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PROVIDER TRANSACTIONAL SWITCHING AGREEMENT

Between

New Health263 (Pvt) Ltd

And

Practice Name(s): _____

AFHoZ Practice No(s): _____

Address: _____

Mobile Number(s): _____

Office Line(s): _____

Official E-mail Address: _____

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:

- ✦ Provide licensing and support of the New Health263 software application(s).
- ✦ Maintaining the New Health263 Switch to provide the following transaction capabilities:

Phase 1:

- ✦ Biometric member verification
- ✦ Claims switching and return of a reply from the Funder / Insurer / Medical Scheme.
- ✦ Digital Document Filling

Phase 2:

- ✦ Member Benefit and Eligibility checks
- ✦ Authorisations
- ✦ Electronic Remittance Advice

1.2 Roles and Responsibilities of the Health Care Service Provider in terms of this Agreement:

- ✦ Timeous liaison with the provider of the Practice Management Software System regarding integrations, installations, and post implementation queries.
- ✦ 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.
- ✦ Timeous payments of invoices submitted to the Health Care Service Provider for services provided by New Health263.

2. Biometric Device(s):

- ✦ The biometric fingerprint device is wholly owned by New Health 263 and is a property of New Health 263.
- ✦ Biometric device(s) will be provided to the Healthcare Provider upon connection or expansion at no cost to the Healthcare Provider.
- ✦ The Healthcare service provider will be responsible for:

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.

- ✦ 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.
- ✦ New Health 263 reserves the right to exchange a faulty biometric device.
- ✦ 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:

- ✦ The Health Care Service Provider agrees to pay New Health263 monthly in advance for claims switching transactions in line with set claim transaction bands. The monthly claim switching fees will be reviewed and communicated from time to time in line with the hyperinflationary environment. The payable monthly switching fees will be communicated through a New health 263 monthly invoice.
- ✦ The Health Care Service Provider agrees to purchase credits in advance for the transactions that they need to use in line with their transaction band.
- ✦ The fee to be paid by the Health Care Service Provider to New Health263 in terms of this Agreement for services provided will be a monthly payable fee and below are the categories for payment:

Claim Transactions Band Per Site

Transaction Band	Transaction Band Range
Switch Maintenance Fee	0 - 20
Band 1	21 - 150
Band 2	151 - 300
Band 3	301 - 700
Band 4	701 - 1000
Band 5	1001 - 1500
Band 6	1501 - 2000
Band 7	2001 - Unlimited

- ✦ Switch Maintenance fee is a fee charged to all connected Health Care Service Providers who transact less than 20 claims per month. For the avoidance of doubt, the Switch Maintenance fee includes all Health Care Service Providers who are connected but do not use the switch for whatever reason.
- ✦ Failure to pay a Switch Maintenance fee will result in the Health Care Service Provider being disconnected. Any future connection after a disconnection will be charged a reconnection fee to be determined from time to time.
- ✦ Payment to New Health263 can be made using any of the following methods:

a) Direct bank transfer:

Bank: NEDBANK

Branch: Southerton

Account Name: New Health263 PL

RTGS Acc No: 61031011446

FCA Nostro: 11990186237

Bank: NMB Bank

Branch: Southerton

Account Name: New Health263 PL

RTGS Acc No: 310175827

FCA Nostro: 310472937

b) Ecocash Merchant Code **39095** OneWallet Biller Code **22394** Telecash Merchant Code **215034**

- ✦ Service Provider's account can be updated. Proof of payment must be sent to
- ✦ payments@health263.systems or as an SMS to +263 777 326 488/99

4. Termination of Contract

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

- ✦ Once payment is done, a proof of payment **MUST** be sent to New Health263.

For and on behalf of the Health Care Service Provider

Name of Signatory: _____

Signature: _____ Date: _____

Witness: _____ Signature: _____

For and on behalf of New Health263 (Pty) Ltd

Name of Signatory: _____

Signature: _____ Date: _____

Witness: _____ Signature: _____