

## E-Sign Disclosure Statement and Agreement

### Introduction

This E-Sign Disclosure Statement and Agreement ("Agreement") is intended to comply with certain laws and regulations, including, but not limited to, the Electronic Signatures in Global and National Commerce ("E-Sign") Act, that allow us to electronically provide you with important information associated with opening, using and maintaining our online healthcare bill payment and financing service delivered as **ProHealth Bill Pay**. Before we can do that, you must read and indicate your acceptance of the terms outlined below.

### Definitions

As used in this Agreement, the words "we," "our," and "us" mean your healthcare provider, **ProHealth Care** and their current and future affiliates and service providers whose account(s) and/or service(s) are obtained through **ProHealth Bill Pay**. "Access Device" means any electronic device you use to access your account and view electronic documents. This includes, but is not limited to: a traditional computer such as a desktop or laptop computer, or a mobile device such as a tablet computer or a smartphone.

### Scope of this Agreement

By checking the applicable box in the registration process, you confirm that you have read and consent to the terms of this Agreement. Your consent to this Agreement applies to all notices, disclosures, agreements, contracts, records, receipts, statements, communications, notifications, terms of use, and other information (collectively, "Information") related to your **ProHealth Bill Pay** account and which will be distributed to you in electronic form and not in paper form. This consent will remain effective for the life of your **ProHealth Bill Pay** account, unless and until expressly withdrawn by you. Your consent does not mean that we must provide Information electronically but instead that we may deliver some or all of the Information electronically.

### System Requirements

By consenting to this Agreement, you confirm that your Access Device meets the following minimum specifications and requirements necessary to view and retain your electronic documents:

To access your electronic documents on an Access Device that is a mobile device, you will need:

- A mobile device with any of the following operating systems: Android or iOS (iPhone).
- A data plan provided by your wireless carrier and an up-to-date mobile internet browser (e.g., Chrome or Safari) that is compatible with, and supported by, your operating system.
- To view .pdf files on your mobile device, you will need software that accurately reads and displays .pdf files (such as the mobile version of Adobe Reader).
- A printer and/or storage device connected with your Access Device if you wish to print or retain any electronic documents.

To access your electronic documents on an Access Device that is a traditional computer, you will need:

- A computer with any operating system (e.g., Windows 7 or higher or Mac OS X) that will allow you to access and browse the internet.
- An internet connection and an up-to-date internet browser (e.g., Internet Explorer, Firefox, Google Chrome, or Safari) that is compatible with, and supported by, your operating system.
- Software that accurately reads and displays PDF (Portable Document Format) files, such as Adobe Reader.
- A printer and/or storage device connected with your Access Device if you wish to print or retain any electronic documents.

### Maintaining a Valid Email Address

It is important that you maintain a valid email address so that we may contact you regarding your account. You agree to promptly notify us of any changes to the email address which you provided to us previously in the registration process. You may update your email address by logging into your **ProHealth Bill Pay** account or by contacting us at (866) 432-7855.

### Withdrawal of Your Consent

You may withdraw your consent to this Agreement at any time and at no cost to you. However, withdrawing your consent will result in the cancellation of your account with **ProHealth Bill Pay**. After cancellation, you will be solely responsible for contacting your healthcare provider, **ProHealth Care** to make arrangements for paying your bill. In order to withdraw your consent to this Agreement, please contact (866) 432-7855.

### Paper Copies

You may obtain a paper copy of any of the Information by contacting us at (866) 432-7855, and you will not be charged a fee for paper copies.

Please print or save to your computer a copy of this Agreement for your records.