ACCEPTED AND AGREED BY:
Connecticut Hospital Association

BY: [Signature]
Name: Jennifer Jackson
Title: President and CEO
DATE: November 13, 2019

ACCEPTED AND AGREED BY:
Lawrence + Memorial Hospital

BY: [Signature]
Name: 
Title: 
DATE: 

ACCEPTED AND AGREED BY:
Manchester Memorial Hospital

BY: [Signature]
Name: 
Title: 
DATE: 

ACCEPTED AND AGREED BY:
MidState Medical Center

BY: [Signature]
Name: 
Title: 
DATE: 

ACCEPTED AND AGREED BY:
Milford Hospital

BY: [Signature]
Name: 
Title: 
DATE: 

ACCEPTED AND AGREED BY:
Norwalk Hospital

BY: [Signature]
Name: 
Title: 
DATE: 

ACCEPTED AND AGREED BY:
Rockville General Hospital

BY: [Signature]
Name: 
Title: 
DATE: 

ACCEPTED AND AGREED BY:
Saint Francis Hospital & Medical Center

BY: [Signature]
Name: 
Title: 
DATE: 

41
Hospital Settlement Agreement

ACCEPTED AND AGREED BY: Connecticut Hospital Association

BY:
Name:
Title:
DATE:

ACCEPTED AND AGREED BY: Lawrence + Memorial Hospital

BY:
Name:
Title:
DATE:

ACCEPTED AND AGREED BY: Manchester Memorial Hospital

BY: Michael Vuillette
Name: Michael O. Vuillette
Title: CFO
DATE: 11-13-19

ACCEPTED AND AGREED BY: MidState Medical Center

BY:
Name:
Title:
DATE:

ACCEPTED AND AGREED BY: Milford Hospital

BY:
Name:
Title:
DATE:

ACCEPTED AND AGREED BY: Norwalk Hospital

BY:
Name:
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DATE:

ACCEPTED AND AGREED BY: Rockville General Hospital

BY: Michael Vuillette
Name: Michael O. Vuillette
Title: CFO
DATE: 11-13-19

ACCEPTED AND AGREED BY: Saint Francis Hospital & Medical Center

BY:
Name:
Title:
DATE:
ACCEPTED AND AGREED BY: Connecticut Hospital Association

BY: __________________________
   Name: _______________________
   Title: _______________________  

DATE: _______________________

ACCEPTED AND AGREED BY: Lawrence + Memorial Hospital

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ACCEPTED AND AGREED BY: Milford Hospital

BY: __________________________
   Name: _______________________
   Title: CFO

DATE: 11/13/19

ACCEPTED AND AGREED BY: Norwalk Hospital

BY: __________________________
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DATE: _______________________

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Connecticut Hospital Association

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Milford Hospital

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Name:
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ACCEPTED AND AGREED BY:
Rockville General Hospital

BY: __________________________
Name:
Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Lawrence + Memorial Hospital

BY: __________________________
Name: Marna P. Borgstrom
Title: CEO

DATE: 11/13/19

ACCEPTED AND AGREED BY:
MidState Medical Center

BY: __________________________
Name:
Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Norwalk Hospital

BY: __________________________
Name:
Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Saint Francis Hospital & Medical Center

BY: __________________________
Name:
Title:

DATE: ________________________
Hospital Settlement Agreement

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Connecticut Hospital Association

BY: ______________________
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ACCEPTED AND AGREED BY:
Manchester Memorial Hospital

BY: ______________________
   Name: ____________________
   Title: _____________________
   DATE: ____________________

ACCEPTED AND AGREED BY:
MidState Medical Center

BY: ______________________
   Name: Jeffrey A. Flaks
   Title: President and CEO
   DATE: 11/13/19

ACCEPTED AND AGREED BY:
Milford Hospital

BY: ______________________
   Name: ____________________
   Title: _____________________
   DATE: ____________________

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Norwalk Hospital

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Milford Hospital

BY: ____________________________
   Name: ________________________
   Title: _________________________
   DATE: _________________________

ACCEPTED AND AGREED BY: 
Norwalk Hospital

BY: ____________________________
   Name: John M. Murphy, MD
   Title: Chief Executive Officer
   DATE: 11/12/19

ACCEPTED AND AGREED BY: 
Rockville General Hospital

BY: ____________________________
   Name: ________________________
   Title: _________________________
   DATE: _________________________

ACCEPTED AND AGREED BY: 
Saint Francis Hospital & Medical Center

BY: ____________________________
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<td>Connecticut Hospital Association</td>
<td>Lawrence + Memorial Hospital</td>
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<td>Saint Francis Hospital &amp; Medical Center</td>
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<td>Date:</td>
<td>Date: 11/12/19</td>
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Hospital Settlement Agreement

ACCEPTED AND AGREED BY: Saint Mary’s Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: 11/13/19

ACCEPTED AND AGREED BY: St. Vincent’s Medical Center
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________

ACCEPTED AND AGREED BY: Stamford Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________

ACCEPTED AND AGREED BY: Waterbury Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________

ACCEPTED AND AGREED BY: Windham Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________

