

## Transaction Service Agreement (Renewal)

### Accessing AccuCare on the Web

Webb County 341<sup>st</sup> Drug Court (the "Customer") is requesting a renewal of its subscription to access the AccuCare Web deployed version for the period and terms of this Agreement and its Attachments, to be accessed through the myaccucare.com Web site to process clinical documentation and perform administrative functions. Orion Healthcare Technology (Orion) grants Customer a limited non-exclusive license to access the specific modules or systems noted on the attached document, Attachment 1-A and the License Agreement.

Customer agrees to compensate Orion the total monthly or yearly fee according to the terms and conditions on Attachment 1-A (Terms of Service Agreement), through ACH processing and/or backed up with a credit card on file at Orion. Billing will be executed and processed on a monthly or yearly basis, based on the initial transaction date of your account. For the yearly payment option, an invoice will be sent to you 30 days prior to the start of each year of service and must be paid in full on or before the first day of the 1<sup>st</sup> month of each year of service. Interest at the rate of 1.5% per month will be assessed from the date of billing through the date good funds are received by Orion, if for any reason Orion is unable to obtain payment through the ACH processing or through Customer's credit card for any month. A \$25 service charge will be applied to any payments returned for insufficient funds. Early termination penalty will be 15% of the unpaid balance of the terms in Attachment 1-A. Orion also has the right to deny access to AccuCare Web until payment is in good standing.

### Payment Information (Choose One Option)

**1. ACH (Automated Clearing House) Routing Information – ATTACH VOIDED CHECK FOR VERIFICATION**

I (we) authorize Orion Healthcare Technology to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below.

Your Company Name \_\_\_\_\_  
 Company (Federal) ID Number \_\_\_\_\_  
 Depository (Bank) Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Transit/ABA # (Bank Routing #) \_\_\_\_\_  
 Bank Account # \_\_\_\_\_

**2. Credit Card Information**

This authority is to remain in full force and effect until Orion has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Orion Healthcare Technology and Depository a reasonable opportunity to act on it.

Type of Credit Card \_\_\_\_\_ Name that appears on card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 3 Digit CSV # (Security Code) \_\_\_\_\_

**3. Invoice Payment Information**

Please send annual invoice for payment by check or credit card to:

Company Name 341<sup>st</sup> Judicial District Court  
 Mailing Address 1110 Victoria Street Suite 302  
 City Laredo State TX Zip Code 78040

## Attachment 1-A

### Terms of Service Agreement: Renewal

#### Clinical Systems

	CJ PM	(BSAP) Co-occurring PM	Number of Licenses
AccuCare System License(s) (Each AccuCare System includes: Assessment, Screening, Tx Plan, Patient Placement, Progress Notes, Discharge Summary, Follow-up and MIS-Data Query and Scheduler for the respective population group(s). Full PM includes all 4 populations.)	<b>x</b>	<b>X</b>	<b>2</b>

**Total Number of AccuCare Web System Licenses =** 2 user-site license = \$2,088.00

#### AccuCare Investment Summary

<b>*Agreement Start Date=</b>	9/30/2020	(renewal period) Check one: <input type="checkbox"/> Mo <input checked="" type="checkbox"/> Yr
<b>Agreement End Date=</b>	5/31/2021	
<b>TOTAL COST Web Licenses =</b>	\$2,088.00	
<b>Total Due Now =</b>	\$2,088.00	


<b>Service Notes:</b> *All prices and start dates are based on date signed Business Associate Agreement and Transaction Service Agreement are received and paid in full.	<b>Check all that apply:</b>	
	<input type="checkbox"/>	Convert Existing Licenses
	<input type="checkbox"/>	New License Subscription
	<input type="checkbox"/>	Data Migration**
	<input checked="" type="checkbox"/>	Contract Renewal
Offer good until:		8/1/2021

By signing this Agreement, Orion and (the "Customer") have read and agree to all terms and conditions as written on this Renewal Agreement (including all attachments), the myaccucare.com Web site, the License Agreement as well as the Business Associate Addendum to Transaction Service Agreement, including, without limitation, all conditions relating to HIPAA or privacy and confidentiality generally. Access to the AccuCare Web deployed system will be activated no earlier than two business days, after an original signed agreement (including all attachments) and payment is received by:

**Orion Healthcare Technology, Inc.**  
**18047 Oak Street, Omaha, NE 68130**  
**P: 1.800.324.7966 F: 402-952-4059**

**Orion Healthcare Technology, Inc.**

**Customer**

Signature <u></u> Name <u>Dylan Lambrecht</u> Date <u>5/14/2021</u> Title <u>Account Executive</u>	Signature _____ Name _____      Date _____ Title _____ Email _____ Phone _____ Address _____ _____
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