CONTRACT DATA SHEET

PSC Type (check one): _____New __XX___Renewal _____Addendum

Contractor Information

1. Legal Name of Contractor: **University of Louisville, Department of Family & Geriatric Medicine**
2. Address: **Medical Center 1, 501 East Broadway, Suite 240,**
3. City/ State & Zip: **Louisville, KY 40202**
4. Contact Person Name & Telephone Number:
   Dr. Stephen Wheeler, 852-5499, Chad Vaughn, 852-3322
5. Revenue Commission Taxpayer ID#:
6. If registration is not required please explain:
7. Is account in good standing: **yes**
8. Federal Tax ID # (SSN if sole proprietor):

Department Information

9. Requesting Department: **Louisville Metro Health Department**
10. Contact Person Name & Telephone: **Janita Perry, 574-5883, Ginger Dereksen 574-6665**

Contract Information

11. Not to exceed amount: **$ 12,000** $260/½ clinic day
12. Are expenses reimbursed? No
13. If yes list allowable expenses and maximum amount reimbursable:
14. Beginning and ending date of the contract: **July 1, 2008 – June 31, 2009**
15. Coding: **1101-605-4142-411525-521362**
16. Scope & Purpose of the contract: to provide physician services to examine and treat patients attending the clinic in the Teenage Parenting Program (TAPP).

Authorizations

WMB County Attorney Review - Approved as to Form:

Department Director: _____ Date: 6/6/08

Signature certifies:

KPC *Funds are available*

KPC *Contractor is registered and in good standing with the Revenue Commission*

KPC *Human Relations Commission registration requirements have been met*

CPL Risk Management Division of Finance - Certifies Insurance requirements satisfied: 8-7-08

Cabinet Secretary : N/A Date: _____
(If applicable)

WRITTEN FINDINGS

EXPLAINING NECESSITY FOR USING NONCOMPETITIVE NEGOTIATION FOR PSC

This document constitutes written request and findings, as required by KRS 45A.380 stating the need to purchase through noncompetitive negotiation for PSC Contract # _____. By the signatures listed below, the Requesting Department has determined, and the Chief Financial Officer concurs, that competition is not feasible because:

_____ A. An emergency exists which will cause public harm as a result of the delay in competitive procedures. **** Mayors Approval required for emergency purchases exceeding $10,000.**

_____ B. There is a single source within a reasonable geographic area of the supply or service to be procured or leased (attach sole source determination from the Purchasing Department).

__X_____ C. The contract is for the services typically provided by a licensed professional, such as an attorney, architect, engineer, physician, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; an artist such as a sculptor, aesthetic painter, or musician; or a non-licensed professional such as a consultant, public relations consultant, advertising consultant, developer, employment department, construction manager, investment advisor, or marketing expert and the like.

_____ D. The contract is for the purchase of perishable items purchased on a weekly basis, such as fresh fruits, vegetables, fish, or meat.

_____ E. The contract is for replacement parts where the need cannot reasonably be anticipated and stockpiling is not feasible.

_____ F. The contract is for proprietary items for resale.

_____ G. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the city.

_____ H. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids.

_____ I. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment liability insurance.

_____ J. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the Metro Government.

_____ K. The contract was solicited by competitive sealed bidding and no bids were received from a responsive and responsible bidder.

_____ L. Where, after competitive sealed bidding, it is determined in writing that there is only one (1) responsive and responsible bidder.

[signature] 6/23/08

Requesting Department Director Date

Date

_____

**Mayor

*****Signature is required only for Written Finding A***

AGREEMENT

THIS PROFESSIONAL SERVICE CONTRACT, made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, by and through its **DEPARTMENT OF PUBLIC HEALTH AND WELLNESS** herein referred to as **"METRO GOVERNMENT"** or **"LMPHW",** and the **UNIVERSITY OF LOUISVILLE, DEPARTMENT OF FAMILY AND GERIATRIC MEDICINE,** with offices located at Medical Center 1, 501 East Broadway, Suite 240, Louisville, Kentucky 40202, herein referred to as **"CONSULTANT",**

W I T N E S S E T H:

WHEREAS, the Metro Government is in need of certain professional services with respect to physician services to examine and treat patients attending the Westport clinic location of the Teenage Parent Program ("TAPP"); and

WHEREAS, the Consultant has been determined by the Metro Government to have the necessary experience, expertise and qualifications to provide those services,

WHEREAS, pursuant to K.R.S. 45A.380 the Metro Government has determined that competition is not feasible and that this Agreement is for the services of a professional

NOW, THEREFORE, it is agreed by and between the parties hereto as follows:

I. <u>SCOPE OF PROFESSIONAL SERVICES</u>

A. Consultant shall, at the request of the Metro Government, provide services under the terms of this professional Agreement. The Consultant's work product may be reviewed from time to time by the Metro Government for purposes of determining that the services provided are within the scope of this Agreement.

B. If from time to time Consultant needs to utilize the records or personnel of the Metro Government relative to performing the services required of this Agreement, then Consultant shall notify the proper agent of the Metro Government of this need and arrangements may be made for that contingency. However, at no time shall the Metro Government make available its resources without the full consent and understanding of both parties.

C. Consultant, while performing the services rendered pursuant to this Agreement, may incidental thereto utilize agents or employees of such Consultant. However, such use must be documented in the monthly invoice submitted for those services rendered.

D. The services of Consultant shall include but not be limited to the following:

1. Consultant shall provide clinic-based prenatal and family planning physician services ("Physicians") for the LMPHW Westport Location TAPP site for one half-day clinic per week during the school year (about 36 weeks of the year).
2. Consultant agrees that Physicians providing direct services to patients at the clinics mentioned herein shall be licensed to practice medicine in the State of Kentucky, Board Certified in Family Medicine or a related field and eligible for faculty appointment.
3. Consultant agrees that all Physician services shall be under the direction of the Director of Health or his/her designee.
4. Consultant shall provide physician coverage for the clinic one half day per week throughout the school year beginning at 8:00 am and ending with the last patient scheduled or by 12:00 p.m. (noon), whichever comes first.
5. Physicians shall provide services according to professional standards of care and applicable LMPHW medical-treatment protocols and program standards.
6. Consultant shall provide after hours on-call physician coverage for LMPHW Westport TAPP patients who designate Consultant as their prenatal provider.
7. Consultant shall sign the collaborative agreement of the LMPHW ARNP assigned to provide coverage to the Westport TAPP Clinic site.
8. Consultant shall comply with and participate in LMPHW's quality assurance/quality improvement program.
9. Consultant agrees that changes in the prenatal clinic day or hours may be made with two (2) weeks written notice and by written agreement of the parties.

LMPHW shall provide the following under this Agreement:

1. LMPHW shall provide appropriate nursing and administrative support services for Physicians by scheduling patient appointments, maintaining patient records, including the documentation necessary for billing, getting patients to the clinic for their appointment and providing on-site nursing/medical assistant during Prenatal clinic days to support Physicians;
2. LMPHW shall perform QA on clinic services including those provided by Consultant.

II. FEES AND COMPENSATION

A. The Metro Government, by and though LMPHW, shall provide payment to Consultant for appropriately documented services rendered in accordance with Paragraph One (1) of this Agreement. LMPHW shall reimburse Consultant $260.00 for each 1/2 a clinic day per week for a total of 36 weeks (2008/2009 school year). Payment shall be processed quarterly upon receipt of appropriate documentation of hours worked and an appropriate invoice.

For prenatal patients with no 3rd party payor who meets the MCH income guidelines for project eligibility (185% of the poverty level), LMPHW shall provide, at its own expense, the following labs to be sent to LMPHW Lab:

- Chlamydia
- Gonorrhea
- Syphilis
- Sickle cell (as indicated)
- HIV (Counseling required)
- Lead (as indicated)

Additional prenatal tests may be covered based on the availability of funds.

Payment for services rendered under this Agreement shall be on a prorated basis. The total compensation under the terms of this Agreement shall not exceed **TWELVE THOUSAND DOLLARS ($12,000.00).**

B. The Metro Government shall not reimburse any out of pocket expenses under this Agreement.

C. Consultant, to the extent that it provides the same or related services to other parties agrees to pro-rate its billings and out-of-pocket expenses to the Metro

Government which are of benefit to the other parties and to provide documentation to all parties to verify the pro-ration of such billings and expenses. In no event will the Metro Government pay bills or expenses which are considered to be double billing (i.e. billing two different parties for the same work or expense).

D. Consultant agrees that all outstanding invoices at the end of the fiscal year (June 30) must reach the Metro Government no later than July 15 of the following fiscal year. Consultant agrees that original invoices that are not in Metro Government possession by this time will not be paid and Consultant agrees to waive its right to compensation for services billed under such invoices.

III. DURATION

A. This Agreement shall begin July 1, 2008 and shall continue through and including June 30, 2009.

B. This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate. This Agreement may also be terminated by any party, without notice to the non-terminating party, because of fraud, misappropriation, embezzlement or malfeasance or a party's failure to perform the duties required under this Agreement. A waiver by either party of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

C. In the event of termination, payment for services complete up to and including date of termination shall be based upon work completed at the rates identified in this Agreement. In the event that, during the term of this Agreement, the Metro Council fails to appropriate funds for the payment of the Metro Government's obligations under this Agreement, the Metro Government's rights and obligations herein shall terminate on the last day for which an appropriation has been made. The Metro

Government shall deliver notice to Consultant of any such non-appropriation not later than 30 days after the Metro Government has knowledge that the appropriation has not been made.

IV. EMPLOYER/EMPLOYEE RELATIONSHIP

It is expressly understood that no employer/employee relationship is created by this Agreement nor does it cause Consultant to be an officer or official of the Metro Government. By executing this Agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party.

V. RECORDS-AUDIT

Consultant shall maintain during the course of the work, and retain not less than five years from the date of final payment on the contract, complete and accurate records of all of Consultant's costs which are chargeable to the Metro Government under this Agreement; and the Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or of any public accounting firm selected by it. The records to be thus maintained and retained by Consultant shall include (without limitation): (a) payroll records accounting for total time distribution of Consultant's employees working full or part time on the work (to permit tracing to payrolls and related tax returns), as well as canceled payroll checks, or signed receipts for payroll payments in cash; (b) invoices for purchases receiving and issuing documents, and all the other unit inventory records for Consultant's stores stock or capital items; and (c) paid invoices and canceled checks for materials purchased and for subcontractors' and any other third parties' charges.

VI. HOLD HARMLESS AND INDEMNIFICATION CLAUSE

Consultant and the University of Louisville (U of L), as agencies of the Commonwealth of Kentucky, although vested with sovereign immunity, are subject to the Board of Claims Act, KRS 44.070-44.160. Claims against Consultant and U of L relating to personal injury or property damage may be filed and decided under the provisions of the Act. To the extent permitted by that Act and other applicable law, the Consultant, as agent for the University of Louisville for receiving grants and research agreements from external funding sources, shall defend, indemnify and hold harmless the Metro Government from and against any and all claims which may result from any error or omission arising out of Consultant's and U of L's performance under this Agreement.

VII. INSURANCE REQUIREMENTS

Insurance coverage shall be required of Consultant in accordance with Schedule A attached hereto.

VIII. REPORTING OF INCOME

The compensation payable under this Agreement may be subject to federal, state and local taxation. Regulations of the Internal Revenue Service require the Metro Government to report all amounts in excess of $600.00 paid to non-corporate contractors. Consultant agrees to furnish the Metro Government with its taxpayer identification number (TIN) prior to the effective date of this Agreement. Consultant further agrees to provide such other information to the Metro Government as may be required by the IRS or the State Department of Revenue.

IX. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be the state courts of Kentucky or the U.S. District Court for the Western District of Kentucky, Louisville Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

X. AUTHORITY

The Consultant, by execution of this Agreement, does hereby warrant and represent that it is qualified to do business in the State of Kentucky, has full right, power and authority to enter into this Agreement.

XI. CONFLICTS OF INTEREST

Pursuant to KRS 45A.455:

(1) It shall be a breach of ethical standards for any employee with procurement authority to participate directly in any proceeding or application; request for ruling or other determination; claim or controversy; or other particular matter pertaining to any contract, or subcontract, and any solicitation or proposal therefor, in which to his knowledge:

(a) He, or any member of his immediate family has a financial interest therein; or

(b) A business or organization in which he or any member of his immediate family has a financial interest as an officer, director, trustee, partner, or employee, is a party; or

(c) Any other person, business, or organization with whom he or any member of his immediate family is negotiating or has an arrangement concerning prospective employment is a party. Direct or indirect participation shall include but not be limited to involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

(2) It shall be a breach of ethical standards for any person to offer, give, or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment, in connection with any decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling or other determination, claim or controversy, or other particular matter, pertaining to any contract or subcontract and any solicitation or proposal therefor.

