Letter of Service Agreement between 3D Assessments, LLC (3D)

and ________________________________ (Client)

Equipment rental, website access, data hosting and support for _____ units at $_________ per unit, per month. The first month is at no charge. Depending on assessments used, royalty fees may apply.

In recognition of the fact that client has licensed eSmartBase™ software through 3D Assessments, LLC. (3D) and upon receipt of described access fees, 3D agrees to provide client with website hosting and electronic processing of the assessment/survey data delivered by the POV2000 and eSmartBase system. This hosting service includes a secure access system and an account management system through which the client can view, reprint and manage their data.

The hosting and service access is included in the monthly rental fee for each survey unit in use by client. Agreement continues in force until cancelled, with or without cause, by either party in writing and upon 30 days advance notice at which point all equipment must be returned within 7 business days.

Use and Limitations. The assessments provided by 3D are intended for use only by properly trained healthcare professionals. The practice shall not substitute assessment results for their own professional judgment. A lack of information or indications from the assessments should not be construed as an indication or proof that any condition is not present. Further or additional tests, information and investigation may be necessary or advisable to confirm or disaffirm any preliminary information produced by the assessments.

Use of Data. All data maintained by 3D is de-identified and remains the exclusive property of the client in support of their business. Use for any other purposes (research, etc) must be pre-approved in writing in a separate agreement.

Payment. Is a Purchase Order Required for Billing? No___ Yes___ Purchase Order Number: _______________

We prefer to be billed: MONTHLY_______ QUARTERLY payment in advance_______

Submit Invoices To:	Company/Practice:	Attn:
	Address:	
	City/State/Zip	
	Phone	E-mail

Ship To If Different:	Company/Practice:	Attn:
	Address:	
	City/State/Zip	
	Phone	

Accepted. The person signing this Agreement, if not an Officer for the Client acknowledges they have the approval to sign on the Client's behalf and the Client agrees this Letter of Agreement is binding.

Client signature	3D Assessments, LLC. signature
(print name)	(print name)
Title	Title
Date	Date

Please sign and fax to 3D Assessments, LLC at (877) 433-5901.

PAD
(Patient Assessment Device)
Checklist

Today's Date:__________ Account Number: __________ # of PADs to be installed: _________

Assessments: ☐ P-3® ☐ BBHI™ 2 ☐ BSI® 18 Referral source: _____

Installation Checklist

Target PC Information

Is the PC's operating system Windows® 98, ME, 2000, or XP?	☐ Yes	☐ No
Does the PC have Internet access with **Internet Explorer 5.0 or greater**?	☐ Yes	☐ No
Is the PC attached to a printer (direct or networked)?	☐ Yes	☐ No
Is a serial port available (recommended)? If no, a USB to serial converter will be installed	☐ Yes	☐ No

If the answer to any of the above Target PC questions is No, upgrades will be required in order for the PC to work as a PAD station.

IT Support Person's Name ____________________________ Phone _______________

Account Set-up

Billing Address:

Business Name ____

Address ____

City / State / Zip ____

Contact Name ____

Contact Phone ______________________ Fax Number______________________

Email Address ______________________

Shipping Address:

Business Name ____

Address ____

City / State / Zip ____

Contact Name ____

Contact Phone ______________________

Qualification Information

Level M purchasers must provide credentials indicating:

- A specialized degree in the health care field and accompanying licensure or certification OR
- Proof that they have been granted the right to administer tests at this level in their jurisdiction

Name ____

Title ____

Phone ______________________ Email ______________________

Fax ______________________ Org Name ______________________

Address ____

City ______________________ State ________________ Zip __________

Highest professional degree attained:

Degree ________________ Specialty ______________ Institution ________________

Year Graduated__________ License Number____________ State________ Expiration ________

Submit this COMPLETED checklist to sales@3dassessments.com **or by fax to 877-433-5901**