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Letter of Understanding

In consideration of the opportunity to refer the clients of the law firm _____ to ReCept Healthcare Services for those clients' use of the EZRx Pharmacy Benefit Card, we agree that prior to the use of the EZRx Benefit Card, we will:

- 1.) Sign a valid Letter of Protection for the benefit of ReCept Healthcare Services in form and content approved by ReCept Healthcare Services.
- 2.) Provide timely notification to ReCept Healthcare Services for clients that have been issued an EZRx Pharmacy Benefit Card when that particular client is no longer represented by us.
- 3.) Verify client balances prior to entering into negotiations for settlement with the responsible party for any client that has incurred charges through the use of the EZRx Pharmacy Benefit Card.
- 4.) Not pay a reduced amount to ReCept Healthcare Services at the time of settlement without first receiving written permission for the reduced amount from ReCept Healthcare Services.
- 5.) Make full payment to ReCept Healthcare Services for its client balances within ten (10) days of receipt of payment from the responsible party when client cases are settled.

For the Law Firm of _____

By: _____, an authorized representative

Printed Name: _____