

**FIRST AMENDMENT TO BEHAVIORAL HEALTH SERVICES AGREEMENT
FOR BEHAVIORAL HEALTH CARE**

This First Amendment to Behavioral Health Services Agreement ("First Amendment") is made effective **October 1, 2025** ("First Amendment Effective Date") by and between **Lakeland Regional Health Systems, Inc. and Lakeland Regional Medical Center, Inc. d/b/a Lakeland Regional Health**, ("Behavioral Health Services Entity"), and Polk County, a political subdivision of the State of Florida ("COUNTY") (Behavioral Health Services Entity and COUNTY shall be jointly referred to herein as the "Parties").

RECITALS:

WHEREAS, the Parties entered into that certain Behavioral Health Services Agreement, which is effective from October 1, 2024 through September 30, 2025 (the Agreement); and

WHEREAS, the Parties now desire to enter into this First Amendment for the purposes of extending the term of the contract and revising the Total Compensation for Covered Services; and

WHEREAS, capitalized terms used but not otherwise defined herein shall have the meaning ascribed to them in the Agreement.

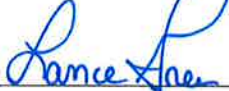
NOW, THEREFORE, in consideration of the mutual promises set forth herein, and other good and valuable consideration, the parties hereby agree as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.
2. Article VIII: TERM AND TERMINATION Section 8.1 is amended and replaced as follows:
 - 8.1 Term. This Agreement shall commence as of the Effective Date and shall thereafter continue through September 30, 2028 unless terminated sooner upon sixty (60) days' prior written notice by either party to the other, or until terminated pursuant to this Article.
3. Total Compensation for Covered Services defined and identified in Exhibit A of the Agreement is amended to the attached Exhibit A of this First Amendment.
4. Instructions for Verification of Enrollment defined and identified in Exhibit B of the Agreement is amended to the attached Exhibit B of this First Amendment.
5. Exhibit C No Coercion for Labor or Services Affidavit is incorporated in the Agreement with the attached Exhibit C No Coercion for Labor or Services Affidavit of this First Amendment.
6. Exhibit D Foreign Country of Concern Affidavit is incorporated in the Agreement with the attached Exhibit D Foreign Country of Concern Affidavit of this First Amendment.
7. Except as specifically set forth in this First Amendment, all terms and conditions of the Agreement shall remain in full force and effect.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK; THE FIRST AMENDMENT CONTINUES ON THE FOLLOWING PAGE WITH THE PARTIES' SIGNATURES.

IN WITNESS WHEREOF, the parties hereto duly execute this First Amendment as of the First Amendment Effective Date.

BEHAVIORAL HEALTH SERVICES ENTITY
Lakeland Regional Health Systems, Inc. and
Lakeland Regional Medical Center, Inc.
d/b/a Lakeland Regional Health

BY: 
Lance Green, CPA, EVP/CFO

DATE: 11-17-25

WITNESS 

WITNESS 

POLK COUNTY, a political subdivision of the
State of Florida

BY: _____
_____, Chair

DATE: _____

ATTEST: Stacy M. Butterfield, Clerk

BY: _____
Deputy Clerk

Approved as to form and legal sufficiency:

County Attorney's Office

EXHIBIT A
TOTAL COMPENSATION
Behavioral Health Provider Services

I. Provider Reimbursement:

- a. The Plan shall compensate physicians for the following CPT/Procedure Codes at the rate of one hundred fifteen percent (115%) of the first Medicaid rate published after January of each year, and as set forth in the Physician Fee Schedule, as published and updated by the Center for Medicare and Medicaid Services (CMS).
- b. Once the Medicaid rates have been published in January of each year, there will be no adjustments to the fee schedule during the calendar year.

