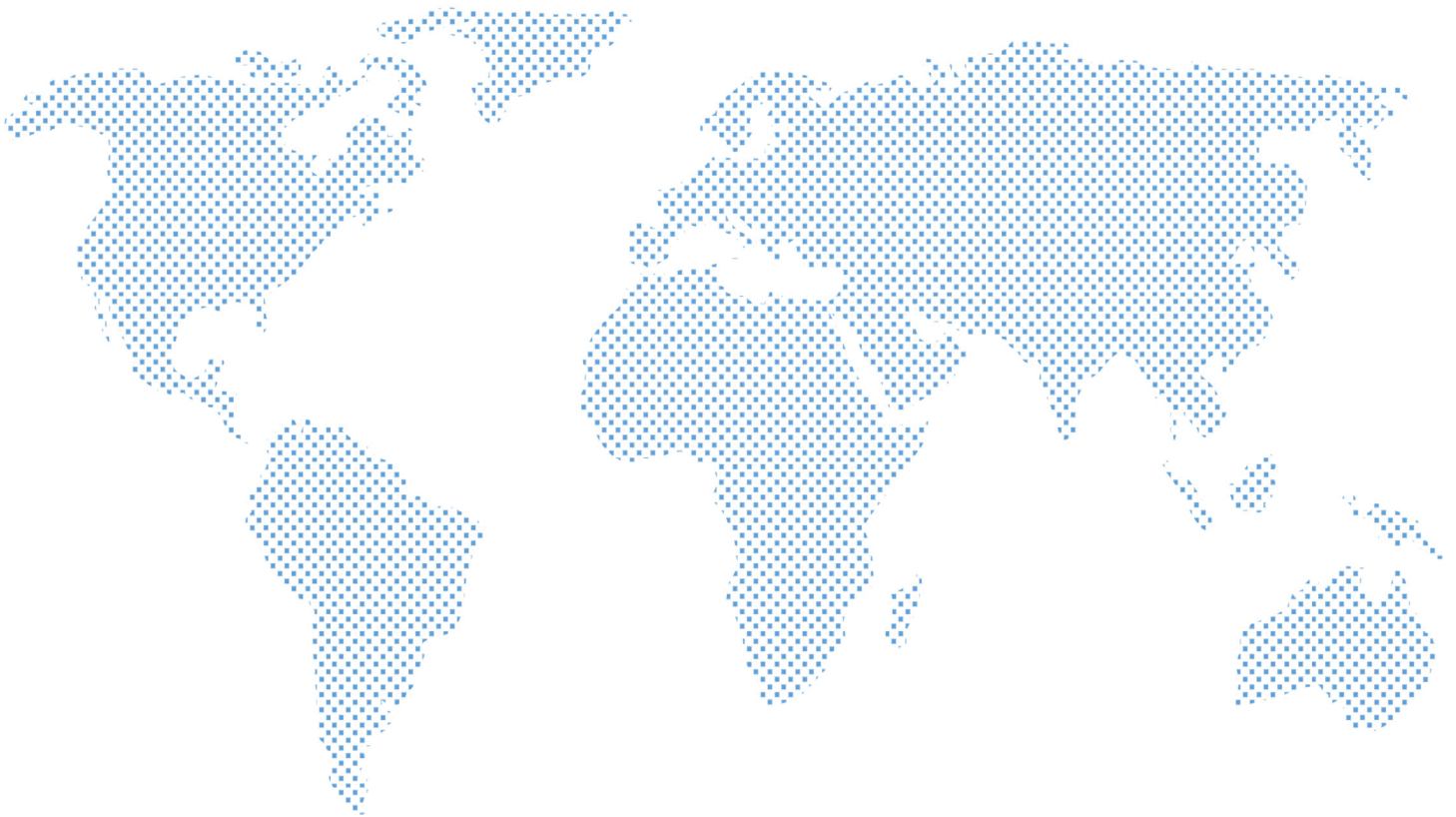


HEALTH NUMERIC

NEW CUSTOMER ENROLLMENT PROCESS



Statement of Confidentiality

I agree that the reading of this manage service agreement is limited to individual, group or organization as authorized by Health Numeric, LLC. I agree that I shall not divulge or reproduce the content of this proposal without the written consent of the Health Numeric LLC.