ACCEPTED AND AGREED BY: The William W. Backus Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________

ACCEPTED AND AGREED BY: Bridgeport Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________

ACCEPTED AND AGREED BY: Bristol Hospital
BY: [Signature]
Name: [Name]
Title: [Title]
DATE: ____________________________
Hospital Settlement Agreement

ACCEPTED AND AGREED BY:
Saint Mary's Hospital

BY: ________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
St. Vincent's Medical Center

BY: ________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Stamford Hospital

   Kathleen Silard
   Name: Kathleen Silard
   Title: President and CEO

DATE: November 11, 2019

ACCEPTED AND AGREED BY:
Waterbury Hospital

BY: ________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Windham Hospital

BY: ________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
The William W. Backus Hospital

BY: ________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Bridgeport Hospital

BY: ________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Bristol Hospital

BY: ________________________
   Name:
   Title:

DATE: ________________________
Hospital Settlement Agreement

ACCEPTED AND AGREED BY:
Saint Mary’s Hospital

BY: __________________________
Name: ______________________
Title: _______________________

DATE: _______________________

ACCEPTED AND AGREED BY:
St. Vincent’s Medical Center

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
      11/13/19

DATE: _______________________

ACCEPTED AND AGREED BY:
Stamford Hospital

BY: __________________________
Name: ______________________
Title: _______________________

DATE: _______________________

ACCEPTED AND AGREED BY:
Waterbury Hospital

BY: __________________________
Name: ______________________
Title: _______________________

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ACCEPTED AND AGREED BY:
Windham Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
      11/13/19

DATE: _______________________

ACCEPTED AND AGREED BY:
The William W. Backus Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
      11/13/19

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ACCEPTED AND AGREED BY:
Bridgeport Hospital

BY: __________________________
Name: ______________________
Title: _______________________

DATE: _______________________

ACCEPTED AND AGREED BY:
Bristol Hospital

BY: __________________________
Name: ______________________
Title: _______________________

DATE: _______________________

42.
Hospital Settlement Agreement

ACCEPTED AND AGREED BY:
Saint Mary's Hospital

BY: __________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
St. Vincent's Medical Center

BY: __________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Stamford Hospital

BY: __________________________
   Name:
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DATE: ________________________

ACCEPTED AND AGREED BY:
Waterbury Hospital

BY: __________________________
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   Title:

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Windham Hospital

BY: __________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
The William W. Backus Hospital

BY: __________________________
   Name:
   Title:

DATE: ________________________

ACCEPTED AND AGREED BY:
Bridgeport Hospital

BY: __________________________
   Name: Marna P. Borgstrom
   Title: CEO

DATE: 11/13/19

ACCEPTED AND AGREED BY:
Bristol Hospital

BY: __________________________
   Name:
   Title:

DATE: ________________________
<table>
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<th>Hospital Settlement Agreement</th>
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<td><strong>ACCEPTED AND AGREED BY:</strong> Saint Mary's Hospital</td>
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</table>
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
| **ACCEPTED AND AGREED BY:** St. Vincent's Medical Center |
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
| **ACCEPTED AND AGREED BY:** Stamford Hospital |
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
| **ACCEPTED AND AGREED BY:** Waterbury Hospital |
| **BY:**
| Name: ______________________ |
| Title: CFO |
| DATE: 11/13/19 |
| **ACCEPTED AND AGREED BY:** Windham Hospital |
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
| **ACCEPTED AND AGREED BY:** The William W. Backus Hospital |
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
| **ACCEPTED AND AGREED BY:** Bridgeport Hospital |
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
| **ACCEPTED AND AGREED BY:** Bristol Hospital |
| **BY:**
| Name: ______________________ |
| Title: _____________________ |
| DATE: _____________________ |
Hospital Settlement Agreement

ACCEPTED AND AGREED BY:  
Saint Mary's Hospital

BY: __________________________
Name: _________________________
Title: __________________________

DATE: _________________________

ACCEPTED AND AGREED BY:  
St. Vincent's Medical Center

BY: __________________________
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Stamford Hospital

BY: __________________________
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Name: _________________________
Title: __________________________

DATE: _________________________

ACCEPTED AND AGREED BY:  
Bristol Hospital

BY: __________________________
Name: _________________________
Title: __________________________

DATE: _________________________

42
ACCEPTED AND AGREED BY:
The Hospital of Central Connecticut

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
Danbury Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
Day Kimball Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
Greenwich Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
Griffin Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
Hartford Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
The Charlotte Hungerford Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19

ACCEPTED AND AGREED BY:
Yale-New Haven Hospital

BY: __________________________
Name: Jeffrey A. Flaks
Title: President and CEO
DATE: 11/13/19
Hospital Settlement Agreement

ACCEPTED AND AGREED BY:
The Hospital of Central Connecticut

BY:
Name:
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ACCEPTED AND AGREED BY:
Danbury Hospital

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Name:
Title:

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ACCEPTED AND AGREED BY:
Day Kimball Hospital

BY:
Name:
Title:

