

**SERVICE CONTRACT
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT**

I. INTRODUCTION

This agreement is entered into this ____ day of _____, 2010, by and between the Lincoln-Lancaster County Health Department, hereinafter called "Department", and Consultants in Infectious Disease, LLC, hereinafter called "Physician" with a place of business at 1500 South 48th Street, Lincoln, NE 68506, Phone - 489-1110.

Whereas, the public health programs conducted by the Department involve services requiring supervision by a person with a current Nebraska medical license; considerable knowledge of the principles and practices of modern medicine as it relates to a general practice; knowledge of the principles and practices of preventive medicine; skill in treating people with diseases that could have been avoided had their lifestyle been consistent with good public health practices; ability to apply professional methods and techniques to the diagnostic treatment and care of the physically ill; ability to maintain effective working relationships with patients and associates, and

Whereas, the Health Director, not being a graduate of a medical school, is unavailable to perform such services.

II. SERVICES

The Parties agree:

- A. The Physician will serve as Medical Consultant to the Health Director. The Physician, at the request of the Health Director will:
1. Provide or authorize clinical, nursing, and epidemiological procedures and standing orders.
 2. Authorize any variations from established protocols and procedures following a review prior to implementation.
 3. Provide assistance to the Health Director in maintaining liaison with the County Medical Society, State Department of Health and Human Services, State Department of Agriculture, Lincoln Public Schools, and other appropriate entities.
 4. Attend Board, departmental, advisory committee, and staff meetings, and contribute medical opinions as necessary.
 5. Assist in presentation of specific in-service training topics.
 6. Make public speaking engagements.
 7. Provide medical input in the development of departmental policies and procedures relative to epidemiology, communicable disease control, preventive health and

other related public health services.

8. Operate as a member of the Department's epidemiological team and provide assistance as needed.
 9. Assist in other areas as agreed upon by the physician and Health Director.
 10. Provide telephone consultation to staff as needed.
- B. When providing services under this agreement, the Physician shall personally contact the Health Director's Office at least once each week and be available to receive and answer phone calls. Contact should be made at the office with the Health Director and his/her designee or appraisal of any specific problems or issues. The Physician shall provide information indicating where he may be readily contacted during normal working hours and shall maintain an answering service for after hours contacts.
- C. The Physician will be expected to render the professional services outlined above in accordance with established rules, regulations, and under the administrative direction of the Health Director.
- D. Whenever the Physician will be unavailable for the provision of the above duties and/or for telephone consultation for other situations that may arise and need immediate medical advice regular communication will be between the Physician and the Health Director. When there is question about whether the physician is physically able to perform his duties, the Health Director may request a physician's statement confirming his fitness. The number of contacts will be reasonable in nature with an average time commitment of 4-6 hours per week. If the average time commitment exceeds 4-6 hours per week, the additional time commitment will be subject to further negotiations.

III. TERM-COMPLETION

The term of this Agreement shall be for a period of three (3) years and will begin on July 1, 2010 and shall end June 30, 2013. This Agreement may be terminated by either party for substantial breach by the other party, upon at least thirty (30) days written notice. Upon termination, payment made by the city should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within 30 days.

IV. COMPENSATION

In consideration of the services to be performed by the Physician, the Department will pay to the Physician \$21,850.00. The annual payment shall be payable within the first two weeks of the period of the contract, July 15, 2010 for the July 1, 2010 - June 30, 2011 contract year. Compensation for the July 1, 2011 - June 30, 2012 contract year will be \$22,943.00, payable by July 15, 2011. Compensation for the July 1, 2012 - June 30, 2013 contract year will be \$24,090.00, payable by July 15, 2012.

V. TERMINATION FOR CONVENIENCE

Either party has the right to terminate this Agreement for any reason for its own convenience. If a party terminates this Agreement for convenience, the party shall provide a thirty (30) day written notice of the same to the other party, and this Agreement shall terminate without penalty or expense to either party. Upon termination, payment made by the City should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within thirty (30) days.

VI. TERMINATION FOR BREACH

Either party has the right to terminate this Agreement if the other party fails to perform as required in this Agreement. Termination rights under this section may be exercised only after the non-breaching party notifies the breaching party of the failure to perform in writing upon giving the other party thirty (30) days written notice. Upon termination, payment made by the city should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within thirty (30) days.

VII. LACK OF FUNDING TERMINATION

The City may terminate this Agreement in whole or in part when funding is not lawfully available for expenditure or when sources of funding are terminated, suspended, reduced, released, or otherwise not forthcoming through no fault of the City. In the event of unavailability of funds to pay any amounts due under this Agreement, the City shall immediately notify the Physician, and this Agreement shall terminate without penalty or expense to the City. Upon termination, payment made by the City should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within thirty (30) days.

VIII. DUTIES GENERALLY

Physician agrees as follows:

1. To timely and professionally complete the Services as described above, and to furnish all labor, materials, equipment, and pay all costs, including any taxes, to complete the Services, unless specifically provided otherwise in this Agreement.
2. To furnish everything reasonably necessary to complete the Services unless specifically provided otherwise in this Agreement.
3. To apply for and obtain any and all necessary permits, certifications, licenses, variances, certifications and approvals required by any applicable law or regulations that relate to Physician or the Services.
4. Provide and perform all necessary labor in a professional and workmanlike manner and in accordance with the provisions of this Agreement.
5. Provide only trained, qualified employees to provide Services. These employees shall be

under the supervision of Physician at all times. All physicians providing services under this Agreement shall have a current, Nebraska medical license.

IX. PRIVACY

LLCHD is not a “covered entity” for purposes of HIPAA, however, Physician agrees that it will treat patient information in a manner consistent with HIPAA’s requirements for Protected Health Information (PHI). Specifically, Physician agrees that it shall:

1. Use appropriate safeguards to prevent misuse or inappropriate disclosure of patient information.
2. Make patient information available to patients in a manner not inconsistent with HIPAA;
3. Require all employees to comply with such restrictions;
4. Report any improper use or disclosure of patient information immediately to LLCHD.

All services, including reports, opinions, and information to be furnished under the Agreement shall be considered confidential and shall not be divulged, in whole or in part, to any person other than to duly authorized representatives of LLCHD, without the prior written approval of LLCHD. Physician assumes liability for any breach of confidentiality that may occur through the action of the Physician.

X. TRADE PRACTICES

Physician represents to the City that the services to be performed under this Agreement shall be in accordance with accepted and established practices and procedures recognized as such in Physician’s trade in general and the Physician’s services shall conform to the requirements of this Agreement.

XI. INDEPENDENT CONTRACTOR

The City is interested only in the results produced by this Agreement. Physician shall perform as an independent contractor and it is expressly understood that the Physician and Physician’s employees, or anyone directly or indirectly employed by Physician, or anyone for whose acts any of them may be liable, are not employee(s) of the City and are not entitled to any City employee benefits including, but not limited to, overtime, retirement benefits, worker’s compensation, sick leave, or injury leave.

Physician covenants that it has no interest, including but not limited to, other projects or independent contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Physician further covenants that in the performance of this Agreement no person having any such interest shall be employed or retained by it under this Agreement.

XII. INDEMNIFICATION

To the fullest extent permitted by law, Physician shall indemnify defend and Hold Harmless the City its officers, agents and employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of this Agreement, that results in any Claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom, and that are caused in whole or in part by the intentional or negligent act or omission of Physician or Physician employees, or anyone directly or indirectly employed by Physician, or anyone for whose acts any of them may be liable. This section shall not require Physician to indemnify or Hold Harmless the City for any losses, claims, damages, and expenses arising out of or resulting from the negligence of the City. The City does not waive its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law with regard to any action based on this Agreement. This section survives any termination of this Agreement.