I understand that any information provided in all respects confidential in nature, other than information which is in the public domain by other means. I agree not to disclose any information without the express written permission of Health Numeric, LLC.

The Health Numeric, LLC and its affiliates retain all title, ownership and intellectual property rights to the material and trademarks contained herein, including all supporting documentation, files, marketing material, and multimedia.

BY ACCEPTANCE OF THIS DOCUMENT, THE RECIPIENT AGREES TO BE BOUND BY THE AFOREMENTIONED STATEMENT

New Customer Enrollment Process

1. HEALTH NUMERIC MANAGE SERVICE AGREEMENT

2. DETERMINE EQUIPMENT PLAN

3. PROJECT SCOPE OF WORK

4. PHYSICIAN OVERSIGHT /MEDICARE REVALIDATION

Business Overview

Health Numeric, LLC offers Remote Patient Monitoring services. Our patient-centered service provides families, nurse, social workers, care management teams, addiction counselors, physicians and more with data, alerts, reports, and equipment support that helps improve medical decisions based on data and delivers superior care.

Remote Patient Monitoring Services

- Patient notifications
- Direct to Patient shipping
- Monitoring kits (Hubs and Medical Devices)
- Software as a Services Platform (Saas)
- Secure HIPAA compliant web portal
- Equipment Rental Program
- EMR Integration
- Devices and Hub Management
- Staff Support and Training

CUSTOMER SERVICE:

Deliverable	Description
Health Numeric Introduction Presentation	Welcome to Remote Patient Monitoring
Completed Enrollment documents	Health Numeric Services, Business Associate Agreement, Mutual NDA, New Customer Process, Manage Services Agreement, Rental Application
Identify participating physician	The physician who will offer the service
Identify the number of patients participating in the program	State of Work (SOW) and Discovery Documents
Create patient account in Care Circle software platform	Pair kits with patient's demographic information
Equipment delivery	Health Numeric will confirm the patient's health data is received in each account
Health Numeric's HIPAA compliant web portal	Patient's daily data is stored on Health Numeric's HIPAA compliant web portal.
24/7 support	24/7 support contact to report problems
Staff Training	Staff Training
Patient Training	Patient Training

SUPPLIED MATERIAL

Materials supplied by provider	Due Date*
NDA	
SOW and Discovery Document	
Managed Service Agreement and Contract	
Business Associate Agreement	
Equipment Rental Application	
Patient Home addresses and Demographic information	
Staff requiring secure access to Web Portal	
Available days for staff training	

Pricing

The following table details reimbursement rates for Remote Patient Monitoring, we will provide equipment and service based on the number of patients monitored.

Fee for Remote Patient Monitoring Services/Clinical Follow Up (CL)

Price	Duration	Unit	Disease (CL)	CPT Codes
\$19.46	1 time	1	1	99453
\$64.15	30 days	1	1	99454
\$51.54	20 minutes	1	1	99457
\$43.00	>20 minutes	1	2	99458

**Reimbursements are based on CMS national averages. The rate may change based on state.*

Equipment Program

Heath Numeric provides remote patient monitoring equipment shipped directly to the patient or the healthcare facility. Health Numeric offers three (3) equipment programs, customer rental, customer ownership programs or Manage Services with Billing.