(3) It is a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.

(4) The prohibition against conflicts of interest and gratuities and kickbacks shall be conspicuously set forth in every local public agency written contract and solicitation therefor.

(5) It shall be a breach of ethical standards for any public employee or former

employee knowingly to use confidential information for his actual or anticipated personal gain, or the actual or anticipated personal gain of any other person.

XII. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the parties that is not embodied in this Agreement. This Agreement cannot be amended, modified, or supplemented in any respect except by a subsequent written agreement duly executed by all of the parties hereto.

XIII. OCCUPATIONAL HEALTH AND SAFETY

Consultant agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. Consultant also agrees to notify the Metro Government in writing immediately upon detection of any unsafe and/or unhealthful working conditions detected at any Metro-owned property where Consultant performs work under this Agreement. Consultant agrees to indemnify, defend and hold the Metro Government harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

XIV. SUCCESSORS

This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and assigns.

XV. SEVERABILITY

If any court of competent jurisdiction holds any provision of this Agreement unenforceable, such provision shall be modified to the extent required to make it enforceable, consistent with the spirit and intent of this Agreement. If such a provision cannot be so modified, the provision shall be deemed separable from the remaining provisions of this Agreement and shall not affect any other provision hereunder.

XVI. COUNTERPARTS

This Agreement may be executed in counterparts, in which case each executed counterpart shall be deemed an original and all executed counterparts shall constitute one and the same instrument.

XVII. CALCULATION OF TIME Unless otherwise indicated, when the performance or doing of any act, duty, matter, or payment is required hereunder and a period of time or duration for the fulfillment of doing thereof is prescribed and is fixed herein, the time shall be computed so as to exclude the first and include the last day of the prescribed or fixed period of time. For example, if on January 1, Consultant is directed to take action within ten (10) calendar days, the action must be completed no later than midnight, January 11.

XVIII. CAPTIONS The captions and headings of this Agreement are for convenience and reference purposes only and shall not affect in any way the meaning and interpretation of any provisions of this Agreement.

XIX. MISCELLANEOUS Consultant agrees that, in the event it receives from the Metro Government any protected health information, it will not disclose any of that information to any third party and, in that regard, Consultant agrees to comply with the rules and regulations of the Health Insurance Portability and Accountability Act ("HIPAA"), codified in 42 U.S.C. § 1320d and 45 C.F.R. 160-164. Consultant shall hold

in strictest confidence all documentation, information, and observations gathered in the performance of this Agreement, and Consultant agrees to sign the Health Department Business Associate Agreement. Consultant further agrees to require any of its subcontractors to both abide by the aforementioned HIPAA prohibitions against the unauthorized disclosure of confidential and protected health information and to sign the Metro Government's Business Associate Agreement.

The Metro Government and Consultant agree to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et. seq.*) and all implementing regulations and executive orders, and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701) and the Kentucky Equal Employment Act of 1978 (K.R.S. § 45.550 to 45.640) and the Americans with Disabilities Act (42 U.S.C. § 12101 *et. seq.*). No person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in relation to activities carried out under this Agreement on the basis of race, color, age, religion, sex, disability or national origin. This includes provision of language assistance services to individuals of limited English proficiency seeking and/or eligible for services under this Agreement.

Consultant certifies that none of its officers, stockholders, partners, owners or employees is an officer, stockholder, partner, owner or employee of the Louisville Metro Government or its Department of Public Health and Wellness. Consultant agrees to comply with all constitutional, statutory, regulatory and common law requirements adhered to by the Metro Government pertaining to conflicts of interest.

Consultant nor any of its employees or personnel shall speak on behalf of or as a representative of the Metro Government or the Department of Public Health and

Wellness without the express authorization of the Director of that Department or his designee.

The Consultant shall reveal any final determination of a violation by the Consultant or subcontractor within the previous five (5) year period pursuant to KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the Consultant or subcontractor. The Consultant shall be in continuous compliance with the provisions of KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the Consultant or subcontractor for the duration of the contract.