Description of Service	POS	Procedure Code	Mod1	Telemedicine	Effective 10/1/2025		Reimbursement and Service Limitations
Behavioral Health Assessment Services							
Psychiatric evaluation by a physician	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2000	HP	Yes	\$288.22	per evaluation	Maximum of two psychiatric evaluations per recipient per plan year.
Psychiatric evaluation by a non-physician	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2000	HO	Yes	\$205.87	per evaluation	Maximum of two psychiatric evaluations per recipient per plan year.
Brief behavioral health status exam	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2010	HO	Yes	\$17.01	per quarter hour	There is a maximum of 10 quarter-hour units annually per recipient per plan year. There is a maximum daily limit of two quarter-hour units. A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psychosocial assessment, or in-depth assessment has been completed by a qualified treating practitioner.
In-depth assessment, new patient, mental health	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0031	HO	No	\$145.03	per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, mental health	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0031	TS	No	\$116.01	per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, new patient, substance abuse	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0001	HO	No	\$145.03	per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, substance abuse	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0001	TS	No	\$116.01	per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.

EXHIBIT A
TOTAL COMPENSATION
Behavioral Health Provider Services (cont.)

Description of Service	POS	Procedure Code	Mod1	Telemedicine	Effective 10/1/2025		Reimbursement and Service Limitations
Behavioral Health Assessment Services							
Bio-psychosocial evaluation, mental health	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0031	HN	Yes	\$65.87	per assessment	One bio-psychosocial evaluation per recipient per plan year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Bio-psychosocial evaluation, substance abuse	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0001	HN	Yes	\$65.87	per assessment	One bio-psychosocial evaluation per recipient per plan year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Psychological testing	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2019		No	\$20.59	per quarter hour	Maximum of 40 quarter-hour units of psychological testing per plan year.
Limited functional assessment, substance abuse	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0001		Yes	\$20.59	per assessment	Maximum of three limited functional assessments per recipient per plan year.
Limited functional assessment, mental health	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0031		Yes	\$20.59	per assessment	Maximum of three limited functional assessments per recipient per plan year.
Treatment plan development, new and established patient, mental health	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0032		No	\$112.54	per event	One treatment plan per provider per plan year. A maximum total of two treatment plans per recipient per plan year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan development, new and established patient, substance abuse	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	T1007		No	\$112.54	per event	One treatment plan per provider per plan year. A maximum total of two treatment plans per recipient per plan year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan review, mental health	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0032	TS	No	\$56.27	per event	A maximum of four treatment plan reviews per recipient per plan year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
Treatment plan review, substance abuse	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	T1007	TS	No	\$56.27	per event	A maximum of four treatment plan reviews per recipient per plan year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
Behavioral Health Therapy Services							
Individual medical psychotherapy, mental health	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2010	HE	Yes	\$17.40	per quarter hour	A maximum of 16 quarter-hour units of brief individual medical psychotherapy, per recipient, per per plan year. Individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.
Individual medical psychotherapy, substance abuse	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2010	HF	Yes	\$17.40	per quarter hour	A maximum of 16 quarter-hour units of brief individual medical psychotherapy, per recipient, per per plan year. Individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.
Individual and family therapy	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2019	HR	Yes	\$25.15	per quarter hour	A maximum of 104 quarter-hour units of individual and family therapy services, per recipient, per plan year. There is a maximum daily limit of four quarter-hour units.
Group therapy	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H2019	HQ	No	\$17.40	per quarter hour	A maximum of 156 quarter-hour units of group therapy services, per recipient, per per plan year.
Case Manager Services							
Case Management, 15 min	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	T1016		Yes	\$17.00	per quarter hour	No limits.
Peer Specialist							
Peer Support Services - Individual, individual -15 min	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0035		Yes	\$18.10	per quarter hour	No limits.
Peer Support Services - Attempt, individual -15 min	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0035	52	No	\$18.10	per quarter hour	A maximum of 16 quarter-hour units of Peer Support attempt per recipient per plan year.
Peer Support Services - Group -15 min	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0025		No	\$4.39	per quarter hour	No limits.

EXHIBIT A
TOTAL COMPENSATION
Behavioral Health Provider Services (cont.)

Description of Service	POS	Procedure Code	Mod1	Telemedicine	Effective 10/1/2025		Reimbursement and Service Limitations
Behavioral Health Medication Management Services							
Medication management	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	T1015		Yes	\$82.35	per event	No limits.
Alcohol and other drug screening specimen collection	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0048		No	\$11.60	per event	52 behavioral health - related medical services; alcohol and other drug screening specimen collections per recipient per plan year.
Alcohol and/or drug screening (Oral)	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0049		No	\$6.53	per event	52 behavioral health - related medical services; alcohol and other drug screening specimen collections per recipient per plan year.
Medication-assisted treatment services (MAT) - Methadone	10, 02, 04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	H0020		Yes	\$78.29	weekly rate	52 times, per recipient, per plan year. The service is billed one time per seven days. This service is not reimbursable using any other procedure code.
Medication Administration							
Administration of a therapeutic	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	96372		No	\$13.57	per event	No limits.
Drugs							
Naltrexone, depot form 1mg	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	J2315		No	\$4.12	per mg	No limits.
Methadone injection, 10mg	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	J1230		No	\$20.66	per 10 mg	No limits.
Naltrexone, depot form, 1mg (Vivitrol)	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	J2315		No	\$4.12	per mg	1 vial/month
Opioid Treatment Programs							
Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2067		No	\$268.89	per service	No limits.
Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2068		No	\$295.87	per service	No limits.
Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2069		No	\$2,031.54	per service	No limits.
Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2073		No	\$1,709.79	per service	No limits.
Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2074		No	\$214.54	per service	No limits.
Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G0533		No	\$639.12	per service	No limits.

EXHIBIT A
TOTAL COMPENSATION
Behavioral Health Provider Services (cont.)

Description of Service	POS	Procedure Code	Mod1	Telemedicine	Effective 10/1/2025		Reimbursement and Service Limitations
Opioid Treatment Programs							
Intake activities, including initial medical examination that is conducted by an appropriately licensed practitioner and preparation of a care plan, which may be informed by administration of a standardized, evidence-based Social Determinants of Health Risk Assessment to identify unmet health-related social needs, and that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals, including harm reduction interventions; the patient's needs and goals in the areas of education, vocational training, and employment; and the medical and psychiatric, psychosocial, economic, legal, housing, and other recovery support services that a patient needs and wishes to pursue, conducted by an appropriately licensed/credentialed personnel; List separately in addition to each primary code.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2076		No	\$228.42	per service	No limits.
Periodic assessment; assessing periodically by an OTP practitioner and includes a review of MOUD dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based Social Determinants of Health Risk Assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services; List separately in addition to each primary code.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2077		No	\$147.93	per service	No limits.
Take-home supply of methadone; up to 7 additional day supply; List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2078		No	\$42.13	per service	No limits.
Take-home supply of buprenorphine (oral); up to 7 additional day supply; List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2079		No	\$69.11	per service	No limits.
Each additional 30 minutes of counseling in a week of medication assisted treatment; List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2080		No	\$36.00	per service	No limits.
Take-home supply of nasal naloxone; List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2215		No	\$40.30	per service	No limits.
Take-home supply of injectable naloxone; List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G2216		No	contractor-priced	per service	No limits.
Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 mL nasal spray; List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G1028		No	\$127.90	per service	No limits.
Intensive outpatient services; minimum of nine services over a 7-contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; drugs and biologicals furnished for therapeutic purposes, excluding opioid agonist and antagonist medications that are FDA-approved for use in treatment of OUD or opioid antagonist medications for the emergency treatment of known or suspected opioid overdose; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services (not including toxicology testing); List separately in addition to code for primary procedure.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G0137		No	\$804.60	per service	No limits.
Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 mL nasal sprays; List separately in addition to each primary code.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G0532		No	\$78.34	per service	No limits.
Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services; List separately in addition to each primary code.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G0534		No	\$41.69	per service	No limits.
Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes of services; List separately in addition to each primary code.	04, 11, 12, 14, 15, 16, 27, 50, 53, 55, 56, 57, 58, 71, 72, 99	G0535		No	\$41.69	per service	No limits.

