



**Live Oak Health LLC**

400 Ohio Street #3123  
Live Oak, FL 32064  
Tel: 239.333.9287  
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LOHhealth@gmail.com

## IN CLINIC PATIENT NEURO VASCULAR ASSESSMENT AGREEMENT

This Agreement for the Rental of a Nexus ANS+ neurovascular analysis device (the "Device") and demonstration of its use by a qualified and trained technician is entered into this day \_\_\_\_/\_\_\_\_/\_\_\_\_, between Live Oak Health LLC ("LOH") and the undersigned, (the "Provider").

The term of the Rental shall be one day of not more than eight (8) hours or any part thereof. The Rental shall consist of the placement of the Device in the office of Provider, its set-up and its use by the qualified LOH technician on the Provider's patients for the Device's intended diagnostic purposes. Placement and set-up and removal shall not be included in the Rental period. The Rental shall include any ancillary or other equipment or supplies necessary to the use. The Rental may include the demonstration to, and training of, one or more of the Provider's healthcare providers in the use of the Device.

The Rental shall take place on a date which the Parties hereto agree. The target date is: \_\_\_\_/\_\_\_\_/\_\_\_\_

LOH shall be responsible for the costs of travel, set-up for the Device, the testing, and providing the results to the Provider as to each patient and for the day in a HIPAA compliant format as the Provider requires. At the conclusion of the Rental period and after all results have been provided the Provider, LOH shall permanently erase all Patient Health Information gathered during the Rental from the Device. LOH shall retain all rights, title and interest in the Device, its software and proprietary information and shall be solely responsible for any damage to or loss of the Device during the Rental.

Provider shall be solely responsible for the use of the diagnostic results, any treatment resulting from the tests or any failure to treat the patient based on the test results. Provider is responsible for the gathering, keeping and protecting of all Patient Health Information resulting from the use of the Device. Provider shall be solely responsible for any claims by the patient which arise out of the testing and shall hold LOH harmless and defend it against any and all patient claims.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

"LOH" Live Oak Health LLC

400 Ohio Street #6123

Live Oak, FL 32064

Signature: \_\_\_\_\_

"Provider": Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Amount Charged: \$2,000.00

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CID: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_