PARTICIPATING PROVIDER AGREEMENT

SCHEDULE C-1
PARTICIPATING PROVIDER ATTESTATION

WHEREAS, Peach State Health Plan, Inc. ("Health Plan"), has executed an agreement with ActivHealthCare, Inc. ("Provider") dated _____ pursuant to which Contracted Provider has agreed to provide Covered Services to Covered Persons through the Participating Provider Agreement (the "Agreement"); and

WHEREAS, Provider has requested that the undersigned Contracted Provider serve as a provider under the Agreement and Contracted Provider so desires to participate; and

WHEREAS, as a condition of such participation and Provider's designation as a "Contracted Provider" under this Agreement, Contracted Provider must satisfy Health Plan's credentialing criteria and execute this Attestation acknowledging his/her agreement to comply with, and be bound by, the terms and conditions of the Agreement that are applicable to Contracted Providers.

NOW THEREFORE, Contracted Provider hereby agrees as follows:

1. Contracted Provider agrees to provide Covered Services to Covered Persons in accordance with the requirements of the Agreement that are applicable to Contracted Providers so long as Contracted Provider qualifies as a Contracted Provider.

2. Contracted Provider understands and agrees that his/her initial and continued participation as a Contracted Provider under the Agreement is contingent upon meeting and complying with Health Plan's credentialing standards and otherwise complying with the terms and conditions of the Agreement.

3. Contracted Provider acknowledges that Health Plan expressly reserves the right to reject, suspend, and/or terminate his/her participation under the Agreement for breaching or otherwise failing to: (i) comply with the term of the Agreement or any Attachment thereto; (ii) meet Health Plan's credentialing requirements; or (iii) comply with the Provider Manual.

4. This Attestation shall be effective as of _____.

Contracted Provider

Signature: _____

Print Name: _____

Specialty: _____

Date: _____

NPI: _____

Fax completed form to ActivHealthCare at 470-514-3697.