LEGACY MEDICAL
CONSULTANTS

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:

Fax Form to: (817) 961-1288 or email to: newcustomer@legacymedicalconsultants.com

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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 Order Statement, which will reflect that the Customer has agreed to purchase the Products identified on the Statement and the terms of the purchase. Legacy Medical Consultants shall, on Customer's behalf, promptly pack and ship the Products identified on the Statement 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 uses three (3) or more Products in a given month, he or she will qualify for a rebate of 35 % of the invoice price on all Products used for that month. Eligibility for the rebate each month will be calculated at the end of the month and, if the Customer is eligible for a rebate for that month, the amount of the rebate will be applied to the Customer's account as a rebate credit on the monthly invoice. 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.

6. **Invoices & Payment.** At the end of each month, Legacy Medical Consultants will develop and deliver an Invoice to Customer that identifies the Products ordered in the preceding month and the Customer's outstanding balance, which shall reflect the Invoice Price of the Products ordered and not yet paid by the Customer, as well as any rebates that the Customer has earned as of the date of the invoice, and any other charges or credits on the Customer's account to date. Customer agrees to pay Legacy Medical Consultants the balance due amount stated in each Invoice within thirty (30) days of after the month of product shipment. Customer will access the open invoices and make payments through the Bill.com portal. Customer will input their banking and credit card information in the Bill.com 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
ZENITH MEMBRANE	ZNG-0202	ZENITH 2x2cm (Q4253)	$3,800
	ZNG-0203	ZENITH 2x3cm (Q4253)	$5,700
	ZNG-0404	ZENITH 4x4cm (Q4253)	$15,200
	ZNG-0406	ZENITH 4x6cm (Q4253)	$22,800
	ZNG-0408	ZENITH 4x8cm (Q4253)	$30,400

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CONSULTANTS

Credit Card Authorization

CREDIT CARD AUTHORIZATION FORM

Please sign and complete this form to authorize Legacy Medical Consultants to apply charges to your credit card listed below. By signing this form, you grant Legacy Medical Consultants permission to charge the credit card below for each graft shipped per the Terms of the Fulfillment / Rebate Agreement.

Please complete the information below:

I_____(Full Name) authorize Legacy Medical Consultants to charge the credit card account indicated below 30 days after the shipment of all product(s).

Credit Card Authorization

PROVIDER NAME:_____

CREDIT CARD TYPE: ❑ AMEX ❑ VISA ❑ MASTERCARD

CREDIT CARD NUMBER:_____EXP. DATE:_____CVV:_____

EMAIL: _____

SIGNATURE:_____DATE: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company so long as the transaction corresponds to the terms indicated in this form. Credit card payments will incur a processing fee of 3.5% per transaction.