

AGREEMENT OF SERVICES

This agreement is made at _____ on the ___ day of __ 20__ by and between AMERICANHEALTHMOBILEMEDICINE having its office at _____ through its Authorized signatory, _____ (hereinafter referred to as the "Company", which expression shall mean and include its successors and assigns) of the
FIRST PART;

And

Name Members which expression shall mean of the SECOND PART.

WHEREAS, AMERICANHEALTH MOBILE MEDICINE is engaged in the business of DIRECT PRIMARY CARE and REHABILITATION SERVICES through its professionally qualified medical personnel and staff to various
MEDICAL SERVICES

NOW THEREFORE, IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

1.Engagement

1.1 Subject to the provisions of this Agreement, AMERICANHEALTH MOBILE MEDICINE shall provide, as an independent professional agency, medical services more specifically stated in Annexure - A (hereinafter referred

to as the "AMERICANHEALTH MOBILE MEDICINE") and **Members** agrees to avail the medical services and REHABILITATION SERVICES from AMERICANHEALTH MOBILEMEDICINE shall provide the above services AT YOUR on the stipulated timings agreed with-Company.

1.2 Subject to earlier termination in accordance with the provisions of this Agreement, the term of the Agreement shall be for a period of one year from _____ to _____.

1.3 In consideration of the medical services provided by AMERICANHEALTH MOBILE MEDICINE / **Company** agrees to pay the fee ("the charges"), as per the rates mutually agreed

1.4 The charges agreed and set forth anexclusive of taxes, duties and-levies.

1.5 The charges shall be payable toAMERICAN HEALTH MOBILE MEDICINE on a yearly/monthly basis. AMERICANHEALTH MOBILEMEDICINE shall display an invoice to Members, for the SUBSCRIPTION BASED PAYMENTS for the month/ yearly for the medical services / rehabilitation services provided in that monthly / Yearly and shall submit the invoice to Members.

1.6 The Members agrees to pay the SUBSCRIPTION BASED PAYMENT to AMERICANHEALTH MOBILE MEDICINE at the time of registration in the website.

2 Obligations, representations and warranties by AMERICANHEALTH MOBILE MEDICINE and rights of Company

2.1 AMERICANHEALTH MOBILE MEDICINE is in compliance of all laws, regulations and rules in the conduct of its **rendering health care services** establishment.

2.2 AMERICAN HEALTH MOBILE MEDICINE will provide and trained Doctors, Nurses and REHABILITATION Staffs, with approved background verification, to provide such services at YOUR HOME, . The provisions of said medical services, forming part of this Agreement are the binding obligation of American health mobile medicine for operations and performance of this Agreement. AMERICANHEALTH MOBILE MEDICINE shall ensure that the AMERICANHEALTH MOBILE MEDICINE personnel provided by it maintain perfect discipline and behaviour and they shall not in any manner cause any interference, annoyance or nuisance to Members or its other members.

2.4 It is agreed by and between the parties that this Agreement does not create a relationship of master and servant vis-a-vis Members to AMERICANHEALTH MOBILEMEDICINE

2.5 AMERICANHEALTH MOBILE MEDICINE shall provide adequate supervision to ensure correct performance of the said medical services in accordance with the prevailing assignment instructions agreed upon between Members and AMERICANHEALTH MOBILE MEDICINE Especially in the storage of drugs /vaccines to prevent misuse and in disposal of medical waste as per Environmental norms.

2.6 AMERICANHEALTH MOBILE MEDICINE reserves the right to change the Nurses with prior intimation to Members.

2.7 AMERICANHEALTH MOBILE MEDICINE personnel shall behave in utmost professional manner and shall always be courteous and well mannered. Other apparels of the personnel shall be clean and neat.

3.subscriber's Obligations

3.subscriber shall pay separately for any additional services provided by AMERICANHEALTH MOBILE MEDICINE that are not covered under this Agreement.

3.2 The medical services stipulated in this Agreement are for the exclusive use of Members and its associates only and cannot be used by a third party without the prior written consent of members.

4 Confidentiality

AMERICANHEALTH MOBILE MEDICINE and the assigned medical personnel shall exercise utmost diligence in keeping confidential all the sensitive or other information of Company. This Clause does not apply to information, which is or becomes public knowledge, otherwise than through the acts/omissions of AMERICANHEALTH MOBILE MEDICINE and its staff.

