

EXHIBIT “C”
to Third Amended Complaint

U.S. ex rel. Williams v. Health Management Associates, Inc., Tenet Healthcare Corporation and Hispanic Medical Management d/b/a Clinica de la Mama, et al.

Costello, Patricia

From: Costello, Patricia

Sent: Thursday, April 17, 2008 3:19 PM

To: Lang, Gary; Malcom, Kathy

Subject: CONTRACTS: WRMC: HISPANIC MEDICAL MGT AND KARLENE BOSWELL, MD

Gary – Brad has approved both of these contracts and since the review sheet indicates corporate legal review is not needed, both original contract packets are heading your way today via overnight delivery. Thanks.

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4/17/2008

CORPORATE OFFICE CONTRACT REVIEW SUMMARY SHEET

Facility Name:	Walton Regional Medical Center					
Vendor/Physician:	Hispanic Medical Management, Inc					
Service Provider:	Hispanic Medical Management, Inc					
Effective Date: 3/24/08	Expiration Date: 3/24/10					
Termination Clause: 90 day w/o cause written notice after 1 st year						
Automatic Renewal?	Yes	<input checked="" type="checkbox"/>	No	N/A	Length:	
If not renewed, what date to be canceled by: 3/24/10						
Terms: 2 year agreement to provide translation and eligibility determination services for Hispanic OB patients.						
Payment Terms (Days of week, month, etc., how often?): \$19,010 per month						
Contract Status:	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Renewal		
Current Number of Covered Lives: N/A						
Annualized Volumes Seen: N/A						
Insurance Required?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	N/A	Amount: \$1M/\$3M General Liability/ \$1M Workers Comp
Is contract HMA model?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Audit Required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A
Is Certification Evidencing Coverage Current?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Does Contract Have "Save Harmless" Clause?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Allow for recovery of Reimbursement Loss Due to Medicare Limitations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A
Does Contract Contain Open Records Provision?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Is Proof of Licensor of Accreditation Provided?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Is Party Responsibility for Bill Services Defined?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
CONTRACT REVIEW AND APPROVAL						
Hospital COO/AA	<i>[Signature]</i>					Date: 4/9/08
Hospital CFO	<i>[Signature]</i>					Date: 4/9/08
Hospital CEO	<i>[Signature]</i>					Date: 4/9/08
Divisional Managed Care Director	N/A					Date:
Divisional CFO	<i>[Signature]</i>					Date:
SVP/Division CEO	<i>[Signature]</i>					Date: 4/10/08
Is Corporate Legal Review/Approval needed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Date:
						Date:

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Is contract HMA model?											
Audit Required?											
Is Certification Evidencing Coverage Current?					X	Yes		No			N/A
Does Contract Have "Save Harmless" Clause?					X	Yes		No			N/A
Allow for recovery of Reimbursement Loss Due to Medicare Limitations?						Yes		No	X		N/A
Does Contract Contain Open Records Provision?					X	Yes		No			N/A
Is Proof of Licensor of Accreditation Provided?					X	Yes		No			N/A
Is Party Responsibility for Bill Services Defined?					X	Yes		No			N/A
CONTRACT REVIEW AND APPROVAL											
Hospital COO/AA											Date: 4/10/08
Hospital CFO											Date: 4/11/08
Hospital CEO											Date: 4/9/08
Divisional Managed Care Director											Date:
Divisional CFO											Date: 4/16/08
SVP/Division CEO											Date:
Is Corporate Legal Review/Approval needed:											Date:
											Date: