Customer #04957

AccuCare Web-based Software – Service Agreement

Webb County Treatment Center, Adult Drug Court (the customer) is requesting access to the AccuCare Web deployed version for the period and terms of this Agreement and its Attachments, to be accessed through the myaccucare.com Web site to process clinical documentation and perform administrative functions. Orion Healthcare Technology (Orion) grants Grady Schmitt a limited non-exclusive license to access the specific modules or systems noted on the attached document(s), Attachment 1-A, and the License Agreement on the myAccuCare.com website.

Customer agrees to compensate Orion the total monthly or yearly fee according to the terms and conditions on Attachment 1-A (Terms of Service Agreement), through ACH processing and/or backed up with a credit card on file at Orion. Billing will be executed and processed on a monthly or yearly basis, based on the initial transaction date of your account. For the yearly payment option, an invoice will be sent to you 30 days prior to the start of each year of service and must be paid in full on or before the first day of the 1st month of each year of service. Interest at the rate of 1.5% per month will be assessed from the date of billing through the date good funds are received by Orion, if for any reason Orion is unable to obtain payment through the ACH processing or through Customer's credit card for any month. A $25 service charge will be applied to any payments returned for insufficient funds. Early termination penalty will be 15% of the unpaid balance of the terms in Attachment 1-A. (AccuCare data provided on CD is optional for a fee if subscription is terminated.) Orion also has the right to deny access to AccuCare Web until payment is in good standing.

Payment Information (Choose One Option)

☐ **1. ACH (Automated Clearing House) Monthly Only – ATTACH VOIDED CHECK FOR VERIFICATION**

I (we) authorize Orion Healthcare Technology to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below.

Your Company Name _____

Company (Federal) ID Number _____

Depository (Bank) Name _____

City _____ State _____

Transit/ABA # (Bank Routing #) _____

Bank Account # _____

☐ **2. Credit Card Information – Select one: ☐Monthly Payment or ☐Annual Payment**

This authority is to remain in full force and effect until Orion has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Orion Healthcare Technology and Depository a reasonable opportunity to act on it.

Type of Credit Card _____ Name that appears on card _____

Credit Card # _____ Expiration Date _____

3 Digit CSV # (Security Code) _____

X **3. Annual Invoice Payment Information**

Please send annual invoice for payment by check or credit card to:

Company Name WEBB COUNTY FOR THE BENEFIT OF THE DRUG COURT PROGRAM

Mailing Address 1000 Houston Street

City Laredo State Texas Zip Code 78040

Transaction Service Agreement Cont'd

Main Contact Information

This is your main contact for all current and future correspondence, including initial login information, user tips, product updates, etc. Please enter the name, phone number and email address that this person can best be reached at.

Name Margarita Garza Phone 956-523-4654

Title Director Emai drugcourt@webbcountytx.gov

☐ **Please add my email to the AccuCare Exclusive Email List for AccuCare news**

Company Login Information

Your login information will contain a User ID, Password and Company ID. Orion Healthcare Technology will choose your initial User ID and Password; however you will **need to select your Company ID here**. After a selection is made and setup is complete, Orion will email to you your initial Login Information.

Please select carefully, as this will be your company's main identification that your users will type in during the login process. Please enter 3 possible values for Company ID, starting with your first choice.

NOTE: Your Company ID must be at least 8 characters, no spacing, no numbers, no symbols and must contain part or parts of your company name that is listed in this agreement for tracking purposes. The login you choose is not case sensitive. We will contact you if there are any issues. **(Example: westbrook or gatewaysouth)**

PLEASE TYPE or WRITE CLEARLY

Choice 1	Choice 2	Choice 3
drugcourtwebb	webbdcp	webbcountydrugcourt

By signing this Agreement, Orion and (the "Customer") have read and agree to all terms and conditions as written on this Agreement (including all attachments), the myaccucare.com Web site, the License Agreement as well as the Business Associate Addendum to Transaction Service Agreement, including, without limitation, all conditions relating to HIPAA or privacy and confidentiality generally. Access to the AccuCare Web deployed system will be activated no earlier than two business days, after an original signed agreement (including all attachments) and payment is received by:

Orion Healthcare Technology, Inc.
1408 Fort Crook Road, Suite 300, Bellevue, NE 68005
P: 1.800.324.7966 F: 402.952.4059

Orion Healthcare Technology, Inc.

Signatur *WC Allan*

Name Bill Allan Date 11/13/2025

Title Sales

Customer

Signatur e

Name Date

Title

Emal

Phone

Address

Attachment 1-A
Terms of Service Agreement

Systems

	Full PM	Adult	Youth	CJ	BSAP	Non-P	# Licenses
AccuCare System License(s)				X	X		2

(Each AccuCare System includes: Assessment, Screening, Referral Management, Recovery Support, Tx Plan, Patient Placement, Progress Notes, Discharge Summary, Follow-up, Prevention, Data Query and Scheduler for the respective population group(s). Full PM includes all 4 populations.)

Total Number of System Licenses = **2** **=** **$3,500 annual**

AccuCare Investment Summary

***Agreement Start Date =**	9/1/2025	
Agreement End Date =	8/31/2026	**(renewal period)**
***TOTAL COST Web Licenses =**	**$3,500**	**Check one:** ___ **Mo** ___ **Yr**
Setup/Implementation =		
***Total Due Now =**	***$3,500***	
Cost Per Electronic Claim =	**N/A**	
Total IP Restriction Costs =	(if applicable)	**See separate quote**

Service Notes:
*All prices and start dates are based on date signed Transaction Service Agreement is received and paid in full. Taxes may apply if required.

AccuCare Web Minimum Requirements: Windows 10 or higher operating system with Firefox; Web Browser: Firefox or Internet Explorer 11 or higher; Internet Connection: Broadband (DSL, Satellite or Cable)

Check all that apply:

NA	New License Subscription
NA	IP Restriction
NA	NDW Setup
NA	Billing Claims Setup
NA	Medication Mgmt. Setup
NA	Other:
Offer good until:	

Customer understands that the selected licenses(s) above will be authorized for Customer. Changes made after setup is complete are subject to transfer rules as explained in the license agreement.

Customer Signature _____ Date _____

Name _____ Title _____

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