Fee for Remote Patient Monitoring Equipment

Program	Price	Discount	Unit Cost
Rental	Customer Financed	\$0	\$66 _{PP/PM}
Ownership	Customer Payment Plan	10%	
Manage Services and Billing	\$5000	0%	TBD

Customer Statement of Work and Discovery

Customer Profile and Authorized Signature:

Legal Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Time Zone: () EST () CST () MTN () PST *Please check one

Number of locations/sites: _____

Primary Contact: _____ **Title:** _____

Email: _____

Cell Phone: _____

Other Contacts: _____ **Title:** _____

_____ **Title:** _____

_____ **Title:** _____

Signature: _____ **(Date)** _____ **(Company)** _____

Health Numeric Authorized Signature: _____ **(Date)** _____

Office Use Only (please check): Approved _____ Disapproved _____

Type of Business: (Check all that apply)

- ☐ Home Healthcare ☐ Private Duty ☐ Hospice ☐ Hospital ☐ ACO ☐ IDN
☐ Physician/Group ☐ Health Plan/Payer ☐ For Profit ☐ Not for Profit ☐ Medicare
☐ Medicaid ☐ Self Pay ☐ In-house call center

Average Daily Census (ADC) and # of potential Patients: _____

EHR Software: None or _____

Hospital Affiliated or owned: ☐ No ☐ Yes

Name of Hospital/Health System: _____

EHR Software: _____

Equipment Option:

Equipment Program Choice: (Check all that apply)

- ☐ Ownership Program ☐ Lease Program ☐ Manage Services and Billing Program

If lease, duration: ☐ 12 months ☐ 24 months

If Manage Services and Billing Program: ☐ 12 months ☐ 24 months

Currently has Telehealth Program: ☐ No ☐ Yes

If yes, specify: _____ **volume:** _____

Reason for replacement: _____

Currently has or is requesting an EMR Interface: ☐ No ☐ Yes _____

Currently using Call Center Service: ☐ No ☐ Yes _____

Type of Program/equipment requested (Quantities):

Clinical Oversight

Primary Care Physician () Specialist () Medical Director ()

Clinical Follow-up (CL)

Volume: _____ Start date: _____ Duration : _____

Disease to be monitored: CHF () Hypertension () COPD () Diabetes () Infection ()

Blood Pressure: _____ Scales: _____ Glucometer _____ Temperature _____

SP02: _____ Spirometer: _____ Other: _____

Program Goals and Objectives: (Check all that apply)

- () Reduce Re-hospitalizations () Reduce ED Visits () Reduce “avoidable” SN Visits
- () Increase market share () Improve Opioid Objectives () Streamline efficiencies () reduce costs
- () Avoid Penalties () Strengthen strategic referral partnerships () Triple Aim
- () Outsource alert monitoring () Staff Support

Other :

Thresholds/Alerts: () Standard Settings () Custom Settings by Customer

Languages other than English requested? () No () Yes

If yes, specify the languages in the order of use: _____

Hours of coverage required: _____ for Customer Service

Customer Training: () Web () Onsite Health Numeric () Customer site

Patient in-home installation and training requested: () No () Yes

Account Set Up:

Healthcare Facility Name: _____

Staff Access

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Patient Accounts (Please add addendum page if necessary for this section)

Patient Name: _____ Age: _____ Phone: _____ Address: _____

City: _____ State: _____ Height: _____ Email address: _____

Patient Care Circle Members:

Title: _____ Email Address: _____

Title: _____ Email Address: _____

Title: _____ Email Address: _____

Title: _____ Email Address: _____

Logistics:

Kitting: () Health Numeric () Customer

If Customer is kitting, initiate Salesforce activity.

Cleaning/refurbishing requested: () No () Yes

Customer's preferred freight vendor/account#:

() UPS _____ () FedEx _____

() Other _____ Account #: _____

*Shipping Address (If different from Company Profile)

Company Name: Same as above.

Street Address: _____

Floor/Suite#: _____

City: _____ **ST:** _____ **ZIP:** _____

To the attention of: _____ **title:** _____

email: _____ **Phone:** _____

Billing or Remittance

Bill to name and address: (☐) Same as Company Profile (☐) Same as Shipping (☐) Other

Company Name: _____

Street Address: _____

Floor/Suite#: _____

City: _____ **ST:** _____ **ZIP:** _____

To the attention of: _____ **Title:** _____

Email: _____ **Phone:** _____

Preferred method of payment (Based upon Net 30/day):

(☐) Financing (☐) Credit Card (☐) Electronic Transfer Funds

The Power to Connect and Collaborate!

