

# eClinicalWorks

## Addendum to eClinicalWorks® SOFTWARE LICENSE AND SUPPORT AGREEMENT FOR ELECTRONIC MEDICAL RECORDS AND PRACTICE MANAGEMENT (TRANSFER PROVIDER(S) TO EXISTING AGREEMENT)

Customer Name	Tarrant County Texas	eClinicalWorks
Customer Address	100 E. Weatherford Street, Suite 303	2 Technology Drive
City, State, Zip Code	Fort Worth, Ft Worth, TX, 76102-0206	Westborough, MA 01581
Customer Phone Number	817-321-5356	Phone : 508-836-2700
Customer Contact Name	Martin Fayomi	Fax : 508-475-0842

Effective Date : Jul 12, 2024

APU ID : 307679

This addendum is valid for 90 days from July 22, 2024. If addendum hasn't been signed within 30 days of issuance, please contact Sales at eClinicalWorks for a new addendum.

<b>Transfer Provider(s)</b>	<b>Case #</b>	<b>11864100</b>
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### Transfer to New provider(s)

NPI	Provider Name	Title	FTE	Start Date
NA	Chanita Woodberry	NP	1.0	07/12/2024

### Additional Services to be added

<b>Provider Name</b>	Chanita Woodberry	
<b>Product</b>	<b>Onetime</b>	<b>Monthly</b>
eClinicalWorks P2P	\$ 0.00	\$ 0.00
ePrescribing & Formulary Checking	\$ 0.00	\$ 0.00
<b>Total Cost</b>	<b>\$ 0.0*</b>	<b>\$ 0.0*</b>

### Transfer from Existing provider(s)

Provider Name	Title	FTE	Removal Date
LITTLE, MARLEE	NP	-1.0	07/22/2024

### Additional Services to be removed

<b>Provider Name</b>	LITTLE, MARLEE	
<b>Product</b>	<b>Onetime</b>	<b>Monthly</b>
eClinicalWorks P2P	- \$ 0.00	- \$ 0.00
ePrescribing & Formulary Checking	- \$ 0.00	- \$ 0.00
<b>Total Cost</b>	<b>- \$ 0.00*</b>	<b>- \$ 0.00*</b>

**\*Notes:**

- **This is a onetime approval.**
- Addendum will be considered valid for 90 days from the day it was prepared.**
- Cloud - EMR & PM with Pop Health
- Total  
Provider : 7  
FTE : 6.5

**Provider FTE Definition:**

- A full time provider is any provider that works more than 2 days per a week and is considered 1.0 Full Time Equivalents (FTE). Practice must have a minimum of 1.0 (FTE).
- A part-time provider is any provider that works 2 days or less per week and is considered .50 Full Time Equivalents (FTE).
- If the provider increases the number of day's worked, client will be required to purchase a full time license and pay the increase in license fees. eCW may conduct

**an audit at any time, if the provider is found to be working more than 2 days per week for part-time, then the customer must purchase the increase in license and will incur a 10% penalty on the license fee, support and maintenance. All fees will be retroactive.**

**Interface/Hubs:**

**- The provider(s) listed on this agreement, who are being removed from the EMR system, will also be disabled/removed from all clinical HUBs they are interfaced with.**

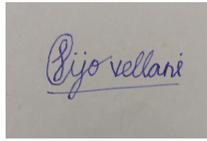
**Partnered Clearinghouse Provider Count Update Notification Required:**

Client is responsible to create a case with their Partnered Clearinghouse (Change Healthcare, ClaimRemedi, TriZetto or Waystar) to Add and/or Remove Provider(s). Failure to do so will impact services and invoicing.

IN WITNESS WHEREOF, the respective authorized representative of each party has executed this Agreement, including any other applicable addenda or exhibits as specified herein, to be effective as of the date set forth above.

**Customer**

**eClinicalWorks**



\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Authorized Signature)

**Tim O'Hare**

Sijo Vellani

\_\_\_\_\_  
(Name - Print or Type)

\_\_\_\_\_  
(Name - Print or Type)

**Tarrant County**

eClinicalWorks

\_\_\_\_\_  
(Customer Company - Print or Type)

\_\_\_\_\_  
(Company - Print or Type)

\_\_\_\_\_  
Date

07/22/2024  
\_\_\_\_\_  
Date

08052024

APPROVED AS TO FORM:

*Kimberly Colliet Wesley*  
Criminal District Attorney's Office\*

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.