XIII. INSURANCE

In this connection with this Agreement, Physician shall carry insurance in the following kinds and minimum limits as indicated:

1. General Liability Insurance shall be maintain during the life of this contract, naming and protecting Physician and the City of Lincoln, its officials, employees and volunteers as insured, against claims for damages resulting from (a) all acts or omissions, (b) bodily injury, including wrongful death, (c) personal injury liability, and (d) property damage which may arise from operations under this Agreement whether such operations by Physician and Physician's employees, or those directly or indirectly employed by Physician. The minimum acceptable limits of liability to be provided by such insurance shall be as follows:
 - a. All acts or omission- \$1,000,000 each Occurrence; \$2,000,000 Aggregate; and
 - b. Bodily Injury/Property Damage - \$1,000,000 each Occurrence; \$2,000,000 Aggregate; and
 - c. Personal Injury Damage - 1,000,000 each Occurrence; and
 - d. Contractual Liability - 1,000,000 each Occurrence; and
 - e. Products Liability and Completed Operations - 1,000,000 each Occurrence
2. Physician shall provide a Certificate of Insurance for its General Liability Insurance and naming the City of Lincoln as an additional insured. This Certificate shall be attached to this Agreement.
3. During the term of this Agreement, Physician shall maintain as its own expense the following professional liability insurance for Physician and Physician's employees, or those directly or indirectly employed by Physician (as required by the Nebraska Hospital-Medical Liability Act):
 - a. Professional liability insurance or self insurance coverage in the amount of \$500,000 per occurrence and \$1,000,000 in the annual aggregate and umbrella coverage extending such professional liability to an annual aggregate of not less than \$1,750,000 per occurrence and no limit on annual aggregate coverage

through a combination of insurance and qualification under and participation in the Nebraska Hospital-Medical Liability Act covering its employees and medical residents for claims under the Nebraska Hospital-Medical Liability Act for bodily injury or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract or other claim based upon failure to obtain informed consent for an operation of treatment; and

- b. Professional liability insurance or self insurance coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate covering employees and medical residents for claims not falling under the Nebraska Hospital-Medical Liability Act for bodily injury or death on account of alleged errors or omissions or negligent acts in the performance of professional services rendered or that should have been rendered.
4. Physician is required to provide the City with thirty day notice of cancellation, non-renewal or any material reduction of insurance as required by this Agreement.

XIV. AUDIT PROVISION

The Program Provider shall be subject to audit pursuant to Chapter 4.66 of the Lincoln Municipal Code and shall make available to a contract auditor, as defined therein, copies of all financial and performance related records and materials germane to this Agreement, as allowed by law.

XV . FAIR EMPLOYMENT PRACTICES

Physician shall not discriminate against any employee (or applicant for employment) with respect to compensation, terms, advancement potential, conditions, or privileges of employment, because of such person's race, color, religion, sex, disability, national origin, ancestry, age, or marital status pursuant to the requirements of Lincoln Municipal Code Chapter 11.08 and *Nebraska Revised Statutes* §48-1122, as amended.

XVI . FAIR LABOR STANDARDS

Physician shall maintain Fair Labor Standards in the performance of this Agreement, as required by Chapter 73, *Nebraska Revised Statutes*, as amended.

XV II. NEBRASKA LAW

This Agreement shall be governed and interpreted by the Laws of the State of Nebraska without reference to the principles of conflicts of law.

XVIII. INTEGRATION, AMENDMENTS, ASSIGNMENT

This Agreement represents the entire agreement between the parties and all prior negotiations and representations are hereby expressly excluded from this Agreement. This Agreement may be amended only by written agreement of both parties. This Agreement may not be assigned without the prior written consent of the other party.

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

Ann M. Frohman
Director



Dave Heineman
Governor

June 18, 2010

CONSULTANTS IN INFECTIOUS DISEASE L.L.C.
1500 SOUTH 48TH STREET
SUITE 506
LINCOLN NE 68506

RE: Nebraska Hospital-Medical Liability Act
See Attached List

Dear Healthcare Provider:

On June 17, 2010, we received \$6,042.00, which represents 35% of the premium which you are being charged by COPIC Insurance Company for \$500,000/\$1,000,000 limits coverage. Your renewal coverage with the Act is effective from July 1, 2010 to July 1, 2011.

On July 1, 2011, your current coverage under the Act will expire. Each year, before your coverage expires, it will be necessary for you to send us a new proof of insurance and pay the applicable surcharge in order to continue coverage from that date. Please note that the surcharges are based on the full premium without credit for any deductible that may be applicable.

As a reminder, a qualified health care provider shall post and keep posted in a suitable location where all patients may easily see it, a sign of the size and type prescribed by the Director stating they have qualified under the provisions of the Nebraska Hospital-Medical Liability Act 44-2821(4).

If you have any questions regarding this transaction or the Act, please write or call the Nebraska Department of Insurance at (402) 471-2201.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Hobelman".

Stephanie Hobelman, CISR, CIC
Insurance Analyst
Nebraska Excess Liability Fund

Additional Addressees:

CONSULTANTS IN INFECTIOUS DISEASE L.L.C.

SHELLEY D JONES

RICHARD A MORIN, MD

JAMES NORA, MD

STEVEN E RADEMACHER, MD

THOMAS S STALDER, MD



7351 E. Lowry Blvd., Denver, CO 80230
P.O. Box 17540, Denver, CO 80217-0540
P: 720-858-6000 | TF: 800-421-1834 | F: 720-858-6001

callcopic.com

June 11, 2010

Consultants in Infectious Disease, L.L.C.

1500 South 48th
Ste 506
Lincoln, NE 68506

Re: PCN0000149

Dear Doctors:

To avoid a gap in your Fund coverage, payment is due within 30 days of your policy renewal date. Please submit your Fund payment to:

**Nebraska Excess Liability Fund
Attn. Stephanie Hobelman
941 O Street, Suite 400
Lincoln, NE 68508**

I am pleased to inform you that we have completed the renewal process for your COPIC Medical Professional Liability Insurance Policy. Please accept this letter as confirmation that the individuals named below have been approved for professional liability coverage with COPIC Insurance Company. For your information and for reporting your information to the Nebraska Excess Liability Fund, listed below are the \$500,000 / \$1,000,000 annual premium amounts as well as the 35% premium that needs to be paid to the Fund.

Table One Physician/Employee/Entity	Effective Dates	Individual Premium	Retro Date	35% Fund Premium
Consultants in Infectious Disease, L.L.C.	07/01/2010 - 07/01/2011	\$822	01/01/1999	\$288
Jones, Shelley D., M.D.	07/01/2010 - 07/01/2011	\$3,695	09/19/2005	\$1,293
Morin, Richard A., M.D.	07/01/2010 - 07/01/2011	\$3,141	07/01/1988	\$1,099
Nora, James J., Jr., M.D.	07/01/2010 - 07/01/2011	\$3,326	07/01/2002	\$1,164
Rademacher, Steven E., MD	07/01/2010 - 07/01/2011	\$3,141	11/01/1997	\$1,099
Stalder, Thomas S., MD	07/01/2010 - 07/01/2011	\$3,141	07/19/1999	\$1,099

Please read the enclosed Declaration page(s) carefully to verify that the information is correct. Coverage under this policy is effective during the policy period shown on the Declaration(s) subject to our receiving your check for the first scheduled premium installment. (Please do not pay COPIC from this notice; please pay from your statement.)

More importantly, we strive to be available to assist you when you need us. Your assigned Underwriter, Katie King, is your first resource at (800) 421-1834.

Sincerely,

Brad Ash
Vice President
Underwriting and Policyholder Service Department

KK

DECLARATIONS

Policy Number: PCN0000149

Consultants in Infectious Disease, L.L.C.

