**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. CONTRACT ID CODE

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2. AMENDMENT/MODIFICATION NO. 0002

3. EFFECTIVE DATE 12/02/2011

4. REQUISITION/PURCHASE REQ. NO. MA-PR616-20120099

5. PROJECT NO. (If applicable)

6. ISSUED BY CODE 00093

U.S. DOT/ Maritime Administration
Gulf Div.Acquisition Office,
MAR 380.3
Hale Boggs Building
500 Poydras Street Suite 1223
New Orleans LA 70130-3396

7. ADMINISTERED BY (If other than Item 6) CODE 00093

U. S. DOT Maritime Administration
Gulf Div. Acquisition Office,
MAR 380.3
500 Poydras Street, Suite 1223
Hale Boggs Building
New Orleans LA 70130-3396

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

FUTURE CARE INC.
Attn: Julie Ann Licari, Govt Business POC
757 Third Avenue, Suite 1703
New York NY 10017-2013

CODE 625992354 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

X 10A. MODIFICATION OF CONTRACT/ORDER NO. DTMA-93-P-2011-0032

10B. DATED (SEE ITEM 13) 09/13/2011

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
70X1710SXX.2011.81105GRJAC.1105000000.25431.61006600 / 701105GRJAC000

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

| CHECK ONE | |
|---|---|
| | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| X | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: 52.243-1 Changes |
| | D. OTHER (Specify type of modification and authority) |

**E. IMPORTANT:** Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to modify the order to include Claim 10-7979.
CHANGES FOR LINE ITEM NUMBER: 1
Description changed to FY11 M&C CLAIMS A
Project No. DGO-JAC11-7004A
Account No. 070-004

The purpose of this project is to provide funding for the support of maintenance and cure claims for the Cape Jacob Matson Claim # 09-7438, Matson Claim # 10-7861, Matson Claim # 11-8034, Maton Claim 10-7979.

Following are estimates:
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) JULIE LICARI

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ALINE SMITH

15B. CONTRACTOR/OFFEROR Julie Licari (Signature of person authorized to sign)

15C. DATE SIGNED 12/6/11

16B. UNITED STATES OF AMERICA Aline Smith (Signature of Contracting Officer)

16C. DATE SIGNED 12-07-11 ~~10/02/2011~~

NAME OF OFFEROR OR CONTRACTOR
FUTURE CARE INC.

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|---|---|---|---|---|---|
| | A. For management of Maintenance and Cure payments for Cape Jacob injured crew members Matson Claim # 09-7438, Matson Claim # 10-7861, and Matson Claim # 11-8034.<br><br>--Management Fee (backlog) - $3,000.00<br>--Management Fee Sept. 1 2011 to Oct. 31, 2011, (monthly fee x 2) - $3,750.00<br>--Maintenance payments # 09-7438 (Crew Member: AM), 7/9/11 to 8/31/11, ($16/day x 54) - $864.00<br>--Maintenance payments # 10-7861 (Crew Member: MR), 6/30/11 to 8/31/11 ($16/day x 63) - $1,008.00<br>--Maintenance payments # 11-8034 (Crew Member: RT), 6/25/11 to 8/31/11 ($16 x 68) - $1,088.00<br>--Cure Payment, 10-7861, Commonwealth Health Center, (past due bill) - $146.90<br>--Estimated Cure Payments 9/1/11 to 10/31/11 - $5,000.00<br>SUBTOTAL: $14,856.00<br><br>B. For management of Maintenance and Cure payments for Cape Jacob injured crew members Matson Claim # 09-7438, Matson Claim # 10-7861, and Matson Claim # 11-8034.<br><br>--Management Fee Nov 1 2011 to Oct 31 2012 ($1,875 x 12) - $22,500.00<br>--Maintenance payments Sept 1 2011 to Oct 31 2012 (426 days x 16/day x 3claims) - $20,448.00<br>--Estimated Cure Payments Nov 1 2011 to Oct 31, 2012 - $87,904.10<br>SUBTOTAL : $130,852.1<br><br>GRAND TOTAL: $145,709.00<br><br>The above management fee is based on Future Cares rate of $125/hour.<br><br>Above management fee to include auditing services for review of all medically related charges submitted to FUTURE CARE that are assessed by Future Care Audit department on all medical care providers, including but not limited to invoices from hospital and physicians, medical equipment suppliers, physical therapy or other rehabilitative services, and drug suppliers, whether in FUTURE CARE's PPO network or outside<br>Continued ... | | | | |

NAME OF OFFEROR OR CONTRACTOR
FUTURE CARE INC.

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|---|---|---|---|---|---|
| | the network.<br><br>Future Care's "auditing fee" for accessing network rates and applying the discount is 25% of Medical Bill Review Savings inclusive of auditing, negotiations, and PPO discounts that are achieved on behalf of MARAD.<br><br>The total amount of the Purchase Order is not changed.<br><br>Delivery Location Code: 00093<br>U.S. DOT/Maritime Administration<br>Division of Gulf Operations<br>New Orleans Ship Operations<br>Hale Boggs Federal Building<br>500 Poydras St, Suite 1223<br>New Orleans LA 70130 USA<br><br>Payment:<br>MARAD A/P INVOICES<br>P.O.BOX 25710<br>OKLAHOMA CITY OK 73125<br>FOB: Destination<br>Period of Performance: 09/01/2011 to 10/31/2012 | | | | |