**EXHIBIT A
TOTAL COMPENSATION
Behavioral Health Provider Services (cont.)**

II. The following co-pays apply to Plan Members.

The Behavioral Health Services Entity or the Behavioral Health Services Entity's Designee shall collect a co-pay from the Member for each office visit. The co-payment amount will not be deducted from the compensation reimbursed by the Plan as defined below.

**POLK HEALTHCARE PLAN
MEDICAL CARD**

Essential Care Choices Card
\$1.00 Office Visit

Chronic Care Choices Card
\$1.00 Office Visit

EXHIBIT B INSTRUCTIONS FOR VERIFICATION OF ENROLLMENT

The following sources of enrollment verification shall be made when providing services to a Plan Member.

1. Each Member receives an identification card upon enrollment in the Plan. The card should always be presented to the Behavioral Health Services Entity when services are requested by Member and prior to receipt of services. The Behavioral Health Services Entity shall confirm eligibility by contacting the County or its third party administrator. It shall be the responsibility of the Behavioral Health Services Entity to confirm active enrollment prior to services being rendered.

Polk HealthCare Plan – Medical Card

FRONT OF CARD
BACK OF CARD



Community Health Care Polk HealthCare Plan Enrollment Card

Member ID: _____

Member Name: _____

Primary Care Physician: _____

Office Phone #: _____

Plan Type: _____

Eligibility Period: _____ to _____

Co-Pay: \$1 PCP / \$25 ER

NOTICE TO MEMBER:

Please present this card each time you require any medical service with a contracted provider of the Polk HealthCare Plan, within Polk County, Florida. This card is not transferrable and is only valid for the eligibility period listed on the front. *Do not alter or share this card with others as you will lose your governmental assistance provided by Polk County Indigent Health Care Tax.*

NOTICE TO PROVIDERS:

Eligibility
Appointments & Inquiries
Call (863) 533-1111

AHH Pre-Certification
Fax (844) 241-9075

Paper Claim Submission
Meritain Health
PO Box 853921
Richardson, TX 75085-3921

Claims and Benefit
Information
Call (888) 850-8222

Electronic Claim Submission
WebMD/Endeon 41124
McKesson-Relay Health 1761

DISCLAIMER: THIS VERSION OF THE CARD IS EFFECTIVE BEGINNING 9/1/24 AND MAY BE SUBJECT TO CHANGE. PLEASE WATCH THE POLK HEALTHCARE PLAN WEBSITE.

EXHIBIT C
NO COERCION FOR LABOR OR SERVICES AFFIDAVIT

In compliance with Section 787.06(13), Florida Statutes, this attestation must be completed by an officer or representative of a nongovernmental entity that is executing, renewing, or extending a contract with Polk County, a political subdivision of the State of Florida.

The undersigned, on behalf of the entity listed below (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth herein.
2. I currently serve as an officer or representative of the Nongovernmental Entity.
3. The Nongovernmental Entity does **not** use coercion for labor or services, as those underlined terms are defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Fla. Stat. and Section 787.06, Fla. Stat. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I LANCE GREEN (Signatory Name and Title), declare that I have read the foregoing Affidavit Regarding the Use of Coercion for Labor and Services and that the facts stated in it are true.

Further Affiant sayeth naught.

Lakeland Regional Health Systems, Inc.
NONGOVERNMENTAL ENTITY

Lance Green
SIGNATURE

Lance Green
PRINT NAME

EVP/CEO
TITLE

11-17-25
DATE

EXHIBIT D
FOREIGN COUNTRY OF CONCERN AFFIDAVIT
(PUR 1355)

This form must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a Governmental Entity which would grant the entity access to an individual's Personal Identifying Information. Capitalized terms used herein have the definitions ascribed in Rule 60A-1.020, F.A.C.

Lakeland Regional Health Systems, Inc. (Name of Entity) is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

PRINTED NAME: Lance Green

TITLE: EUP/CEO

SIGNATURE: Lance Green

DATE: 11-17-25