

Brevi Technologies, Inc.

265 Cambridge Ave., PO Box 60160, Palo Alto, CA, 94306

ORDER FORM

Encounter-Based Subscriptions - Tier 1 & Tier 2

This Order Form (the “**Order Form**”) is effective as of _____ by both _____ (“**Company**”) (as set forth below) and **Brevi Technologies, Inc.** (“**Service Provider**”) (the “**Effective Date**”). This Order Form is incorporated into and part of the Master Service Agreement (the “**Agreement**”). This Order Form is governed by the terms Master Services Agreement available online at: <https://www.brevi.tech/msa>. All capitalized terms not defined in this Order Form are defined in the Agreement. This Order Form may be executed in multiple counterparts, each of which shall be an original, but all of which shall constitute one instrument.

Company Address Information:

Bill To: _____	Ship To: _____
Address: _____	Address: _____
Billing Contact Name: _____	Shipping Contact Name: _____
Billing Email Address: _____	Shipping Email Address: _____
Billing Phone: _____	Shipping Phone: _____

Main Contact Name: _____

Main Contact Email: _____

Order Details

Order Start Date: _____

Order End Date: _____ If Company does not specify the order end date, then **subscription automatically renews on monthly bases until cancelation.** Company can cancel subscription at any time, effective immediately.

Subscription Plan: _____

EHR System: _____

Payment Method: Online via Square (**Change anytime in dashboard for “Cheque via Mail”**)

Payment Terms: Due Upon Receipt.

Billing Frequency: Monthly

Currency: USD

Product/Service Subscription Details

The Company must choose only one subscription option from the following:

"Tier-1 Part-time Physician" has a fixed price on the Service Provider's website, and as compensation for its services hereunder, Service Provider shall receive the fees in accordance with the current prices indicated on the website.

Subscription details:

- Total Price per month: **225 USD**
- Price per encounter: **2.25 USD**
- Included number of encounters: **100**
- Extra usage per additional encounter: **2.25 USD**
- Free trial - **one month**

"Tier-2 Full-time Physician" has a fixed price on the Service Provider's website, and as compensation for its services hereunder, Service Provider shall receive the fees in accordance with the current prices indicated on the website.

Subscription details:

- Total Price per month: **400 USD**
- Price per encounter: **2.00 USD**
- Included number of encounters: **200**

- Extra usage per additional encounter: **2.00 USD**
- Free trial - **one month**

Billing Information

Prices shown above do not include local, state, or federal taxes or duties of any kind and any such taxes will be assumed and paid by Company, except for taxes on Service Provider based on Service Provider's income or receipts. Any such taxes are the responsibility of the Company and may appear on the final Invoice.

Invoices for this order may be emailed automatically from Block, Inc. (Square). Please make sure this email is on an approved setting or safe senders list so notifications do not go to a junk folder or caught in a spam filter.

Additional Terms

If Company chooses to switch from Tier 1 to Tier 2 or vice versa on the website, the price and subscription benefits will change accordingly.

The Company must acknowledge and accept technical limitations when using Service Provider software, services, and applications (collectively "Software") and take sole responsibility for its use, including but not limited to: (a) Do not use Software if the consultation involves more than two people, as Software can summarize and scribe only two parties' Physician-Patient Clinical Dialogues; (b) Software does not work with most pediatric cases and performs poorly in psychiatric, and emergency cases; (c) Do not use Software if a 3rd party talks on behalf of the patient(s) as Software eliminates all parts of the conversation about 3rd parties.

Service Provider constantly updates the "[Technical Limitation Guide](#)" page with significant technical limitations that are identified in the process.

In order to activate the account, Service Provider and Company shall enter into a Business Associate Agreement ("BAA"). The BAA will be sent together with the Order Form and shall be signed by both Parties.

The Parties acknowledge that to the extent Service Provider is a "business associate," as defined in federal regulations issued pursuant HIPAA relating to the privacy and security of medical records and health information, and/or relevant state privacy and security law, Service Provider will execute an appropriate Business Associate Agreement pursuant to relevant law.

IN WITNESS WHEREOF, the parties hereto have executed this Order Form through their duly authorized representatives on the dates set forth below, effective as of the date first written above.

Brevi Technologies, Inc.

By _____

Name _____

Title _____

Date _____

The Company

By _____

Name _____

Title _____

Date _____

DRAFT