WITNESS the agreement of the parties hereto by their signatures affixed hereon.

APPROVED AS TO FORM AND LEGALITY:

IRV MAZE
JEFFERSON COUNTY ATTORNEY

Date: 06/10/09

LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT

DR. ADEWALE TROUTMAN, M.D., DIRECTOR, DEPARTMENT FOR PUBLIC HEALTH AND WELLNESS

Date: 8/1/08

UNIVERSITY OF LOUISVILLE

School of Medicine, Department of Family & Geriatric Medicine

By:

Title: Chair, Department of Family & Geriatric Medicine

Date: 06/20/08

Taxpayer Identification No. (TIN)

Louis
Revenue Commission Account No.:

RECOMMENDED BY: 06.26.08

Edward C. Halperin, MD., M.A., FACR
Dean of the School of Medicine

APPROVED BY: 7/3/08

Larry N. Cook, M.D.
Executive V.P. for Health Affairs

Health Department - PSC with U of L Department of Family and Community Medicine for Teenage Parent Program (TAPP) Fiscal Year 2008-2009 060908- [pr]

SCHEDULE A

INSURANCE REQUIREMENTS

The University of Louisville, Department of Family and Geriatric Medicine and their practicing physicians agrees to purchase and maintain a Professional Liability insurance policy at a minimum limit of liability of $1,000,000 for each alleged Wrongful Act, Error or Omission for services performed under this agreement, retroactive to the Effective Date of the Agreement. In the event that this insurance is written on a "Claims Made" form, Consultant shall, upon request, furnish evidence that the liability coverage has been maintained for at least one (1) year after expiration of this agreement, either by submitting renewal policy with a Retroactive data of not later than the date of services commenced under this agreement, or by evidence that an Extended Reporting Period Endorsement has been purchased that will apply to any and all claims arising from services performed under this agreement. Consultant shall provide proof of such coverage by submitting a Certificate of Insurance to the Louisville Metro Health Department (to be reviewed and approved by the Louisville Metro's Risk Management Division) and shall provide renewal Certificates of Insurance to the Louisville Metro's Risk Management Division so that continuous coverage is provided during the term of this agreement. Upon request, certificates shall also be provided for practicing physicians.

Insurance is to be placed with insurance companies licensed in the State of Kentucky, or by non-admitted carriers in accordance with Kentucky Insurance Law (KRS 304.10-040) or through a self-insured group or captive insurance company which is approved by the Louisville Metro's Risk Management Division.

Certificates of Insurance as requested above shall be furnished to:

Louisville Metro Health Department
400 East Gray Street
Louisville, KY 40201
AND

Louisville/Jefferson County Metro Government
Finance Department, Risk Management Division
611 West Jefferson Street
Louisville, KY 40202

Approval of the insurance by the Louisville Metro's Risk Management Division shall not in any way relieve or decrease the liability of **the University of Louisville, Department of Family and Geriatric Medicine and practicing physicians** providing services hereunder. It is expressly understood that Metro does not in any way represent that the specified limits of liability or coverage or policy forms are sufficient or adequate to protect the interest or liability of the University of Louisville, Department of Family and Geriatric Medicine, or its practicing physicians.

KENTUCKIANA MEDICAL RECIPROCAL RISK RETENTION GROUP

550 South Jackson
Ambulatory Care Building, Suite A1J03
Louisville, KY 40202

Telephone: (502) 562 - 8004
Facsimile: (502) 562 - 5766

Certificate of Insurance
Physician Professional Liability Coverage

Coverage applies on behalf of those individuals and entities who are named on the Schedule of Insureds submitted to the Company by the Named Insured:

Date:08/06/2008
P.S.C. Name: University Family Practice Associates, PSC
Address: 501 East Broadway Suite 240
Louisville, KY 40202

Insured: Michael Ostapchuk, M.D.

Specialty: Family Medicine

Coverage Term: 12:01 AM 01/01/2008 to 12:01 AM 01/01/2009 Eastern Standard Time
Retroactive Date: 01/01/2004
Coverage Form: Modified Claims Made
Coverage Type: Broad Form
Policy Number: L3013-08-11
Limits of Liability: $1,000,000 Each Claim / $3,000,000 Annual Aggregate

Coverage Notes: The Limits of Liability evidenced above apply separately to the PSC. Further, PSC limits are shared with all allied health professionals and other non-physician employees named on the Schedule of Insured Allied Health Professionals, but only while acting within the scope of their employment duties.