5 Force Majeure

No party shall be in breach of its obligations under this Agreement to the extent, such failure to perform its obligations results solely from storm, lightning, floods and other acts of God not within the control of the defaulting party, provided that such failure is not caused or contributed by any negligence of the defaulting party or its personnel. If due to such force majeure, medical services are not provided, then the obligation to pay the charges shall stand suspended. If such an event of force majeure occurs, the defaulting party shall immediately inform the other party of the occurrence of the force majeure and its impact on the performance of the its obligations under this Agreement. If such an event of force majeure continues for a period of 30 days both party shall have the option to terminate this Agreement immediately and the notice period for the termination, as provided in this Agreement, shall not be applicable under such circumstances.

6 Variation/Amendment

No variation, amendment, modification or addition to this Agreement shall be effective or binding on either of the parties unless set forth in writing and executed by them through their authorized representatives.

7 Termination

7.1 As noted hereinabove, this Agreement is valid for a period of one year, unless renewed in writing. The Agreement is subject to renewal for a further period of one year by mutual consent between the two parties.

7.2 This Agreement is terminable by either party by giving 30 days advance notice, in writing.

7.3 Notwithstanding the above, AMERICANHEALTH MOBILE MEDICINE shall have a right to cancel or terminate this Agreement, without any advance notice or payment in lieu thereof, if there shall have occurred dissolution or liquidation or any order is made or resolution, law or regulation passed or other action taken for its dissolution or liquidation or shall otherwise enter into liquidation.

MEMBERSHIPS DETAILS -

PER POLICY AND GUIDELINES

IF 12 MONTHS SUBSCRIPTION FEE IS PAID AS SINGLE PAYMENT, THE 13TH MONTH SERVICES WILL BE FREE OF COST FOR ALL MEMBERSHIPS

INDIVIDUAL MEMBERSHIPS

STANDARD

INR 12500/PER MONTH

Telemedicine Consultations with Doctor, Nurse, Rehab professionals and Nutritionist/ Dietician

Four calls per month.

Each call limits up to 15min.

Up to **SIX House visits** per month can be used as needed.

One Doctor Visit

For the remaining five visits the below services can be combined.

Nurse, Rehab professionals and Nutritionist/ Dietician.

Note: Unused services will not be carried over to next month.

Any services used over the membership limit will be charged per visit per profession. Call our office for special pricing.

Rs. 4999 one-time membership sign on fee.

ENROLL

PLUS

Rs. 20,000/per month

Telemedicine Consultations with Doctor, Nurse, Rehab professionals and Nutritionist/ Dietician

six calls per month.

Each call limits up to 15min.

eight **House visits** per month can be used as needed.

All of the below services can be combined.

Two Doctor visit

, remainingsix visits can be combined as needed

Nurse, Rehab professionals and Nutritionist/ Dietician.

Note: Unused services will not be carried over to next month.

Any services used over the membership limit will be charged per visit per profession. Call our office for special pricing.

Rs. 4999 one-time membership sign on fee.

ENROLL

PREMIUM

Rs. 26,000.00/month

Telemedicine Consultations with Doctor, Nurse, Rehab professionals and Nutritionist/ Dietician

eightcalls per month.

Each call limits up to 15min.

Up to **10 House visits** per month can be used as needed.

Three Doctor visit,

All of the below services can be combined.

Seven visits per month can be used as needed

Nurse,

Rehab professionals and Nutritionist/ Dietician.

Note: Unused services will not be carried over to next month.

Rs. 4999 one-time membership sign on fee.

Any services used over the membership limit will be charged per visit per profession. Call our office for special pricing.

12 Month Lifestyle Intervention Program included, digital Health Coach, online Nutritionist for athletic performance, weight loss, hypertension, diabetes, gut health, menopause and more.

DISEASE MANAGEMENT HAND OUTS WILL BE PROVIDED

Includes Check-Up Labs*

Includes one mobile phlebotomy lab collections

EKG(ECG) or Holter as per the physician's request

FAMILY MEMBERSHIP -

FAMILY MEMBERSHIPS

Includes up to 2 adults, 2 kids (0-17 years)

Rs. 2000.00/month per additional child

STANDARD

Rs. 25,000.00/month

Telemedicine Consultations with Doctor, Nurse, Rehab professionals and Nutritionist/ Dietician

5 calls per month.

Each call limits up to 15 min.

Up to **10 House visits** per month can be used as needed.

3 Doctor visit,

Remaining seven of the below services can be combined.

Nurse, Rehab professionals and Nutritionist/ Dietician

Note: Unused services will not be carried over to next month.

Any services used over the membership limit will be charged per visit per profession. Call our office for special pricing.

Includes vaccination as needed.

Includes Check-Up Labs*

one mobile phlebotomy lab collections

EKG(ECG) or Holter as requested by the physician

Rs. 4999 one-time membership sign on fee.

Visits can be shared within family members

PREMIUM

Includes up to 4 adults, 2 kids (0-17 years)

Rs. 29,999.00/month

seven Telemedicine Consultations

Each call limits up to 15min.

