**STATEMENT OF WORK NO. n**

This Statement of Work and its attached Schedules (“SOW”) No. n define the scope of services to be performed and the products to be provided by SJ MedConnect, Inc. dba Thalamus (“Thalamus”). This SOW is governed by and incorporated into the Client Services Agreement dated as of [INSERT EFFECTIVE DATE OF CSA] (the “Agreement”) between [Customer Name] (“Client”) and Thalamus. In the event of any inconsistencies (not explicitly agreed to herein) between the terms and conditions of this SOW and those in the Agreement, the terms of the Agreement shall control. Any capitalized terms not defined herein shall have the meaning ascribed to such terms in the Agreement.

1. **Term.** This SOW shall commence on the Effective Date, and will remain in effect through the entirety of the “Application Season” specified in Schedule A attached hereto. Furthermore, this SOW shall automatically renew each following Application Season upon the same terms if neither party provides the other with a written notice of (i) non-renewal or (ii) proposed changes in scope and/or pricing for the Services or Products at least 30 days prior to the end of the then-current Term.
2. **Scope of Services and Products.** Thalamus will provide the Services and Products set forth in **Schedule A** attached hereto.
3. **Fees.** Thalamus will charge Fees as set forth alongside the corresponding Service or Product in **Schedule A**.

The parties have entered into this SOW, which is effective as of the date set forth herein and is executed by their duly authorized representatives.

**[Customer Name] SJ MedConnect, Inc. dba Thalamus**

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| --- | --- | --- |
|  |  |  |
| Signature |  | Signature |
| Printed Name |  | Printed Name |
| Title |  | Title |
| Date |  | Date |

**SOW NO. n - SCHEDULE A**

**SCOPE OF SERVICES AND PRODUCTS**

Institution Name: Update-with-Institution-Name  
GME ID: Update-with-GME-ID

Application Season: 2025-2026

Estimated Application Season Start Date: Insert date

Estimated Application Season End Date: Insert date

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| --- | --- | --- | --- | --- | --- |
| **ERAS PROGRAMS** | | | | | |
| **Count** | **ACGME ID** | **Specialty** | **Thalamus ID** | **Video Price** | **Total Price** |
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| **TOTAL** | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **NON-ERAS PROGRAMS** | | | | | | |
| **Count** | **ACGME ID** | **Specialty** | **Thalamus ID** | **Core Price** | **Video Price** | **Total Price** |
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| **TOTAL** | | | | | |  |

|  |  |  |
| --- | --- | --- |
| **Total Number # of Programs: [X]**  **ERAS Programs: [X]**  **Non-ERAS Programs: [X]** | **Final Cost** | **Notes** |
| ERAS Programs: Thalamus Video | $[X] |  |
| Non-ERAS Programs: Thalamus Core & Itinerary Wizard & Thalamus Video | $[X] |  |
| **PACKAGE TOTAL** | **$[X]** | **YOUR TOTAL PRICE** |