

<b>Client Name:</b>	Mangum Family Clinic	<b>APU ID:</b>	320886
<b>Requested Date:</b>	11/08/2024	<b>Expiration Date:</b>	12/09/2024
<b>Customer No:</b>	27384	<b>Created by:</b>	Tongchangya Athena

**Prepared For:(Entity requesting work order)**

Entity Requesting Work Order: Mangum Family Clinic  
 Address: 118 S. louis Tittle,  
 City: MANGUM  
 State: OK  
 Zip: 73554  
 Contact Name: Leslie Desmet (Analyst)  
 Phone: 918-857-2703  
 E-mail: ldesmet@chmcok.com

**Send Invoice To:**

Paying Entity Name: Mangum Family Clinic  
 Address: 118 S. louis Tittle,  
 City: MANGUM  
 State: OK  
 Zip: 73554  
 Contact Name: Leslie Desmet (Analyst)  
 Phone: 918-857-2703  
 E-mail: ldesmet@chmcok.com

Project ID: 2080206

Task Description	Qty	Rate	Cost
Interfaces - Lab or Radiology Bi-Directional (No Hub Contract). Lab results & orders with TruBridge EHR (formally known as CPSI/Evident)	1.0	\$5,000.00	\$5,000.00
<b>Amount</b>			\$5,000.00
<b>Total Amount</b>			\$5,000.00
Note: Quoted price subject to change if not signed prior to WO expiration date.			
<b>Additional Notes:</b>			

**Cancellation Terms - If project is terminated:**

Prior to any work being completed - A full refund will be issued.  
 Partial work has been completed, interface not yet installed - A 50% refund will be issued.  
 Interface has been installed - No refund will be issued.

**Project Management Fees:**

\$750 per day (Project Management fees will be billed as incurred over the course of the Implementation until the applicable project(s) is/are Live. One day of Project Management is equivalent to 8 hours). i.e. Project Management Fees, will be billed monthly as incurred.

**Maintenance Fee:**

Maintenance Fee is calculated as 18% percentage of the One-Time Configuration Fee(s) as listed above. Maintenance fee to be billed annually until interface is shut down.

**eCW Acknowledgement:**

I have the authority to prepare this Work Order on behalf of eClinicalWorks. Upon receipt of a fully signed Work Order, this Work Order shall bind eClinicalWorks to the terms set forth herein.

Signed By Athena Tongchangya on 11/08/2024 11:28 AM

**Work Order Sign Off:**

**Agreement:**

**OWNERSHIP AND PROPRIETARY RIGHTS.** Customer may not attempt to sell, sublicense, lease, permit, rent or transfer in any way whatsoever the Software. Customer agrees that it will not, at any time, without the prior written consent of eClinicalWorks, decompile, disassemble or reverse engineer any software included within the Software, including without limitation the applications, to develop functionally similar to the Software or permit any third party to do any of the foregoing. Customer agrees to not grant access to any third party for any purpose without the prior written consent of eClinicalWorks.

**OWNERSHIP OF DATA.** All the patient demographics and medical records created by this Software will be solely owned by the Customer.

**PAYMENT TERMS.** Client will be invoiced upon receipt of Signed Work Order or Purchase Order. Payment is due in full within 30 days of invoicing. Undisputed invoices not paid by due date will be assessed 1.5% finance charges monthly. Invoices may include State and Local Sales Tax. Interface Installation will not occur without payment.

**Acknowledgement:**

I, the undersigned, having authority to approve these charges have agreed to the amount listed above and understand that this Work Order is a binding contractual agreement. I hereby accept this Work Order. I understand that checking this constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Authorized Representative Name:  
Organization Name:  
Date of Execution:

**Comments :**