

**ADDENDUM TO SERVICE AGREEMENT
FULL REIMBURSEMENT MANAGEMENT**

This Addendum Service Agreement hereby modifies the terms of the service agreement dated *<enter effective date here>* entered into between Acme Medical Billing LLC, (hereinafter "Acme"), and Dr. John Doe (hereinafter "Client").

The Agreement is hereby modified as follows:

The Client will pay to Acme ____% of the total (gross) amount collected from ALL insurance companies and ALL patients as a result of the billing services performed by Acme for Client, with a \$500 monthly minimum billed amount. The Client agrees to provide copies of all Explanation of Benefits (EOB) forms received from insurance payors to Acme as well as records of payments received directly from patients (Weekly). Acme shall post the payments received from the insurance payors to the patient's file, shall file any secondary or tertiary claims, and shall bill the patient directly when necessary in order to secure full payment for the Client. Effective date of this change is _____.

This Service Agreement represents an addendum to the original agreement between the parties and shall not be modified unless done so in writing signed by or on behalf of both parties.

Executed this _____ day of _____, _____.

By: _____
Name and Title of Client

By: _____
Acme Medical Billing