

### Psyquel Service Authorization

Psyquel Solutions Name: \_\_\_\_\_ (“PROVIDER”)  
9104 Vista Verde Address: \_\_\_\_\_  
San Antonio, Texas 78255 City, State Zip: \_\_\_\_\_

PSYQUEL and PROVIDER mutually agree that (i) they are independent contractors with respect to each other, (ii) they will conduct themselves in a manner that maintains compliance with all applicable federal and state regulations, and (iii) they will carry out and perform their respective responsibilities and obligations as set forth below:

PSYQUEL agrees (i) to provide practice management software, training, upgrades, maintenance, and support free of charge to PROVIDER; (ii) to maintain the highest level of physical and electronic security of its equipment and information; and (iii) to make timely and accurate reports on all claims, balances, and fees available to PROVIDER.

PROVIDER agrees (i) to submit complete and accurate patient encounter data to PSYQUEL via PSYQUEL’s practice operating system; (ii) to pay PSYQUEL’S invoice within one week of receipt; (iii) to assume complete responsibility for all claims information entered into PSYQUEL’s practice operating system.

#### OTHER TERMS:

The term of this Authorization will continue from the Start Date until either party gives written notice of termination or amendment.

PROVIDER will submit patient encounter information and PSYQUEL will initiate billing and collection activities beginning on \_\_\_\_\_.

PSYQUEL’s fee for its services, software license \$25.00/month per provider.

The parties signify agreement by signing in the space indicated:

PSYQUEL

PROVIDER

\_\_\_\_\_

Signature: \_\_\_\_\_

Duane C. Orth

Name & Title: \_\_\_\_\_

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