

eClinicalWorks

Addendum to eClinicalWorks Software License and Support Agreement

Change Clearinghouse from eSolutions to Waystar

eClinicalWorks
2 Technology Drive
Westborough, MA 01581
Phone: 508-836-2700
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CUSTOMER NAME Tarrant County Texas (APU 307679)
CUSTOMER ADDRESS 100 E Weatherford Street, Suite 303
Fort Worth, TX 76102-0206
CUSTOMER TEL/FAX 817-321-5356
CONTACT NAME Olari Amusa, Practice Administrator
817-321-5356
okamusa@tarrantcountytx.gov

Agreement prepared by Lisa Nelson
Case Number 11250651
IR Number 5091008

This Addendum adopts and incorporates by reference, and is subject to, the terms and conditions of eClinicalWorks Software License and Support Agreement by and between the Customer and eClinicalWorks. The purpose of this addendum is to add the selected items checked off below.

Clearinghouse Setup and Configuration

eClinicalWorks to provide setup and configuration

- ~~\$400 onetime fee~~ - waived
- Due within thirty (30) days of addendum execution
- This is a onetime configuration. Once Customer is set up any future modifications will have additional fees for re-configuration and setup.

Items to be configured (select any that are applicable):

HCFA Claims	<input checked="" type="checkbox"/> Accept
UB Claims	<input type="checkbox"/> Accept
Dental Claims	<input type="checkbox"/> Accept

Clearinghouse Selection

Please select a Clearinghouse: Contracting and payer enrollment is required with the clearinghouse selected. The partnered clearinghouse will invoice Customer directly for all services in accordance with the invoicing schedule. Any pricing should be on Customer's agreement with the clearinghouse. Setup and Configuration of one Partner Clearinghouse included. Any future clearinghouse switch (to another partner) will have additional fees for re-configuration and setup.

Cost per Named Provider per month

Waystar	(129-VQ-WST-E-EV-ABS)	(79-VQ-WST-E-EV)
Unlimited Insurance Eligibility/IE (270/271)	✓	✓
Unlimited Paper & Electronic Claims (837)	✓	✓
Real-time Professional Claim Scrubbing	✓	✓
Unlimited Clearinghouse Claim Status Reports (277CA)	✓	✓
Unlimited Electronic Remittance Advice/ERA (835)	✓	✓
Unlimited Standard Claim Alerts	✓	✓
All claim types supported including Dental	✓	✓
Advanced Alerts	✓	
Denial + Appeal Management	✓	
Claim Monitoring, Patient Estimation and Advanced Propensity to Pay (Not available for dental claims).	✓	
	<input type="checkbox"/> Accept	<input type="checkbox"/> Accept

* Additional vendors are available for patient statement and workers comp claims.

Please visit <https://www.eclinicalworks.com/about-us/partners/back-office/>

Patient Statements Selection***

Please indicate whether enrolling with this option:

healow Patient Statements

Digital and Paper Statements

- Digital statements will be sent to the patient by text through eClinicalMessenger*
- Customer must enroll with healow Payment Service (hPS) in order for patients to pay their bills online. Cost of healow Payment Service is 3.49% of the total payment plus \$0.30 per transaction. **
- If the patient does not pay the invoice within five (5) days or other timeframe as defined by Customer within the system of the digital statement being sent to patient, then a paper statement will be mailed to the patient. Cost for the paper statement is \$0.79 single page, \$0.17 per additional page. \$20.00 per month per practice minimum.

___Accept

Waystar Statements***

- (VAR-VQ-WST-PST)

___Accept

*eClinicalMessenger fees will apply for the text message.

**Customer must enroll for hPS through the payment vendor. Customer is subject to the payment vendor's application criteria – if Customer is not deemed eligible, Customer cannot use hPS, and eClinicalWorks will terminate patient statement services. Vendor will invoice Customer directly for all healow Payment Services. Increases in the costs of materials, shipping, and postage may result in increased costs to Customer.

***Contracting is required with the patient statement vendor. The partnered patient statement vendor will invoice Customer directly for the patient statement service.

***Additional vendors are available for patient statement and workers comp claims. Please visit <https://www.eclinicalworks.com/about-us/partners/back-office/>

CONTRACT EXECUTION:

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

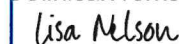
(Authorized Signature)

(Full Name & Title - Print or Type)

Tarrant County Texas (APU 307679)
(Customer Company - Print or Type)

Date

eClinicalWorks, LLC


F456DAAE1DD1473...

(Authorized Signature)

Lisa Nelson

(Name - Print or Type)

eClinicalWorks, LLC
(Customer Company - Print or Type)

Feb 23, 2024

Date

02212024

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.