

Exhibit C:

Below is the chart to complete for Self-Reported “Network Discounts”. Please complete the chart for the network you propose using for the Southern Skylands Fund. Please be prepared to provide follow up data that will substantiate all self-reported data.

Category	Self-Reported Network Discount
Physician	_____ % off billed eligible charges
In Patient Hospital	_____ % off billed eligible charges
Outpatient Hospital	_____ % off billed eligible charges
Outpatient free standing facility	_____ % off billed eligible charges
Other (i.e., Lab, Ancillary, Home Health, etc.)	_____ % off billed eligible charges
How are lab claims paid (i.e., capitation, fee for service, other	Please explain:
What services are paid on a capitated basis (i.e., radiology, mental health, etc.)	Please explain:
Please disclose / explain any major health system contracts may come to expiration/renewal in calendar year 2025	Please explain: