccurate rates or hours that require adjustments prior to payment are excepted from standard payment terms and may require additional time for adjustments and payment by Company.

The Prompt Payment Agreement shall take effect with the first Start of Care issued for a new client following the date set forth below.

Provider elects the Prompt Payment Option subject to the terms outlined above. 2. ___ *or* 2a. ___

Provider Legal Name _____
Provide dba Name _____
Email Address _____
Phone Number _____
Fax Number _____
Address _____
City State Zip _____

All remaining terms of the Provider Agreement not expressly amended herein shall remain in full force and effect.

Effective with 1st Start of Care after Date of Prompt Payment Agreement.

Date of Prompt Payment Agreement: _____

Veterans Home Care, LLC

Signature _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____