UNITED BEHAVIORAL HEALTH
PROVIDER AGREEMENT

Virgin Islands Regulatory Requirements Attachment

This Virgin Islands Regulatory Requirements Attachment (the "Attachment") is made part of this Agreement entered into between United Behavioral Health ("UBH") and the health care professional named in this Agreement ("Provider").

This Attachment applies to all products or Benefit Plans sponsored, issued or administered by or accessed through UBH to the extent such products are regulated under the laws of the Virgin Islands.

UBH and Provider each agree to be bound by the terms and conditions contained in this Attachment. In the event of a conflict or inconsistency between this Attachment and any term or condition contained in this Agreement, this Attachment shall control, except with regard to Benefit Plans outside the scope of this Attachment, and be read in accordance with applicable laws and regulations.

Except as otherwise defined in this Attachment, all terms contained in the Attachment shall be as defined and set forth in the Agreement. Any undefined term herein shall have the meaning as defined in applicable laws or regulations, as may be amended from time to time. Likewise, should any defined term herein conflict with applicable territory law or regulation, the term as defined under applicable territory law or regulation shall prevail.

Provisions to Benefit Plans regulated by the Territory of the Virgin Islands and/or under Virgin Islands HMO laws, as applicable.

1. Prompt Payment of Claims. UBH or Payor will process and pay any uncontested claim within thirty (30) calendar days from the date of receiving the claim. If there is a contested claim, UBH or Payor will, within the same thirty (30) day calendar period, notify Provider of its decision not to reimburse that amount, which notice shall provide a clear and concise statement to Provider of all the reasons for UBH's or Payor's decision. Any payment which is not made within the thirty (30) day period shall accrue interest at the rate of 10% or the prevailing prime rate applicable on the date of payment, pursuant to Title 11, section 951 of this Code, or whichever is greater, from the date the services were provided to the date of payment. The Commissioner of Insurance may review any contested claim to determine whether (1) the services are covered under a health insurance plan, (2) the fees are reasonable for the services, and any other matter necessary to determine how the claim should be handled.