



CUSTOMER AGREEMENT – E-PRESCRIBING AND PATIENT PORTAL

This Agreement, by and between _____ (Customer), as accepted by its authorized representative _____, and DentiMax, Inc. sets forth the terms whereby DentiMax, Inc. will provide E-Prescribing and / or Patient Portal (Product) access to the above named Customer.

Customer acknowledges this Agreement covers a period of one year. After one year a renewal fee will apply in order for Customer to continue accessing the Product. Customer may pay an annual fee to access the Product or make monthly payments via credit card. If monthly payments are made, a minimum period of six months will apply. Monthly payments will be charged to Customer’s card on the first business day of each month. Unless terminated by Customer, payments will continue to be charged at the same monthly rate. The renewal fee will be charged following the anniversary date of this Agreement. If service is terminated and subsequently reinstated for Customer, the monthly rate will be the prevailing rate in effect at that time. The minimum period of six months applies to all renewals.

PRICING

Portal	Annual	With EPCS
\$ 50 ___ Setup (Per Provider)		
\$ 35 ___ Provider Fee (Per Provider)	\$ 420 ___ Setup Included	\$ 420 ___ Including Setup
[] ___ Number of Providers*		
\$ 35 ___ Renewal (Annual Per Provider)		
E-Prescribing	Annual	With EPCS
\$ 199 ___ Setup (Per Provider)		
\$ 69 ___ Provider Fee (Per Provider)	\$ 900 ___ Setup Included	\$ 900 ___ Including Setup
[] ___ Number of Providers*		
\$ 149 ___ Renewal (Annual Per Provider)	\$ 900 ___ Renewal Included	\$ 900 ___ Including renewal
Portal + E-Prescribing	Annual	With EPCS
\$ 249 ___ Setup (Per Provider)		\$349
\$ 99 ___ Provider Fee (Per Provider)	\$1188 ___ Setup Included	\$1288 ___ Setup Included
[] ___ Number of Providers*		
\$ 179 ___ Renewal (Annual Per Provider)		\$239
_____ Total Intial Or Renewal Fees		_____ Total Reoccurring Monthly Fees

Setup fees and the first month of provider fees must be paid before service is established.
*Number of Providers must agree with the E-Prescribing Information Form completed by Customer.

Customer Name: _____ Account #: _____
Authorized Customer Signature: _____ Date: _____
Printed Name _____
Acceptance by DentiMax, Inc: _____ Date: _____