Marketing Services Agreement

Date: February 4, 2020

"Client":

Huron Regional Medical Center
172 Fourth St. SE
Huron, SD 57350
Phone: (605) 353-6573
Attn: Kim Rieger

"**HS**":

Healthcare Success, LLC
2860 Michelle Dr., Suite 230
Irvine, CA 92606
Phone: (800) 656-0907
Attn: Accounting

Ongoing Online Marketing Support

Healthcare Success will host the huronobgyn.org website. The ongoing monthly fee includes website hosting on Healthcare Success' secure servers. Any needed website updates will be billed as an additional cost at the HS hourly rate.

Reputation Management Program

- HS will provide Client with a reputation management platform that requests reviews from patients and shares positive responses on Client website.
- Includes training and assistance with initial implementation
- Tracks reviews on Yelp, Facebook & Google – provides alerts of any negative feedback
- Includes up to (2) locations

DIGITAL ADVERTISING PROGRAM

- Pay-per-Click Keyword setup and management on Google Adwords, Yahoo/Bing Networks, Facebook and/or other networks (as appropriate)
- Display setup and management on Google Adwords, Yahoo/Bing Networks, Facebook and/or other networks (as appropriate)
- All Devices (optimal on desktop and mobile)
- Google Analytics Setup and Optimization (Goal URL's, Goal Conversions, Goal Tracking)
- Call Tracking Setup and Reporting
- Ad Copies (Text & Image) and/or Ad Copy recommendations

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- Comprehensive Pay-per-Click Reporting with Data Analysis

Note: The above marketing activities will be ongoing. Like any marketing campaign, activities may be phased in and prioritized as appropriate.

Agreement Term and Payments

The initial term of this Agreement will be for twelve (12) months following mutual execution of this Agreement (the "**Initial Term").** Payments for services (excluding media buying services) are due monthly, in advance, the first being due to begin.

Hosting and Reputation Management:

Monthly Payments 1-12 - $350 per month

Digital Advertising:

Monthly Payments 1-12 $1,500 per month

Renewal Terms and Termination

Following the Initial Term, this Agreement will automatically renew for successive One Year "Renewal Terms," at the same monthly rate, unless either party provides written notice of its intent not to renew no more than ninety (90) days but no less than sixty (60) days in advance of the end of the term then in effect. Any notice received with less than 60 days' notice will result in auto renewal for an additional Renewal Term.

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Billing name and address:

_____
_____
_____

Miscellaneous. The fees quoted in this Agreement are valid for thirty (30) days from the contract date set forth on the first page of this Agreement. Media buying, printing, broadcast production, fulfillment and applicable sales tax are additional unless specified otherwise. The Terms and Conditions attached as **Exhibit A** is incorporated into this Agreement by this reference and made a part of this Agreement.

Client's signature below is deemed authorization for HS to proceed with the services described in this Agreement.

Client: Huron Regional Medical Center

DocuSigned by:
By: David Dick Date 2/13/2020
Name: David Dick

Its: President/CEO

Healthcare Success, LLC

DocuSigned by:
By: Jeff Mancino Date 2/13/2020
Authorized HS Representative

Its: CFO

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CLIENT AUTHORIZATION FOR DIRECT PAYMENT VIA ACH/EFT

I (We)_____ of _____(company) authorize **Healthcare Success, LLC** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account/ Savings Account (select one) at the depository financial intuition named below (DEPOSITORY). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Amount of debit (s) or method of determining amount of debit(s) (or specify range of acceptable dollar amounts authorized:

_____

Date(s) and/or frequency of debit(s): _____

I (We) understand that this authorization will remain in full force and effect until I (We) notify Healthcare Success, LLC in writing that I (We) wish to revoke this authorization. I (We) understand that Healthcare Success, LLC requires at least 15 days prior notice in order to cancel this authorization.

Name(s) _____

Date _____ Signature _____

i. The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to credit errors. ii Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it.

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CLIENT AUTHORIZATION FOR DIRECT PAYMENT VIA CREDIT CARD/CHECK/WIRE TRANSFER

By its signature below, Client authorizes HS to charge the credit card listed below, utilize a wire transfer or provide a company check for all monthly payments due under this Agreement.

Payment Method: __ MasterCard __VISA __AMEX __Check __Wire Transfer

Credit Card Number: _____ Card Expiration (mo/yr): _____

DS Initials DS Initials