



**PAYER CONTRACT ADDENDUM  
GALAXY HEALTH NETWORK  
GALAXY HEALTH GH-1**

<b>PAYOR PLAN SUMMARY</b>	
<b>Contracted Organization</b>	Galaxy Health Network
<b>Product</b>	Independent/Group Health plans and Discount Card Program
<b>Service Area</b>	Idaho, Utah
<b>Service Effective Date</b>	05/01/13
<b>Contracted Network</b>	NMG Chiropractic Network
<b>COMPENSATION TERMS AND CONDITIONS</b>	
<b>Group Health Contract Rates:</b> 85% of Billed Charges after patient responsibility <b>Galaxy Health Network Health Savings Program:</b> 85% of Billed Charges	
<b>ADDITIONAL INFORMATION</b>	
<b>Benefit Program:</b> Contract, insurance policy, government program, health benefit plan, or other plan or program under which Participants are eligible for benefits.	
<b>Galaxy Health Network Health Savings Card:</b> Program or Discount Card Program means a non-insured business arrangement under which, in exchange for a fee or other consideration paid by Participant directly to Client, and upon presentation of an identification card bearing the Galaxy Health Network Savings logo, Participant has the right to reimburse Network Providers directly at the Contract Rate as payment in full for health care services rendered.	