

Virtual Consultation Addendum & Enrollment

This serves as an Addendum to the most recent Software Usage Agreement between ModuleMD LLC., having its principal offices 8359 Office Park Drive, Grand Blanc, Michigan 48439, hereinafter referred to as "ModuleMD" and the undersigned Practice/Client.

Practice/Client Name:	
Address:	

The Client elects the following selected services provided by ModuleMD through ModuleMD or a third-party vendor effective upon signing. No other terms of the most recent Software Usage Agreement are negated or changed as a result of this Addendum.

Virtual Consultation (Telemedicine)		
	Software Only Clients	Billing Clients
Unlimited usage for up to 3 clinicians (Per Month)	\$ 350	\$300
Each additional clinician (Per Month)	\$ 115	\$100

Number of Clinicians: _____

PRACTICE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

See Page 2 for Clinician Information.

Please fill out the information below for each clinician that will be using Telemedicine in your practice. This information is required for your practice set-up.

	Name	Email	Cell Phone	Date of Birth	In Practice Since (Year)
Clinician 1					
Clinician 2					
Clinician 3					
Clinician 4					
Clinician 5					
Clinician 6					
Clinician 7					
Clinician 8					
Clinician 9					
Clinician 10					