12 **House visits** per month can be used as needed.

All of the below services can be combined.

4 Doctor visit,

8 remaining visits can be combined as needed

Nurse, Rehab professionals and Nutritionist/ Dietician

Note: Unused services will not be carried over to next month.

Any services used over the membership limit will be charged per visit per profession. Call our office for special pricing.

Rs. 4999 one-time membership sign on fee.

Includes vaccination as needed.

Includes Check-Up Labs*

Two mobile phlebotomy lab collections/month

EKG or Holter as requested by physician

VISITS CAN BE SHARED WITHIN FAMILY MEMBERS

NON-MEMBER & TIME-BASED PRICING

Standard House Call

Doctor visit

45-60 minutes for new patients, checkups or multiple concerns

Rs.3600.00

Telemedicine and virtual visit Billed in 30-45min

Virtual consults by phone or video call.

Rs.2600

Nurse Visit

Home visit by a nurse to check a wound, suture removal, administer vaccines, check vital signs, IV and other appropriate for the visit 45-60min

Rs.1300.00

Virtual consults by phone or video call. Billed in 30-45min

Rs.650.00

Rehabilitation services =Physical Therapy Rs,1500.00, Occupational Therapy Rs,1500.00 and Speech Therapy Rs,1800.00 (Home visit)

Virtual consults by phone or video call. Billed in 30-45min

Rs.900.00

Cancellation Notice:

All cancellation of the appointment must be made at least 24 hrs in advance of the day of the appointment start time. Clients who do not cancel their appointment at least 24 hrs in advance will be considered as a no show up within this time frame, the health care provider will cancel the appointment and be considered as services is provided

Cancellation made via patients through web site portal account (for which all patients receive a login and password when they first sign up with AMERICANHEALTH MOBILE MEDICINE) or by speaking directly to a member of the office on phone .

Text messages, emails or voice mails left for Americanhealth mobile medicine staff are not sufficient notice, and are not accepted as cancellation notification

General Refund Conditions

1. This Refund Policy is subject to change by us and in the event of any amendments, AMERICANHEALTH MOBILE MEDICINE shall make a suitable announcement on the Website. The changes will apply after AMERICANHEALTH MOBILE MEDICINE have given notice. If Members do not wish to accept the revised policy, the MEMBERS should not continue to use the Services. If members continue to use the Services after the date on which the change comes into effect, members use of the Services indicates the agreement to be bound by the new Refund Policy.

2. Refunds of Service Fees will only be considered where members satisfy the Refund Eligibility Criteria in full. If fail to meet any of the Refund Eligibility Criteria, AMERICANHEALTH MOBILE MEDICINE shall have the right in our sole discretion to decline the request for a refund

3. To apply for a refund, members must properly and fully complete and submit a Refund Request Form. All refund requests should be submitted in website online Refund form

4. AMERICANHEALTH MOBILE MEDICINE shall process member's refund request following receipt as soon as it is reasonable time.

5. By filling in and submitting the **Refund Request Form**, the payment of the refund will only be approved or rejected by AMERICANHEALTH MOBILE MEDICINE after verification basis the Refund Eligibility Criteria.

6. Any Transaction Charges or loss due which arise upon processing a refund of Service Fees shall be borne solely by Members. Transaction Charges will be deducted from the final amount to be refunded. Loss due to bank charges and difference in exchange rate will be borne by members and AMERICANHEALTH MOBILE MEDICINE is not liable to pay any interest on this amount.

Requests for refunds or cancellation of a Service(s) will not be accepted where:

- In the case of any services which are partially used, no Refund request will be approved in such cases
- If members miss the appointment on the scheduled date
- If members are delayed for the appointment and members cannot be accommodated on the same day
- If members application is incomplete as per the guidelines and the application cannot be accepted on the appointment day

- If member cancel the appointment
- If members are unable to proceed with the appointment **who selected location incorrectly**

Refund Processing Timeline:

- Refunds of Service Fees will be processed within _____ working days from the date of notifying members of the decision.
- Members will have no recourse to a refund of the service fees if we suspect the members have, or are, engaged in, or have in any way been involved in, false, fraudulent or illegal activity on the Website.

Refund Criteria

If for any reason members need a refund, a 30% processing fee will be accessed to the amount refunded. Refunds are only distributed to those with credit less than 30 days. All debit / credit payment transactions are also subject to a 4 % processing fee.

In witness thereof the parties hereto have executed this Agreement on the day, date mentioned hereinbefore

For _____ Memebers
MEDICINE_____

For AMERICANHEALTH MOBILE

Signature: _____

Signature: _____

Name: _____

Name: _____

Designation: _____ Designation: _____

WITNESSES:

1.

2.