DIALYSIS AGREEMENT

This agreement (the "Agreement") is made and entered into by and between USRC Cleburne, L.P. d/b/a U.S. Renal Care Tarrant Dialysis Cleburne, located at 1206 W. Henderson Suite A Cleburne TX 76033 ("Clinic") and Johnson County Jail 1102 E Kilpatrick, Suite B, Cleburne, TX 76031, referred to as ("Jail"), to assure continuity of care and treatment for patient of clinic.

ARTICLE I

Jail agrees to provide transportation for incarcerated patient. Jail will provide at least one officer per incarcerated patient and officer will stay with the patient the entire time. The incarcerated patient will remain in handcuffs and shackles.

ARTICLE II

Clinic and Jail agree that:

- 1. Jail will be responsible for the cost of transportation and the cost of the officer provided to secure the incarcerated patient.
- 2. Jail will be responsible for incarcerated patient while it is at Clinic.
- 3. Jail will provide an officer for each incarcerated patient and remain at incarcerated patient's side during treatment.
- 4. Clinic reserves the right to discharge patient for any reason.
- 5. Appropriate procedures will be followed to assure security of Clinic's other patients and staff.
- 6. Jail shall pay Clinic the fees outlined in Exhibit A, payable within 30 days of receipt of written documentation of treatment.

ARTICLE III

The Jail covenants to transport patient to the Clinic three times a week for dialysis treatment. Upon discharge, the Jail will provide the written notification that the incarcerated patient is released from Jail and may or may not continue services without officer escort.

ARTICLE IV

This Agreement is not a third-party beneficiary agreement and confers no rights upon anyone other that the partied to the agreement.

ARTICLE V

This Agreement shall be effective on 28 day of December 2015 Option 1 for a term of one (1) year. The Agreement may be canceled without cause by either party upon thirty (30) days' prior written notice. The Agreement will automatically renew for additional 1 year term. Venue for settlement of any disputes arising from this Agreement shall be in Johnson County, Texas.

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the day and year first written above.

Date

Name: Gary Joslin

Title: Regional Director

Address: 1206 W. Henderson, Suite A

Cleburne, TX 76033

12/28/15 Date

Name: Roger Harmon

Johnson County

Title: Johnson County Judge

Address: 1102 E Kilpatrick, Ste B,

Cleburne, TX 76031

EXHIBIT A

FEE SCHEDULE

Service		<u>Fee</u>
1.	Routine Hemodialysis	\$300.00 per treatment

BILLING & COLLECTION

Provider shall not bill, charge or attempt to collect any payments, surcharges or other remuneration from Patient; except for non-covered medical services. Furthermore, Provider agrees that they will not seek additional payment in excess of these agreed upon terms.

Claims will be submitted to:			