MASTER SERVICE RECURRING AGREEMENT

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This Master Service Agreement ("Agreement") is entered into on ___/___/2026, by and between M-Tee's Mobile Medical Services LLC (hereinafter "Provider"), located at: 7428 W Cavalier Dr. Glendale, AZ 85303 , and:

Facility Name:

_____

Authorized Representative: _____

Corporate/Billing Address: _____

Phone: (___) ___-____ Email: _____

(hereinafter referred to as "Client").

1. PURPOSE & SCOPE OF SERVICES

Provider agrees to render mobile clinical specimen collection, point-of-care (POC) screening, and limited medical transit accommodations for residents residing at Client's designated facility locations. All clinical testing services will be executed strictly under the signed order of a licensed physician or authorized behavioral health provider.

2. CONTRACTED RECURRING FEE SCHEDULE

Client agrees to compensate Provider based on the following facility-exclusive rates:

- Base Travel Fee (Per Dispatched Visit to Facility): $35.00 Flat
- Routine Mobile Venipuncture (Outside Lab Drop-off): $30.00 Per Resident/Negotiable
- Multi-Panel Serenity Non-DOT Drug Screen Cup (Instant Read): $35.00 Per Resident
- Urinalysis Reagent Dipstick Test: (Or Sterile cup collection) $20.00 Per Resident
- Vitals, Biometrics, and Structural Log Recording: $20.00 Per Resident
- Authorized Medical Circle Patient Transportation Surcharge: $25.00 Base + $1.00/MI

3. BILLING AND PAYMENT TERMS

- INVOICING CYCLE: Provider will issue an itemized billing statement to Client on the 1st day of each calendar month for all services rendered in the preceding month.
- NET TERMS: All invoices are due and payable within fifteen (15) calendar days of the invoice date (Net 15).
- LATE FEES: Balances remaining unpaid past day 15 will incur a late fee of 1.5% per month on the total outstanding balance. Unpaid accounts exceeding forty-five (45) days will result in an immediate suspension of mobile services.

4. INDEMNIFICATION AND COMPLIANCE

Provider certifies that all dispatched staff hold valid level 1 fingerprint clearances, Article 9 certifications, and appropriate clinical registries. Provider maintains comprehensive professional liability and biohazard transit insurance policies.

Client agrees to provide a safe on-site environment for clinical collections and ensure a
At M-Tee's, we believe that checking your health or caring for a loved one shouldn't require complex billing or stressful transit logistics. We offer simple, flat-rate structures for families, P.P Individuals, and wellness clients throughout the West Valley and Scottsdale.

📍 SERVICE AREAS & DISPATCH TRAVEL FEES
Our professional mobile clinical units travel directly to your private residence, assisted living facility, or workplace.
• Standard Travel Zone (Within 15 Miles of Glendale Base): $35.00 Flat
  - Covers Glendale, Peoria, Surprise, Sun City, Avondale, Goodyear, and Litchfield Park.
• Extended Travel Zone (16 to 30 Miles from Glendale Base): $65.00 Flat
  - Covers Scottsdale and outlying West Valley regions.

🩸 IN-HOME MOBILE BLOOD DRAWS & LABORATORY COLLECTION
Skip the crowded waiting rooms. We handle the collection and deliver your specimens straight to your doctor's preferred testing laboratory.
• Routine Mobile Venipuncture (Blood Draw): $75.00
  - (Includes our Standard Zone travel fee, professional collection, specimen stabilization/centrifuging, and hand-delivered courier drop-off to LabCorp or Quest).
• Additional Family Member Draw (Same Home Visit): $20.00
• Specimen Courier Pick-Up Only (Pre-collected kit drop-off): $25.00/15mi
• Informational Chain-of-Custody DNA Collection (Swab/Blood): $100.00

⚡ INSTANT POINT-OF-CARE (POC) SCREENINGS
Need answers right away? Add these instant, CLIA-waived screenings to any home visit base to receive immediate, printed values for your healthcare provider:
• Multi-Panel Non-DOT Drug Screen (Serenity Cup): $35.00
• Total Cholesterol & Glucose Tracking (Curo L5): $30.00
• Blood Clotting Time Tracking (Coag PT@ System PT/INR): $30.00
• Acute Respiratory Panel (Rapid Flu A/B, Strep A, & COVID-19): $40.00
• Microalbumin 2-1 Kidney Tracking Combo Strip: $30.00
• Urinalysis Reagent Dipstick Test: $20.00
• Rapid Pregnancy Screening: $10.00

🏠 DAILY LIVING & COMPANION CARE (HAH / RESPITE)
Our highly trained, Article 9 certified Direct Support Professionals (DSPs) assist your family with daily home management, respite, and cognitive companionship.
• Companionship, Meal Prep, Light Housekeeping, & Med Reminders: $20.00 - $25.00 / Hour
• Hands-on Activities of Daily Living (ADL) Support (Bathing/Mobility): $25.00 - $30.00 / Hour
  *Note: To ensure care continuity, home support services require a 2-hour minimum shift block.
• Accommodated Patient Medical Transit Surcharge: $25.00 Base + $1.00 per loaded mile.

📝 Behavioral Health Group Home Monthly Service Contract

This legal template establishes a recurring relationship with residential facilities, group homes, and behavioral health providers. It builds stable, predictable monthly revenue while offering them volume-based pricing for their residents.

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Facility Name:

_____

Authorized Representative: _____

Corporate/Billing Address: _____

Phone: (___) ___-____ Email: _____

(hereinafter referred to as "Client").

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5. TERM AND TERMINATION
This Agreement will remain in effect for an initial term of twelve (12) months. Either party may terminate this Agreement without cause by providing thirty (30) days written notice to the opposing party.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date written.

Provider Representative Signature: _____ Date: ___/___/2026
Client Representative Signature: _____ Date: ___/___/2026
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