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## HSP CONTRACT FORM

This serves as a contract between **New Health263 (Pvt) Ltd** and...

Company Registered Name(s):

Company Registration Number (s):

VAT NUMBER

TIN NUMBER

Practice Name/Trading Name(s):

AHFoZ Practice No(s):

Physical Address: Mobile

Number(s):

Office Line(s):

Official E-mail Address (for invoices and communications)

Official E-mail Address (for ZIMRA Purposes)

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Herein after referred to as Healthcare Service Provider represented by:

Name:

Position:

He / She is being duly authorized thereto.

New Health263 and the Health Care Service Provider together are called “the Parties” or each “a Party” shall mean either of them as the context requires and these Parties agree as set out in this agreement.

## **1. Roles and Responsibilities**

- 1.1. Roles and Responsibilities of New Health263 in terms of this Agreement:
  - 1.2. Provide licensing and support of the New Health263 software application(s).
  - 1.3. Maintaining the New Health263 Switch to provide the following transaction capabilities:
    - 1.1.1. Biometric member verification
    - 1.1.2. Claims switching and return of a reply from the Funder / Insurer / Medical Scheme
    - 1.1.3. Digital Document Filling
    - 1.1.4. Authorizations
    - 1.1.5. Electronic Remittance Advice
- 1.2. Roles and Responsibilities of the Health Care Service Provider in terms of this Agreement:
  - 1.2.1. Timeous liaison with the provider of the Practice Management Software System regarding integrations, installations, and post implementation queries.
  - 1.2.2. All consumables used in and for communicating (e.g., text messages and internet) with the Health Care Service Provider’s clients, patients, and 3rd parties for the purposes of implementing and servicing this Agreement.
  - 1.2.3. Timeous payments of invoices submitted to the Health Care Service Provider for services provided by New Health263.

## **2. Biometric Device(s):**

- 2.1. The biometric fingerprint device is wholly owned by New Health 263 and is a property of New Health 263.
- 2.2. Biometric device(s) will be provided to the Healthcare Provider upon connection or expansion at no cost to the Healthcare Provider.
- 2.3. The Healthcare service provider will be responsible for:
  - 2.3.1. Liability for loss of or damage to the fingerprint biometric device provided by New Health263 and used or to be used for purposes consistent with the provisions of this Agreement unless the loss or damage was caused by the negligence or willful acts of New Health263 personnel or the personnel of New Health263 subcontractors.
  - 2.3.2. A penalty fee of \$150USD (NON-INCLUSIVE OF VAT) per fingerprint biometric reader will be charged to the Healthcare Provider for the loss or damage of the biometric device.
  - 2.3.3. New Health 263 reserves the right to exchange a faulty biometric device.
  - 2.3.4. Biometric device(s) must be returned to New Health 263 upon contract termination or disconnection.

## **3. Fees Payable by the Health Care Service Provider to New Health263:**

- 3.1. The Health Care Service Provider agrees to pay New Health263 monthly in advance for claims switching transactions. The applicable fees shall be determined based on the specific discipline(s) under which the Health Care Service Provider operates.
- 3.2. The monthly claim switching fees will be reviewed and communicated from time to time, taking into account prevailing economic conditions. The payable monthly switching fees will be communicated through a New Health263 monthly invoice.
- 3.3. The Health Care Service Provider agrees to purchase credits in advance for the transactions they intend to process, with pricing determined according to the discipline(s) of service provision.
- 3.4. For Health Care Service Providers who are connected to the switch but are not using it, the monthly claim switching fees still apply. These fees ensure continued access to the switching platform and covers system maintenance and support.
- 3.5. Failure to pay the monthly claim switching fees will result in disconnection from the switching platform. Any future reconnection will attract a reconnection fee, the amount of which shall be determined and communicated by New Health263 from time to time.

#### 4. Termination of Contract

4.1. This Agreement has no duration; however, any party can terminate the contract giving 30 days' notice.

Payment to New Health263 can be made using any of the following methods:

Bank: NEDBANK

Branch: Southerton

Account Name: New Health263 PL

ZWG Acc No: 61031011446

FCA Nostro: 11990186237

Bank: NMB Bank

Branch: Samora Machel

Account Name: New Health263 PL

ZWG Acc No: 1000217685

FCA Nostro: 1000444797

Bank: African Century

Branch: Southerton

Account Name: New Health263 PL

ZWG Acc No: 310175827

FCA Nostro: 310668192

- **Ecocash Merchant Code** : 39095
- Service Provider's account can be updated by sending Proof of payment must be sent to : **payments@health263.systems** or as an SMS to **+263 781497884**

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Name of Signatory:

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

Date:

Witness:

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

*For and on behalf of New Health263 (Pvt) Ltd*

Name of Signatory:

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

Date:

Witness:

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