NAMED INSURED AND MAILING ADDRESS:

Consultants in Infectious Disease, L.L.C.
1500 South 48th
Ste 506
Lincoln, NE 68506

POLICY TERM: From: 07/01/2010 to: 07/01/2011 at 12:01 A.M. Standard time
at the address of the **named insured** as indicated herein.

SCHEDULE OF COVERAGES, LIMITS AND RATES:

The insurance afforded is only with respect to the following coverages, limits and rates listed below for which a specific premium is indicated. The limit of the **company's** liability against each such coverage shall be as stated herein, subject to all of the terms of this **policy**.

NAMED INSURED(S)	SPECIALTY	PREMIUM
Shelley D. Jones, M.D. I/D AR26843 Retroactive Date 09/19/2005	Internal Med.-Infectious Diseases	\$4,106
Society Membership 5.00%, Society Risk Management 5.00%		\$-410
Limits of Liability		
Per Medical Incident/Peer Review Incident:	\$500,000	
Annual Aggregate:	\$1,000,000	
Annual Premium		\$3,696
Richard A. Morin, M.D. I/D TY14349 Retroactive Date 07/01/1988	Internal Med.-Infectious Diseases	\$4,106
Society Membership 5.00%, Society Risk Management 5.00%, Loss Free Credit 15.00%		\$-964
Limits of Liability		
Per Medical Incident/Peer Review Incident:	\$500,000	
Annual Aggregate:	\$1,000,000	
Annual Premium		\$3,142

CIC-DECNE 09/01/2005

DECLARATIONS

Policy Number: PCN0000149 Consultants in Infectious Disease, L.L.C.

James J. Nora, Jr., M.D. Internal Med.-Infectious Diseases \$4,106
I/D ZP14352 Retroactive Date 07/01/2002

Society Membership 5.00%, Society Risk Management 5.00%, Loss Free Credit \$-780
10.00%

Limits of Liability

Per Medical Incident/Peer Review Incident: \$500,000
Annual Aggregate: \$1,000,000

Annual Premium \$3,326

Steven E. Rademacher, MD Internal Med.-Infectious Diseases \$4,106
I/D FZ14343 Retroactive Date 11/01/1997

Society Membership 5.00%, Society Risk Management 5.00%, Loss Free Credit \$-964
15.00%

Limits of Liability

Per Medical Incident/Peer Review Incident: \$500,000
Annual Aggregate: \$1,000,000

Annual Premium \$3,142

Thomas S. Stalder, MD Internal Med.-Infectious Diseases \$4,106
I/D UR14351 Retroactive Date 07/19/1999

Society Membership 5.00%, Society Risk Management 5.00%, Loss Free Credit \$-964
15.00%

Limits of Liability

Per Medical Incident/Peer Review Incident: \$500,000
Annual Aggregate: \$1,000,000

Annual Premium \$3,142

NAMED INSURED(S) - Medical Partnership or Professional Medical Corporation

CIC-DECNE 09/01/2005

DECLARATIONS

Policy Number: PCN0000149

Consultants in Infectious Disease, L.L.C.

Consultants in Infectious Disease, L.L.C.
I/D EX14409 Retroactive Date 01/01/1999

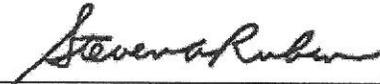
Limits of Liability

Per Medical Incident/Peer Review Incident:	\$500,000
Annual Aggregate:	\$1,000,000

Annual Premium	\$822
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Policy Total Annual Premium	\$17,270
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By acceptance of this **policy** the **named insureds** and **insured** warrants and represents that the statements in the original, supplemental or renewal applications for insurance are true and affirm that the agreements existing between the **named insureds** and **insureds** and the **company** (and its agents or representatives) relating to this insurance are fully and accurately embodied in these **declaration pages** and the **policy**.



