Brevi Technologies, Inc.

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

ORDER FORM

Time-Based Subscription - Flexible 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: _____

Product/Service

- **Price Per Minute: _____**

- **Total price per month: used minutes multiplied by price per minute**

“Flexible Tier 2 – Enterprise” Order and Product 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.

The initial Number of Accounts (“Users”): _____

Price per minute USD: _____

Speed mode Add-on price per minute USD: **_____**

Number of minutes per User: unlimited or limited up to _____ for each user.

Free trial period: _____

EHR/EMR System: _____

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

Payment Terms: Due Upon Receipt.

Billing Frequency: Monthly

Currency: USD

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

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 and physical therapy cases, and performs poorly in complex psychiatric encounters and complex 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.

Order Special Terms

_____

_____

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.	**The Company**
By _____	By _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____