

# PK+ TELEHEALTH SUITE RESERVATION AGREEMENT



Return completed form to: Technical Consultants and Experts Group Inc. (“TCE GROUP”)

Fax: +1 (905) 415-0265

Email: [info@tcegroup.com](mailto:info@tcegroup.com)

## 1. Customer and Contact Information (“CUSTOMER”)

Customer Name	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Customer Address	
Customer Email	
Customer Website	

## 2. Request

CUSTOMER wishes to try the following PK+ Telehealth module(s) for 30 days (the “Trial Period”) and access information on pricing & fees:

- PK+ MYPHARMACYAPP
- PK+ ADV-CARE PHARMACY APP
- PK+ PHARMACY KIOSK
- PK+ MYVIDEOJOIN
- PK+ ONECARE™
- RxClaimPro
- IBM WATSON ARTIFICIAL INTELLIGENCE

## 3. Additional Services for PK+ MyPharmacyApp

In addition to the basic services contemplated above, CUSTOMER requests pricing and information on those additional services from TCE GROUP checked off below:

- Customization (of the interfaces and/or back end integration)
- Customization of the PK+ MyPharmacyApp features
- Pharmacy integration with PK+ Pharma Kiosk

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**4. Trial Period Expiry, Commitment**

Upon expiry of the Trial Period, CUSTOMER may stop using the module(s) and be charged no fee. If CUSTOMER wishes to continue using the modules, CUSTOMER agrees to enter into a subscription agreement with TCE GROUP.

**5. PK+ Telehealth Suite Module Description**

Detailed descriptions of all modules are available at [www.pk-plus.com](http://www.pk-plus.com).

**6. Maintenance**

The monthly subscription fee includes ongoing maintenance by TCE GROUP.

**7. Minimums, Setup Fee and Deposit**

Monthly fee covers limited number of transactions per month.

Additional fees charged include Account Setup Fee and/or a Security Deposit and for additional transaction fee.

If this Reservation Agreement is not accepted by TCE GROUP, any Setup fee or Security Deposit will be promptly returned to CUSTOMER without interest or deduction.

**8. No Offer**

TCE GROUP is not to be considered to have made an offer to CUSTOMER by preparing this Reservation Agreement.

**Authorization**

I am authorized to make this request on behalf of CUSTOMER.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_