**ADMINISTRATIVE FEE AGREEMENT**

**TAX IDENTIFICATON FEE**

Processing, Filing and Application of Tax Identification Fee **$200 USD**

**LIMITED PERMIT FEE**

Processing, Filing and Application for Limited Permit Fee **$570 USD**

**IMMIGRATION, LEGAL OR ANY OTHER ADMINISTRATIVE FEES**

**All monies for the above fees are to be forwarded to Universal Medical Record Corporate Bank Account to the Payroll Division. This account may change in the future so always confirm with Cyril Yana in the Finance Department 914-737-7499 x105 or cyana@universalmedicalrecord.com**

**Wire or ACH Monies to Signature Bank**

**Bank ABA Number: 02601376**

**SWIFT BIC: SIGNUS33**

**Beneficiary Name: Universal Medical Record Services Corp**

**Beneficiary Account Number: 1502946133**

**Zelle Account – Morgan Stanley**

**Account Phone Number: 516-236-8543**

**Account Email address:** [**scohnmd@universalmedicalrecord.com**](mailto:scohnmd@universalmedicalrecord.com)

**Account Name: Steven Charles Cohn, M.D.**

It is understood and agreed that the above contracted services will be performed in accordance with all Federal and New York State Laws

The Applicant shall defend, indemnify and hold harmless UMR, on behalf of itself, assigns, successors and affiliates and their respective directors, officer, members, employees, agents and representatives (collectively “Indemnitees”) from and against any and all third party claims, demands, actions, suits and proceedings, whether civil, criminal or administrative, and all losses, liabilities, damages, costs, fines, penalties, interest and expenses, whether direct or indirect, (including without limitation, settlement costs and any legal, accounting and other expenses for investigation or defending any actions or threatened actions) (collectively “Losses”), which any Indemnitee may suffer or incur resulting from, arising from, or relating to any wrongful or negligent acts or omissions, breach, or willful or intentional misconduct of the Applicant or any of its directors, officers, shareholders, members, managers, employees, Staff, agents and/or representatives. The Applicant shall not enter into any settlement that imposes any obligation or liability or fault on UMR without UMR express approval.

In the event that any investigation and/or litigation is commenced or threatened against UMR, on behalf of itself, assigns, successors and affiliates and their respective directors, officers, members, employees, agents and representatives (collectively “Indemnitees”) is entitled to indemnification hereunder, Indemnitees shall be entitled to engage legal counsel of its own choosing at the Applicant’s cost. The Applicant shall be entitled to participate in the response to any investigation and defense of any litigation and defensed of any litigation and maintain the right to approve or disapprove of any settlement thereof.

The Applicant and UMR have each duly executed this Agreement as of the date set forth below.

**Universal Medical Record**

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**

**Title:**

**Date of Execution:**

**Applicant Name:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Execution**