

**FIRST AMENDMENT TO THE  
BILLING SERVICE AGREEMENT**

**AccuMed:** **AccuMed Billing, Inc.**  
a Michigan corporation  
P.O. Box 2122  
Riverview, MI 48192

**Customer:** **City of Rochester Hills**  
**1000 Rochester Hills Drive**  
**Rochester Hills, Michigan 48309**  
**Contact:** **Jean Ferris**  
**Phone:** **(248) 841-2538**

**Phone:** (734) 479-6300  
**Facsimile:** (734) 479-6319

**Facsimile:** **(248) 656-4726**  
**Effective Date:** **December 1, 2010**

THIS FIRST AMENDMENT TO THE AGREEMENT is made by and between AccuMed and Customer.

**THE TERMS AND CONDITIONS SET FORTH HEREINAFTER ARE A PART OF THIS FIRST AMENDMENT TO THE AGREEMENT. THE CUSTOMER ACKNOWLEDGES THAT IT HAS READ THIS FIRST AMENDMENT TO THE AGREEMENT UNDERSTANDS IT AND AGREES TO BE BOUND BY IT. CUSTOMER AGREES THAT THIS FIRST AMENDMENT TO AGREEMENT SHALL NOT BE BINDING UNTIL ACCEPTED BY ACCUMED AT ITS OFFICE IN THE STATE OF MICHIGAN.**

1. AMENDMENT. AccuMed and Customer hereby agree that the Billing Service Agreement with an Effective Date of December 10, 2007 (the "Agreement") be and the same hereby is amended as hereinafter set forth. With the exception of the provisions of the Agreement specifically or by necessary inference amended hereby, all of the provisions of the Agreement shall remain in full force and effect.

2. AMENDMED OF THE PAYMENT AND COLLECTION SECTION. The provisions of Section 4 A. of the Agreement shall be amended to read:

A. In full payment for AccuMed's services provided herein, Customer agrees to pay the following amounts (check the applicable boxes):

- An amount equal to 6.5% of the amount collected each month for EM Services.
- \$25.00 Report duplication fee. This fee is applicable when Customer requests a report, which was previously provided by AccuMed.

ACCEPTANCE

ACCUMED BILLING. INC.

BY: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

NAME: \_\_\_\_\_

DATE:

ACCEPTANCE:

(CUSTOMER NAME) \_\_\_\_\_

BY: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

NAME: \_\_\_\_\_  
(PRINT OR TYPE)

DATE: