This Information Access Agreement (Agreement), dated ("Schedule Effective Date") by and between **Nsure, Inc.** ("Nsure") located at 1320 Willow Pass Road Ste. 662 Concord, CA 94520 and **Exeter District Ambulance** ("Client") located at 302 E Palm St, Exeter, CA 93221.

Products: Patient Demographic Verification, Insurance Eligibility, Insurance Discovery, Self-Pay Analyzer

Fee Schedule: $499 subscription fee per month. First 200 trip submissions through Nsure portal each month are included with $499 monthly subscription fee. $2.50 per trip submission through Nsure portal thereafter. First payment due upon execution of agreement, which serves as one-time implementation and training fee. All following invoices will be sent out by the 5th of the month and due on the 15th of the month. Payments will be automatically deducted via ACH.

Refund: During the first batch submission (100 trip minimum), if Client does not locate a minimum of two (2) trips with active insurance coverage to offset Nsure implementation and training fee, Nsure will immediately issue a refund for any and all fees paid from Client to Nsure.

Required Banking Information:

Name/Company on Bank Account: EXETER DISTRICT AMBULANCE
Banking Institution: BANK OF THE SIERRA
Company Address: 302 E. PALM STR.
Account Number: 0422011070
Routing Number: 121137027
Accounts Payable Email: manager@EDAEMS.com

Term: Client may cancel this agreement at any time within the first forty-five (45) days with or without cause. After the initial forty-five (45) days, this agreement will be in effect for a period of two (2) years and shall automatically renew for additional one (1) year terms thereafter unless ninety (90) days written notice is provided from Client to Nsure before the end of the agreement term.

Acceptance: By signing below, each party accepts the entire agreement. Any individual signing on behalf of Client warrants and represents that the individual executing this agreement on behalf of Client has requisite power and authority to executive this agreement.

NSURE, INC.	**Exeter District Ambulance**
Signature: _____	Signature: _____
Name: _____	Name: TJ FISCHER
Title: _____	Title: INTERIM DISTRICT MANAGER
Date: _____	Date: 7/28/2017