

Remote Second Opinion Services Agreement and Payment Authorization

Thank you for your interest in participating in our Remote Second Opinion Program. As part of this program, we arrange for physicians to prepare Reports that discuss your health condition and potential treatment options (the “Report”). To receive a Report, you will be required to submit certain medical and personal information to us. You authorize us to share this information with our physicians who will complete these Reports.

For these services you will be charged a one-time, upfront fixed fee as indicated. You will also be charged a separate fee for the professional interpretations of the pathology and radiology reports and images, as described further below in this Services Agreement.

The information in the Report will be limited to the information provided by you and in your medical records. The Report is intended to be reviewed and used by your treating physician to assist in his/her development and implementation of your treatment plan (as he/she deems appropriate) and is not intended to replace the relationship with your treating physician. No in-person examination of you will be performed by our physicians in preparing this Report.

Potential Benefits of Receiving a Consultation Report:

- A consulting physician who reviews your medical records may offer information on diagnosis and treatment options to your treating physician
- You and your physician may discuss with our medical team the best course of action for your medical care and recommended next steps

Terms and Conditions:

1. Financial Responsibility.

- Medical Record Review and Report Preparation. You agree to pay the one-time fixed fee for preparation of the Report by credit card in advance. By signing the screen, you attest that you have read and fully understand the information in this notice, and you elect to receive the Report and accept full financial responsibility for the cost of the service.

Note: Please check with your employer, health plan or agency to determine if any fees will be reimbursed and, if so, follow the processes of your employer, health plan or agency to obtain such reimbursement. If you have Medicare, Medicare will not pay for the Report that you have elected to receive.

- Radiology and Pathology Professional Interpretations. If radiology or pathology reports and images will be reviewed, you agree to pay an additional one-time fixed fee associated with these reviews by credit card in advance. If you are a Medicare recipient, you will be responsible for the professional interpretation fees as determined by Medicare.

2. **Accuracy of Information.** You acknowledge and agree that you are solely responsible for ensuring that the information submitted by you for use in preparing the Report is accurate, complete and current. You understand that we will rely upon this information when preparing the Report and communicating its contents to your treating physician. If you do not provide accurate, complete and current information, the Report may contain inaccuracies, or not be a helpful reference for you and your treating physician.
3. **Privacy and Program Participant Information.** You consent to sharing your personal information, such as credit card information, and patient health information with us and our healthcare providers, and with other medical practitioners for purposes of preparing the Report, and with third parties as necessary to assist with the operation and management of this Program.
4. **Potential Risks, and Release and Waiver.** You understand that there are risks associated with receiving a Report from a physician who you have not seen in person and you have elected to receive the report virtually, rather than as part of an in-person visit. You understand these risks and agree that these risks are clearly identified in this Services Agreement. **YOU UNDERSTAND AND CONSENT TO THESE RISKS.** You acknowledge and agree to all of the terms of this Services Agreement, and release us and any of our agents and contractors from liability in connection with your receipt of the Report.
5. **Other Expenses.** You acknowledge and agree that we are not responsible for the cost of any healthcare services, drugs, supplies and equipment prescribed or provided to you by your treating physician in connection with or as a result of the findings in the Report.
6. **Other Legal Terms.** You understand and agree to the following general legal terms:
 - This Services Agreement cannot be amended except in writing by us and you.
 - If any provision of this Services Agreement is or becomes unenforceable or invalid, the remaining provisions will continue with the same effect and effect.

By signing here, you agree that you have read and understand the information provided above regarding the purpose, risks and limitations of the Report. You have had the opportunity to discuss this Services Agreement with your treating physician, and all of your questions have been answered to your satisfaction (to the extent you have any questions). You attest to the accuracy and completeness of the information provided by you in this Services Agreement.