

CUSTOMER CONTACT

Company Name

Primary Contact Name

Billing Address

Primary Contact Phone Number

City, State, Postal Code

Primary Contact Email

TERMS

Start Date

Payment Method

12

NET 10

Term (in month)

Payment Terms

YES

MONTHLY

Auto-Renewal

Payment Frequency

FEES

Products / Services	Number of Employees ¹	One-Time Fees ²	Monthly Fee	Patient Co-Payment
SET-UP				
EMPLOYEE VIRTUAL HEALTH				

Special Note: ¹ Employee and their dependents are eligible for service and referred to herein as "Participants." ² One-time fees will be billed within the first invoice sent upon execution of this order.

OTHER INFORMATION

This **Sales Order Form**, including Attachment A, which is incorporated herein by this reference, is tendered in conjunction with the RelyMD **Terms of Service** (the "ToS"), which are shown as **Exhibit 1** to the **Master Services Agreement** (the "MSA," which can be found at <https://relymd.com/agreements/>). In the event that the Customer chooses to accept this **Sales Order Form**, the Customer and RelyMD will effectively enter into RelyMD's standard MSA or the Parties will have agreed-upon a non-standard and separately-signed MSA and ToS, which in either event will be referred to collectively as the "Agreement". The Agreement will control the relationship between the Customer and RelyMD.

ACKNOWLEDGMENT OF ACCEPTANCE

CLIENT

RELYMD, INC.

By

By

President and CEO

Its

Its

David Levin

Print Name

Print Name

Date of Signature

Date of Signature/*Effective Date*

ATTACHMENT A**ADDITIONAL TERMS & CONDITIONS**

The following services shall be provided by RelyMD to the Client's participants as negotiated by the Parties (the "Participants") on a substantially full-time basis twenty-four hours a day and seven days a week subject to brief, periodic, and typically scheduled downtime to allow for platform maintenance.

1. RelyMD shall provide to Participants web-based video consultations or telephone consultations with a licensed provider. For each consultation the physician shall:
 - a. Conduct a medical consult via video or phone to assess the Participant's medical needs; and
 - b. Based upon the medical consult, respond as follows:
 - i. Determine that the Participant's condition is a life-threatening emergency, and direct the Member to the nearest emergency facility; or
 - ii. Determine that the Participant's condition is not a life-threatening emergency, and advise the Member how to treat the condition, prescribe medication as necessary, and advise follow up with medical providers as needed.
2. If necessary, a licensed provider will prescribe non-Drug Enforcement Agency ("DEA") controlled substance prescriptions for Participants. It is understood by the Parties that RelyMD's licensed providers will not prescribe any DEA-controlled substances or narcotics and will operate subject to state law.