Countersigned by Authorized Representative



Better Medicine • Better Lives

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Consultants in Infectious Disease, L.L.C.
1500 South 48th
Ste 506
Lincoln, NE 68506

INSURED

Consultants in Infectious Disease, L.L.C.
1500 South 48th
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease, L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance, the Company does not alter, change, modify or extend the provisions of said Policy and does not waive any of its rights thereunder.

This Certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance the Company does not alter, change, modify or extend the provisions of said Policy and does not waive any of its rights thereunder. COPIC extends blanket coverage to an employee or authorized volunteer worker (an "Insured") of the Named Insured while working under the direct supervision of the Named Insured and within the scope of their assigned duties. However, "employee" or "volunteer worker" does not include:

- Acupuncturists, Advanced Practice Nurses, Aestheticians, Child Health Associates, Clinical Nurse-Specialists, CRNA/Nurse Anesthetists, Cytotechnologists, Electrologists, Embryologists, Emergency Medical Technicians, Endermologists, Laser Technicians, Medical Students, Microdermabrasionists, Nurse Clinicians, Nurse Midwives, Nurse Practitioner-Interns, Nurse Practitioners, Optometrists, Perfusionists, Pharmacists, Physician Assistants, Physicists, Physiologists, Psychologists, Psychotherapists, Surgical Assistants, Surgical Technicians

even if they are employees unless the individual or the position is listed on the Declaration Pages and in that event, an employee or volunteer listed on the Declaration Pages shall be treated as an "Insured" for coverage purposes. Each "Insured" shall share limits with others, as provided in the Policy. Because we cover certain types of "Insureds" on an automatic and blanket basis, we are unable to verify coverage for an individual who is not in one of the allied health specialties identified above.

POLICY NUMBER: PCN0000149

RETRO DATE: 01/01/1999

POLICY PERIOD: 07/01/2010 to: 07/01/2011

LIMITS OF LIABILITY:

Per Medical Incident/Peer Review Incident: \$ 500,000
Annual Aggregate: \$ 1,000,000

SPECIALTY: Entity/Corp Specialty

Dated at: Denver, Colorado

Date: June 11, 2010

[Signature]
Countersigned by Authorized Representative

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Steven E. Rademacher, MD
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

Steven E. Rademacher, MD
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease, L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.
By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 11/01/1997

POLICY PERIOD: 07/01/2010 to: 07/01/2011

LIMITS OF LIABILITY:

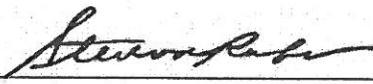
Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: June 11, 2010



Countersigned by Authorized Representative



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Richard A. Morin, M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

Richard A. Morin, M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease, L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance, the Company does not alter, change, modify or extend the provisions of said Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 07/01/1988

POLICY PERIOD: 07/01/2010 to: 07/01/2011

LIMITS OF LIABILITY:

Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: June 11, 2010


Countersigned by Authorized Representative

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Thomas S. Stalder, MD
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

Thomas S. Stalder, MD
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease, L.L.C.

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By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 07/19/1999

POLICY PERIOD: 07/01/2010 to: 07/01/2011

LIMITS OF LIABILITY:

Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: June 11, 2010



Countersigned by Authorized Representative

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

James J. Nora, Jr., M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

James J. Nora, Jr., M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease, L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance, the Company does not alter, change, modify or extend the provisions of said Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 07/01/2002

POLICY PERIOD: 07/01/2010 to: 07/01/2011

LIMITS OF LIABILITY:

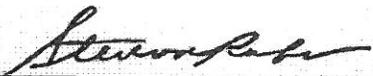
Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: June 11, 2010


Countersigned by Authorized Representative

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Shelley D. Jones, M.D.
1500 South 48th
Ste 506
Lincoln, NE 68506

INSURED

Shelley D. Jones, M.D.
1500 South 48th
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease, L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.
By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 09/19/2005

POLICY PERIOD: 07/01/2010 to: 07/01/2011

LIMITS OF LIABILITY:

Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: June 11, 2010



Countersigned by Authorized Representative