



Customer Onboarding Document

Distributor: _____
Name: _____
Email: _____
Cell: _____

Customer Information

PROVIDER NAME: _____ Tax ID #: _____

PRACTICE NAME: _____

SHIP TO ADDRESS: _____ City _____ State ____ Zip _____

CONTACT NAME: _____

CONTACT PHONE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

HOW DO YOU BILL? Individual NPI #: _____ Group NPI #: _____

BILL TO ADDRESS: _____ City _____ State ____ Zip _____

AP CONTACT NAME: _____

AP PHONE: _____

AP EMAIL: _____

CLAIMS PROCESSOR INFORMATION

CONTACT NAME: _____	EMAIL: _____	TELEPHONE: _____
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Fax Form to (866) 300-0431 or email to NewCustomer@LegacyMedicalConsultants.com



LEGACY MEDICAL CONSULTANTS

Fulfillment / Rebate Agreement

This Rebate Fulfillment Agreement (the "Agreement") is entered into as of this ___ day of _____, 20__ (the "Effective Date") between Legacy Medical Consultants and

Provider Name: _____

Office Address: _____

("Customer").

Background

The Customer wishes to purchase and Legacy Medical Consultants has agreed to sell to Customer human cell and tissue products, subject to the following terms.

Now, therefore, the parties agree as follows:

1. **Product Prices.** Product mean the human cell and tissue products offered by Legacy Medical Consultants as described in Schedule A, as such Schedule may be modified from time to time. The Invoice Price for each Product is the price stated for that Product in Schedule A.
2. **Insurance Verification.** Customer agrees to utilize Legacy Medical Consultants' Insurance Verification Request form (IVR) prior to ordering and using Products.
3. **Order Fulfillment.** After Customer submits an IVR and receives confirmation of patient's benefits, the Customer places an order and Legacy Medical Consultants accepts the order and generates an Invoice, which will reflect that the Customer has agreed to purchase the Products identified on the Invoice and the terms of the purchase. Legacy Medical Consultants shall, on Customer's behalf, promptly pack and ship the Products identified on the Invoice for delivery to the Customer using second-day delivery. Legacy Medical Consultants shall provide delivery status information from the carrier to the Customer for shipment.
4. **Product Usage.** After receiving Product(s), Customer will treat the patient as medically necessary. Customer and Legacy Medical Consultants acknowledge that use of any Product is at the sole discretion of the treating provider, pursuant to his or her professional medical judgement.
5. **Rebate Qualification.** If the Customer purchases (3) or more Products listed on Schedule A from Legacy Medical Consultants in a given month, he or she will qualify for a rebate of ____% of the invoice price on all Products purchased in that month. Eligibility for the rebate each month will be calculated at the end of the month and, if the Customer is eligible to receive a rebate for that month, the amount of the rebate will be applied to the Customer's account as a rebate credit on each invoice generated in that month. Customer agrees to fully and accurately report all amounts paid and rebates earned hereunder to Medicare, Medicaid and all other federal and state health care programs and third-party payers as required by the discount safe harbor to the anti-kickback statute, 42 CFR 1001.952(h), and other applicable laws or agreements, and to provide copies of this Agreement and all other applicable information provided by Legacy Medical Consultants related to this Agreement and the amounts paid and rebates earned hereunder to representatives of these programs and other third-party payers upon their request.



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6. **Invoices & Payment.** Legacy Medical Consultants will develop and deliver an Invoice to Customer that identifies the Products ordered are shipped. Customer agrees to pay Legacy Medical Consultants the balance due amount stated in each Invoice within sixty (60) days after product shipment. Customer will access Invoices and make payments through the LMC Payments Portal (<https://app02.us.bill.com/p/legacymedicalconsultants>). Customer will input their banking and credit card information in the LMC Payments Portal.
7. **Miscellaneous.** This Agreement contains the entire agreement between the Parties concerning the subject matter hereof and is governed by Texas law. This agreement may be amended or modified only by a written agreement signed by both parties.

Executed as of the Effective Date.

Legacy Medical Consultants

Customer

Staff Signature: _____

Customer Signature: _____

Staff Name (printed): _____

Customer Name (printed): _____

Schedule A

Products and Prices

	Part Number	Description	Invoice Price
SurGraft FT MEMBRANE	SFT-0202	SurGraft FT 2x2cm (Q4268)	\$6,900.00
	SFT-0203	SurGraft FT 2x3cm (Q4268)	\$10,350.00
	SFT-0404	SurGraft FT 4x4cm (Q4268)	\$27,600.00
	SFT-0406	SurGraft FT 4x6cm (Q4268)	\$41,400.00
	SFT-0408	SurGraft FT 4x8cm (Q4268)	\$55,200.00