**Brightseat Health Telemedical Services Agreement**

**Brightseat Health Care** Company agree to provide the Healthcare Provider with Professional and Business online IT products. for services which includes any of our online Business Provider Appointment, Office CTS Management System with Electronic Medical Records (EMR),. We hereby offer one or a combination of any of these services, as herein specified, along with patient scheduled for medical services by the provider.

The Corporation will engage the services of Provider to participate in online Provider Network listing and Provider is willing to participate and deliver services to all client seeking health care services in the Provider’s specialty of training as an Independent Medical or Nursing Practice service.

**T**he Corporation would provide Medical Coding, Electronic Medical records, Provider Credentialing to participate in Third Party Payment plans, Network or Facilities, review of medical records for compliance to medical documentations CPT Codes, ICD 10 standards, Q/A Insurance reviews, necessary for adequate and optimal patient care, medical coding, medical billing, and all other Provider Medical Facilities management services to allow Healthcare Provider to provide Telemedical services via our online network and other Telecommunication means to scheduled or all patients desiring online telemedical services.

I. **PROVIDER’S OBLIGATION**

**1.1 Licensed/Good Standing.** The Professional or Business agrees to remain licensed and/or registered

to operate and is currently in good standing with the state in which he/she holds a license and the state in which he/she is doing business or all other areas such licensed telemedical services are lawfully allowed to be provided to patients.

**II. COMPENSATION:**

1. Corporation shall pay Provider at $50 per each patient care services performed for such designated scheduled work. Services for all Office and Virtual Practice patients on the Medical online platform any selected dates by provider from Mondays through Sundays as scheduled for the provider.

I. **PROVIDER’S OBLIGATION**

**1.1 Licensed/Good Standing.** The Provider agrees to remain licensed and/or registered

to Practice and is in good standing with the state in which he/she holds a license and each state in which he/she is doing business.

**1.2 Use of Names for Online Marketing.** The Provider agrees to permit the Corporation to

utilize the name, address, and telephone number of the Provider, to patients and other forms of online placement in our affiliated online networks well as other online parties. At termination organization has

36 months to cease any further usage of Provider name and information.

**1.3 Termination Clause**. Both parties reserve the right to request a termination of this contract for any due cause at will with a 30 days’ notice to the other party, stating the cause of requested termination.

**IN WITNESS WHEREOF,** the parties have caused this Agreement to be executed in their

names by the undersigned officers, the same being duly authorized to do so.

By: \_\_\_\_\_\_                                                           Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Provider or Company or Group

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthcare800 or** Authorized Representative of the Corporation