Sesi Signature Inc.

Office Policies and Financial Agreement

Welcome and thank you for considering Sesi Signature Inc. (“Sesi Signature Inc.”, “us”, “Company”) for your health needs. This document contains important information about our professional services and business policies.

Licensed Healthcare Provider

The Healthcare Provider is engaged in private practice providing medical care services to clients on behalf of the Company and not personally. In addition, all staff of the Company are providing services in their capacity under the Company and not personally.

Appointment and Cancellation Policy

Appointments may be scheduled by calling 133-657-0712 during business hours listed at http://www.sesisignature.com/. Patients must cancel or reschedule at least 24 hours in advance to avoid charges and potential discharge. Missed appointments are typically not reimbursed by third-party payers. Missed or late appointments will be charged in full, and fees will not be pro-rated. If the provider cancels, a refund or rescheduling will be offered. Patients who miss or fail to cancel three (3) appointments may be discharged from services at the Company’s discretion. Should this occur, we will notify you in writing and provide information to help you transition your care to another provider.

Visit Frequency and Duration

The number and frequency of sessions are based on individual needs and will be determined by the healthcare provider. The initial visit typically includes an evaluation and lasts 60 to 90 minutes; follow-up visits generally range from 15 to 45 minutes. Some assessments may extend visit time, and total visit length includes both face-to-face care and provider documentation.

Additional evaluation sessions may be required before a treatment plan is established. If both the patient and provider agree to proceed, the provider will outline a plan of care. Patients should consider whether they feel comfortable working with the provider, as medical services require a significant commitment of time, energy, and cost. Questions are welcome at any time, and patients may request support in obtaining a second opinion from another licensed medical professional.

Payment for Services

The fees for our services are listed below (or attached on a fee schedule):

A - $100 (TeleConvenient Care Visit)

B - $150 (Concierge TeleConvenient Monthly Membership)

C - $250 (Weight Loss TeleConvenient Monthly Membership)

D-$350 (Complete Wellness TeleConvenient Monthly Membership)

E-(Any additional service fees will be determined on a case-by-case basis and mutually agreed upon by the patient and provider in advance).

These fees are subject to change upon thirty (30) days' prior notice to you. If you are unable to pay, or are not willing to pay, the higher fee after receipt of notice, services may be terminated and you may be given referrals to other competent providers. As the patient or responsible party (Guarantor), you are ultimately responsible for the full payment of all charges for services rendered, regardless of your insurance coverage.

Different copayments are required by various group coverage plans. Your copayment is based on the Medical Policy selected by your employer or purchased by you. In addition, the co-pay may be different for the first visit than for subsequent visits. You are responsible for and shall pay your copay portion of the Healthcare Provider's charges for services at the time the services are provided, unless there is applicable insurance coverage in force. It is recommended that you determine your copayment before your first visit by calling your benefits office or insurance company.

Your signature on this agreement acknowledges that you have also been provided with our detailed Fee Schedule and our notice regarding your rights under the No Surprises Act.

Legal Testimony & Record Disclosure Policy

Although it is the goal of the Healthcare Provider to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Our policies regarding the confidentiality of your records, and the exceptions required by law, are detailed in our separate Notice of Privacy Practices (“NPP”). In the event disclosure of your records or the Healthcare Provider's testimony are requested by you or required by law, regardless of who is responsible for compelling the production or testimony, you will be responsible for and shall pay the costs involved in producing the records and the hourly rate charged by the Healthcare Provider at the time of the request or service of the subpoena (current rate is $450/hour) for the time involved in traveling to and from the testimony location, reviewing records and preparing to testify, waiting at the location, and giving testimony. Such payments are to be made at the time or prior to the time the services are rendered by the

Healthcare Provider. The Healthcare Provider may require a deposit for anticipated court appearances and preparation. You will not be entitled to a pro-rated refund.

To the fullest extent permitted by applicable law, the Patient agrees that the Healthcare Provider's services are provided solely for the purposes of medical care and treatment, and not for the purpose of serving as an expert witness, consultant, or providing testimony in any legal, administrative, or judicial proceeding. The Patient expressly waives any right to compel the Provider's participation in such proceedings, including, but not limited to, subpoenaing or requiring the Healthcare Provider to testify as an expert or fact witness; provide depositions, affidavits, or declarations; or participate in any manner in legal or quasi-legal proceedings initiated by the Patient or on the Patient's behalf.

This clause shall not apply where the Provider's participation is mandated by law, regulation, or court order. In such cases, the Patient agrees to reimburse the Healthcare Provider for any reasonable costs, time, and expenses incurred as a result of compliance with such legal requirements, including an hourly rate for the Provider's professional time, as stated within this Agreement.

Mandated Reporting

Persons in designated professional occupations are mandated to report suspected child abuse or neglect or maltreatment of vulnerable adults. Persons who work with children and families are in a position to help protect children from harm. These persons may be required by law to report, if they know or have a reason to believe that a child or vulnerable adult is being abused or neglected. As a mandated reporter, the healthcare provider may be required to break confidentiality and report certain information to the appropriate authorities.

Emergencies

Sesi Signature Inc. and your Healthcare Provider do not provide 24/7 emergency services. For any medical emergency, call 911 or go to the nearest emergency room. If you are experiencing suicidal thoughts or safety concerns, follow your harm reduction plan if available, then contact 911 or seek emergency care.

Contacting Your Healthcare Provider

Your healthcare provider is often not immediately available by telephone. The office number 133-657-0712 is answered by voicemail that the Company will monitor from time to time throughout the day. Although the healthcare provider is typically in the office during normal business hours they will not take calls when with a client. We will make every effort to return

non-urgent administrative messages. Please note that clinical matters and requests for medical advice are best addressed during a scheduled appointment.

E-Mail and Text Messages

Sesi Signature Inc. and its healthcare providers may use email or text messages only for administrative purposes, such as scheduling or modifying appointments. These methods are not appropriate for discussing treatment or clinical matters, and such topics will be addressed during scheduled sessions. Electronic communications are not fully secure or confidential. Messages sent via email, text, or social media platforms may be stored by your service providers and could be accessed by system administrators. Patients who choose to communicate electronically acknowledge and accept the risks associated with insecure transmission.

Social Media

Your healthcare provider generally does not accept friend or contact requests from current or former clients on any social networking sites. Adding clients as friends or contacts on these sites can compromise confidentiality and privacy of both the healthcare provider and the client. It can blur the boundaries of the professional relationship. Business pages or social media business pages are an opportunity for you to voluntarily follow the Company, if you choose.

Audio and Video Recordings

You acknowledge and, by signing this information and consent form below, agree that neither you nor the Company will record any part of your medical procedures or services unless you and the Company mutually agree in writing that the medical procedures or services may be recorded, such as a valid testimonial or before-and-after photo. You further acknowledge that the Company and its healthcare providers and staff object to you recording anything related to their services or work without written consent. You expressly agree that audio and video recordings used for security purposes are not part of medical services, and are therefore not protected by confidentiality or any other provisions under this agreement. These security recordings are limited to public areas such as reception and hallways and are not used in any area where a patient has a reasonable expectation of privacy, such as examination rooms.

Transfer of Records in Case of Healthcare Provider Incapacity or Death

In the event that the treating healthcare provider becomes incapacitated or passes away, I acknowledge that it may be necessary for another licensed healthcare professional to take custody of my medical file and records. I authorize Sesi Signature Inc. to designate a qualified successor healthcare professional for this purpose. This successor healthcare professional may

take possession of my records, provide me with copies upon request, and transfer records to another provider of my choosing upon my written request. This transfer is intended to ensure continuity of care and compliance with all applicable privacy and medical record retention laws.

Legal

This Agreement shall be construed in accordance with, and governed by, the laws of the State of California as applied to contracts that are executed and performed entirely in California. The exclusive venue for any court proceeding based on or arising out of this Agreement shall be in California in the county of incorporation of the Company. If any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, or default in connection with any of the provisions of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and other costs incurred in that action or proceeding, in addition to any other relief to which it may be entitled.

Dispute Resolution for Non Clinical Matters

a. Scope and Application

The parties agree that this section governs any and all disputes, claims, or controversies arising from the patient's relationship with the Company, **with the sole exception of claims for medical malpractice**. Medical malpractice claims, defined as disputes over whether medical services were "unnecessary or unauthorized or were improperly, negligently, or incompetently rendered," are governed exclusively by the separate and optional **Physician-Patient Arbitration Agreement**.

This dispute resolution process applies to all other matters, including, but not limited to, claims relating to fees and payments, scheduling, privacy, breach of contract, and any interpretation or enforcement of this Agreement.

b. Mandatory Tiered Resolution Process

i. Good Faith Negotiation. The parties agree to first attempt to resolve the dispute informally by providing written notice to the other party describing the facts and circumstances of the dispute. The parties shall then engage in good faith negotiations for a period of at least thirty (30) days following the date of the notice.

ii. Mediation. If the dispute is not resolved through negotiation, the parties agree to participate in at least one session of non-binding mediation with a mutually agreed-upon neutral mediator before pursuing arbitration.

iii. Binding Arbitration. If mediation fails to resolve the dispute, it shall be resolved exclusively through final and binding arbitration. The arbitration shall be administered by a neutral arbitration provider in {{COUNTY}}, California, in accordance with its consumer arbitration rules. The arbitrator's decision shall be final and binding.

c. WAIVER OF JURY TRIAL

BY ENTERING INTO THIS AGREEMENT, YOU ACKNOWLEDGE THAT YOU ARE GIVING UP THE RIGHT TO A JURY TRIAL FOR ANY DISPUTE ARISING FROM THIS MEMBERSHIP AGREEMENT.

Acknowledgment and Agreement to Policies

By signing this Office Policies and Financial Agreement, I, the undersigned client, acknowledge that I have read, understood, and agreed to be bound by all the terms, conditions, and information it contains. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me. I acknowledge that I received a copy of this signed information and consent form on the date listed below.

Patient Signature: _____

Date: _____