



WOUND LIFE
CONSULTANTS INC

Customer Onboarding Document

CUSTOMER INFORMATION:

Distributor: Wound Life Consultants
Name: Allen Sampayan
Email: woundlifeconsultantsoffice@gmail.com
Cell: (909) 844-0128

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: _____

Email form to: woundlifeconsultantsoffice@gmail.com



Purchase Agreement

This Purchase Agreement (the "Agreement") is entered into as of this day of 20 (the "Effective Date") between Wound Life Consultants Inc and

Provider Name: _____

Office Address: _____

("Customer").

BACKGROUND:

The Customer wishes to purchase, and Wound Life Consultants Inc 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 Wound Life Consultants Inc as described in the price list may be modified from time to time. The Invoice Price for each Product is the price stated for that Product in the price list.
- 2.Insurance Verification.** Customer agrees to utilize Wound Life Consultants Inc' 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 Wound Life Consultants Inc 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. Wound Life Consultants Inc shall, on Customer's behalf, promptly pack and ship the Products identified on the Invoice for delivery to the Customer using second-day delivery. Wound Life Consultants Inc 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 Wound Life Consultants Inc acknowledge that use of any Product is at the sole discretion of the treating provider, pursuant to his or her professional medical judgement.
- 5.Purchase Price.**
- 6.Invoices & Payment.** Wound Life Consultants Inc will develop and deliver an Invoice to Customer that identifies the Products ordered are shipped. Customer agrees to pay Wound Life Consultants Inc the balance due amount stated in each Invoice within thirty (30) days after product shipment. Payments can be made by Check, ACH, Wire, or Credit Card (a 3.5% credit card fee will be added to the invoice).
- 7.Miscellaneous.** This Agreement contains the entire agreement between the Parties concerning the subject matter hereof and is governed by California law. This agreement may be amended or modified only by a written agreement signed by both parties.



Purchase Agreement

Executed as of the Effective Date.

Wound Life Consultants Inc

Customer

Staff Signature: _____

Customer Signature: _____

Staff Name (printed): _____

Customer Name (printed): _____