



6970 O'Bannon Drive
Las Vegas, Nevada 89117

PROVIDER - SETTLEMENT/ PARTICIPATION AGREEMENT



Endorsement of the attached check shall serve as acceptance of payment for network participation and for all services provided to our membership AND as an authorized signature for the contract below. In return for network participation TRPN DirectPay shall pay provider a licensing fee of 15 dollars. TRPN DirectPay provides its membership and clients access to all terms of this agreement.

Provider agrees that by cashing this check they will accept all terms and conditions of this ongoing settlement agreement. Future payments may be made through electronic funds transfer. All future payments may be made directly to the provider at the lesser of: 35 percent off billed charges, 10 percent off maximum allowable or 200 percent of Medicare with no exceptions allowed. Provider agrees to apply discounts to all services without exception including auto, workers' compensation, and group health claims. If a state, or federal fee schedule, or benefit plan allowable, exists, the reimbursement rate shall be 5 percent below the fee schedule. Provider agrees to the reimbursement rates herein established regardless of network or roster affiliation.

Provider agrees that all out-of-network claims shall be processed through this agreement without exception and that this agreement supersedes any other form of out-of-network reimbursement. A breach of any of the terms of this agreement by Provider shall result in liquidated damages equal to all out-of-network discounts accepted by the provider outside of this agreement.

To secure the TRPN DirectPay's obligations hereunder, the Provider, as debtor, hereby assigns and grants to TRPN DirectPay, Inc. (the Secured Party), a continuing lien on and security interest in all claims through this agreement as Collateral. If after having cashed this check, provider fails to honor this agreement, all legal costs to defend this agreement shall be to the responsibility of the provider.

Provider agrees not to directly bill the patient for the difference between the billed amount and the amount tendered by TRPN DirectPay or its customer less any applicable co-payments, co-insurance or deductibles.

In the event provider fails to honor these required terms of payment, or balance bills the patient after the agreed-upon payment is deposited by provider, as immediate liquidated damages a UCC-1 shall be granted in favor of Secured Party TRPN DirectPay in an amount equal to all received payments made through this agreement or any other form of out-of-network payment. Upon the occurrence of any Event of Default and at any time thereafter, the Secured Party may declare all Obligations secured hereby immediately due and payable and shall have, in addition to any remedies provided herein or by any applicable law or in equity, all the remedies of a secured party under the UCC. Such filing shall be removed immediately after proof of fulfillment of all terms of this ongoing settlement and participation agreement.

Provider agrees that by cashing the attached check to be subject to and remain bound to the restrictive endorsement: any overpayment per plan allowable shall be deemed a credit for the benefit of TRPN DirectPay with an accrual rate of 7% per annum; in the event of default; or challenge of payment herein received; provider shall grant as liquidated damages the ownership of an irrevocable UCC-1 Security Interest as lien against both the billing and rendering NPI in the full amount of the check.

In the event provider cashes this check in error a grace period of 20 business days shall be granted in which the provider must notify TRPN DirectPay and return the amount of the check to: TRPN DirectPay at 6970 O'Bannon Drive, Las Vegas NV 89117. The returned amount must be sent by either registered, certified mail or overnighted and received within 20 business days of original endorsement. TRPN DirectPay shall not hold provider to the terms of this agreement in the event membership claims have been submitted during this grace period.

This ongoing settlement agreement begins at the time the check is cashed. The agreement has a 36-month term and will automatically renew unless written notice is provided six months prior to renewal. Either party may terminate this agreement for any reason provided written notice is given 180 days prior to termination and registered receipt of notice is delivered to the other party. This Agreement shall be construed, interpreted under the laws of Nevada; and is subject to the exclusive jurisdiction of the State of Nevada. Provider agrees to meet and confer in good faith to resolve any disputes that may arise under this Agreement. Provider has the earlier of: A) one (1) year from the date of service, or B) the time period stated in the member's plan and/or payor's timely appeals filing limit, to audit TRPN discounts and dispute a claim, and TRPN may refuse to alter any discounts taken after 1 year has passed from the date of service and not disputed within the above mentioned time period. This provision does not alter any statutes of limitations or remedies that are available to parties under the state law. All disputes shall be handled through a formal binding arbitration with jurisdiction and venue located in the State of Nevada.

Provider represents that discounts offered to TRPN DirectPay pursuant to this agreement constitute their best rate based on provider's actual collections for the same services. If within thirty days upon written request provider fails to provide a certified copy of collection history, the reimbursement will be defaulted to 120 percent of Medicare.

Provider acknowledges that all necessary licenses are held in good standing, provider adheres to all state and federal laws and maintains minimum liability coverage of \$5,000,000.

TRPN DirectPay is facilitating claims payments for numerous third parties through this agreement. As such TRPN DirectPay is not an insurance company nor obligor of claims. All payments made including all discounts associated with this agreement shall be deemed the sole property of TRPN DirectPay, Inc.

Jarrett Jedlicka

Jarrett Jedlicka
CEO
TRPN DirectPay, Inc

PARTICIPATING PROVIDERS
Authorized Signature
Restricted Endorsement signature affixed

DPv2012m

TRPN Direct Pay
6970 O'Bannon Drive
Las Vegas, NV 89117

202101250152



Forwarding Service Requested

MIXED AADC 870
1186 0.5486 MB 0.436
FOUR CORNERS PAIN MANAGEMENT LL 136
2500 FARMINGTON AVE
FARMINGTON, NM 87401-4504

For claim payment questions call 866-320-8705.

Your name FOUR CORNERS PAIN MANAGEMENT LLC and tax id have been verified by the IRS

ENV 1186 1 OF 2 F

Tax ID: 271019641

Check #: 215989784

Check Date: 01/22/2021

Provider: FOUR CORNERS PAIN	Patient Name:	Group/Check Number: NA
Network: TRPN Direct Pay	Member Number: NA	Customer Service #: 866-320-8705
Patient Acct #: NA	Claim Number: NA	Administered By: TRPN

The attached check in the amount of \$15.00 is a one-time participation payment which offsets the cost for credentialing and licensing your medical practice. Please read the attached Network Participation Agreement prior to cashing the check. The restricted endorsement on the check affixes to the Agreement. In the event the check cashed in error, provider must contact us within 10 business days.

Statement Summary	Service Date	Code or Description	Total Charge	Provider Discount	Other Payment	Patient Obligation	Net Payment Amount
Administered By TRPN	NA	NA	0.00	0.00	15.00	0.00	15.00

For questions, please contact Lindsey Conrad.

Email: lconrad@trpndirectpay.com
Phone: (702) 834-3435

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER



TRPN Direct Pay
6970 O'Bannon Drive
Las Vegas, NV 89117

Electronic Payment Clearinghouse

Huntington National Bank
Westerville OH 43081

56-1512
441

DRAFT NO. 215989784

DRAFT DATE: 01/22/2021

Void after 180 days

AMOUNT

*****\$15.00

PAYABLE THROUGH Fifteen Dollars
DRAFT

TO THE ORDER OF FOUR CORNERS PAIN MANAGEMENT LLC
2500 FARMINGTON AVENUE

FARMINGTON NM 87401

For: Final payment per restricted check endorsement and attached settlement agreement THE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

⑈ 215989784 ⑈ ⑆ 044115126 ⑆ 016695086 1 2 ⑈

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