

eClinicalWorks

Addendum to eClinicalWorks® ADD eClinicalTouch 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	817-321-4748	Phone : 508-836-2700
Customer Contact Name	Martin Fayomi	Fax : 508-475-0842

Effective Date of Service : Jun 20, 2023

APU ID : 307679

Initial Term : 12 Months from Effective

Date

This addendum is valid for 30 days from June 20, 2023. If addendum hasn't been signed within 30 days of issuance, please contact Sales at eClinicalWorks for a new addendum.

OPTIONAL ITEM(S)					Case #	10908507	
Item(s)	Cost	Quantity	Type	Provider Name(s)	Onetime	Monthly	Yearly
eClinicalTouch	\$ 25.00	1.0	Provider	Murthy, Kenton K	\$ 0.00	\$ 25.00	\$ 0.00
	\$ 25.00	1.0	Provider	COLQUITT, CATHERINE	\$ 0.00	\$ 25.00	\$ 0.00
Total		2.0			\$ 0.00	\$ 50.00	\$ 0.00

Total Onetime : \$ 0.00**Total Yearly : \$ 600.00**

Payment Terms	Recurring payments will begin upon installation and will be billed on an annual/quarterly or monthly basis as per original contract. - Training fees will be due upon service being rendered if applicable. - License fee and set up fee is due upon installation
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Notes:

- Customer is responsible for returning a signed addendum to eClinicalWorks for any removal of a Service. The Effective Date of removal is the date listed above. If no date is listed above, then the Effective Date of removal will be the date of the last signature below.

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**eClinicalWorks**_____
(Authorized Signature)_____
(Authorized Signature)_____
(Name - Print or Type)_____
Ellen Robinson
(Name - Print or Type)_____
(Customer Company - Print or Type)_____
eClinicalWorks
(Company - Print or Type)_____
Date_____
06/20/2023
Date

APPROVED AS TO FORM:

CERTIFICATION OF
AVAILABLE FUNDS: \$ _____

Kimberly Colliet Wesley
Criminal District Attorney's Office

Tarrant County Auditor

*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.