DATE: 11/12/2019

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Greenwich Hospital

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Griffin Hospital

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Hartford Hospital

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ACCEPTED AND AGREED BY:
The Charlotte Hungerford Hospital

BY:
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ACCEPTED AND AGREED BY:
Yale-New Haven Hospital

BY:
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ACCEPTED AND AGREED BY:
The Hospital of Central Connecticut

BY: ____________________________  
   Name: 
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ACCEPTED AND AGREED BY:
Day Kimball Hospital

BY: ____________________________  
   Name: 
   Title:  

DATE: ____________________________

ACCEPTED AND AGREED BY:
Griffin Hospital

BY: ____________________________  
   Name: Patrick Charmel  
   Title: President & CEO  

DATE: November 12, 2019

ACCEPTED AND AGREED BY: 
The Charlotte Hungerford Hospital

BY: ____________________________  
   Name: 
   Title:  

DATE: ____________________________

ACCEPTED AND AGREED BY:
Hartford Hospital

BY: ____________________________  
   Name: 
   Title:  

DATE: ____________________________

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Yale-New Haven Hospital

BY: ____________________________  
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   Title:  

DATE: ____________________________
Hospital Settlement Agreement

ACCEPTED AND AGREED BY: The Hospital of Central Connecticut
BY: ____________________________
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   Title: __________________________
DATE: __________________________

ACCEPTED AND AGREED BY: Day Kimball Hospital
BY: ____________________________
   Name: __________________________
   Title: __________________________
DATE: __________________________

ACCEPTED AND AGREED BY: Griffin Hospital
BY: ____________________________
   Name: __________________________
   Title: __________________________
DATE: __________________________

ACCEPTED AND AGREED BY: The Charlotte Hungerford Hospital
BY: ____________________________
   Name: __________________________
   Title: __________________________
DATE: __________________________

ACCEPTED AND AGREED BY: Danbury Hospital
BY: John M. Murphy, M.D.
   Title: Chief Executive Officer
DATE: 11/12/19

ACCEPTED AND AGREED BY: Greenwich Hospital
BY: ____________________________
   Name: __________________________
   Title: __________________________
DATE: __________________________

ACCEPTED AND AGREED BY: Hartford Hospital
BY: ____________________________
   Name: __________________________
   Title: __________________________
DATE: __________________________

ACCEPTED AND AGREED BY: Yale-New Haven Hospital
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BY: __________________________
   Name: ________________________
   Title: _________________________
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ACCEPTED AND AGREED BY: Greenwich Hospital
BY: __________________________
   Name: Marna P. Borgstrom
   Title: CEO
   DATE: 11/13/19

ACCEPTED AND AGREED BY: Griffin Hospital
BY: __________________________
   Name: ________________________
   Title: _________________________
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ACCEPTED AND AGREED BY: Hartford Hospital
BY: __________________________
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   DATE: _________________________

ACCEPTED AND AGREED BY: The Charlotte Hungerford Hospital
BY: __________________________
   Name: ________________________
   Title: _________________________
   DATE: _________________________

ACCEPTED AND AGREED BY: Yale-New Haven Hospital
BY: __________________________
   Name: Marna P. Borgstrom
   Title: Chief Executive Officer
   DATE: 11/13/19
ACCEPTED AND AGREED BY:
Sharon Hospital

BY:____________________
  Name: John M. Murphy, M.D.
  Title: Chief Executive Officer

DATE: 11/12/19

ACCEPTED AND AGREED BY:
The Hospital of Saint Raphael

By: Yale-New Haven Hospital

____________________
Name:
Title:

DATE:__________________

ACCEPTED AND AGREED BY:
New Milford Hospital

By: Danbury Hospital

____________________
Name: John M. Murphy, M.D.
Title: Chief Executive Officer

DATE: 11/12/19

ACCEPTED AND AGREED BY:
Middlesex Hospital

BY:____________________
  Name:
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DATE:__________________
ACCEPTED AND AGREED BY:  
Sharon Hospital

BY: ________________________________
Name: ________________________________
Title: ________________________________

DATE: ________________________________

ACCEPTED AND AGREED BY:  
Johnson Memorial Hospital

BY: ________________________________
Name: ________________________________
Title: ________________________________

DATE: ________________________________

ACCEPTED AND AGREED BY:  
The Hospital of Saint Raphael

By: Yale-New Haven Hospital

BY: ________________________________
Name: ________________________________
Title: ________________________________

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New Milford Hospital

By: Danbury Hospital

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Middlesex Hospital

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Name: ________________________________
Title: ________________________________

DATE: 11/8/19
Hospital Settlement Agreement

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Sharon Hospital

BY: _________________________________________
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Johnson Memorial Hospital

BY: _________________________________________
   Name: ________________________________
   Title: ________________________________

DATE: ________________________________

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The Hospital of Saint Raphael

By: Yale-New Haven Hospital

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Title: ________________________________

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New Milford Hospital

By: Danbury Hospital

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Title: ________________________________

DATE: ________________________________

ACCEPTED AND AGREED BY:
Middlesex Hospital

BY: _________________________________________
   Name: ________________________________
   Title: ________________________________

DATE: ________________________________