This Certificate of Insurance has been issued based upon the representations and warranties made in your application.

The insurance provided is subject to all of the terms and conditions of the above referenced policy. Coverage terminates at the earlier of:

A. The date upon which you elect to cancel coverage; or
B. The date upon which you no longer meet eligibility requirements; or
C. The failure to make payment of premiums as invoiced

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by policy number L3013-08-11 issued by the Kentuckiana Medical Reciprocal Risk Retention Group.

Belinda L. Lane
Authorized Signature

KENTUCKIANA MEDICAL RECIPROCAL RISK RETENTION GROUP

550 South Jackson
Ambulatory Care Building, Suite A1J03
Louisville, KY 40202

Telephone: (502) 562 - 8004
Facsimile: (502) 562 - 5766

Certificate of Insurance
Physician Professional Liability Coverage

Coverage applies on behalf of those individuals and entities who are named on the Schedule of Insureds submitted to the Company by the Named Insured:

Date:08/06/2008
P.S.C. Name: University Family Practice Associates, PSC
Address: 501 East Broadway Suite 240
Louisville, KY 40202

Insured: Jeri R. Reid, M.D.

Specialty: Family Medicine

Coverage Term: 12:01 AM 01/01/2008 to 12:01 AM 01/01/2009 Eastern Standard Time
Retroactive Date: 01/01/2004
Coverage Form: Modified Claims Made
Coverage Type: Broad Form
Policy Number: L3013-08-14
Limits of Liability: $1,000,000 Each Claim / $3,000,000 Annual Aggregate

Coverage Notes: The Limits of Liability evidenced above apply separately to the PSC. Further, PSC limits are shared with all allied health professionals and other non-physician employees named on the Schedule of Insured Allied Health Professionals, but only while acting within the scope of their employment duties.

This Certificate of Insurance has been issued based upon the representations and warranties made in your application.

The insurance provided is subject to all of the terms and conditions of the above referenced policy. Coverage terminates at the earlier of:

A. The date upon which you elect to cancel coverage; or
B. The date upon which you no longer meet eligibility requirements; or
C. The failure to make payment of premiums as invoiced

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by policy number L3013-08-14 issued by the Kentuckiana Medical Reciprocal Risk Retention Group.

Belinda L. Lane
Authorized Signature

KENTUCKIANA MEDICAL RECIPROCAL RISK RETENTION GROUP

550 South Jackson
Ambulatory Care Building, Suite A1J03
Louisville, KY 40202

Telephone: (502) 562 - 8004
Facsimile: (502) 562 - 5766

Certificate of Insurance
Physician Professional Liability Coverage

Coverage applies on behalf of those individuals and entities who are named on the Schedule of Insureds submitted to the Company by the Named Insured:

Date:08/06/2008
P.S.C. Name: University Family Practice Associates, PSC
Address: 501 East Broadway Suite 240
Louisville, KY 40202

Insured: Stephen Frank Wheeler, M.D.

Specialty: Family Medicine

Coverage Term: 12:01 AM 01/01/2008 to 12:01 AM 01/01/2009 Eastern Standard Time
Retroactive Date: 01/01/2004
Coverage Form: Modified Claims Made
Coverage Type: Broad Form
Policy Number: L3013-08-17
Limits of Liability: $1,000,000 Each Claim / $3,000,000 Annual Aggregate

Coverage Notes: The Limits of Liability evidenced above apply separately to the PSC. Further, PSC limits are shared with all allied health professionals and other non-physician employees named on the Schedule of Insured Allied Health Professionals, but only while acting within the scope of their employment duties.

This Certificate of Insurance has been issued based upon the representations and warranties made in your application.

The insurance provided is subject to all of the terms and conditions of the above referenced policy. Coverage terminates at the earlier of:

A. The date upon which you elect to cancel coverage; or
B. The date upon which you no longer meet eligibility requirements; or
C. The failure to make payment of premiums as invoiced

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by policy number L3013-08-17 issued by the Kentuckiana Medical Reciprocal Risk Retention Group.

Belinda L. Lane
Authorized Signature