



## **Marketing Services Agreement**

**Date:** July 1, 2019

**"Client":**

Rosecrance Health Network  
1021 North Mulford Road  
Rockford, IL 61107  
Attn: Anne Boccignone

**"HS":**

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

### **MARKETING PARTNERSHIP PROGRAM**

#### **Strategy, Consulting and Account Management**

- Ongoing marketing consulting, program management and strategic advice from your team.
- Conference calls as required

#### **Performance Maximization Strategies**

- Access to your 24/7 online performance reporting platform
  - Call tracking for all external media and online marketing
  - Call recording (included but optional)
  - Metrics include number of phone calls, form fills, estimated cost per inquiry, impressions, clicks, etc.

#### **Ongoing Online Marketing Support**

- Website Strategies (Wordpress only)
  - Managed hosting for (includes monitoring, site performance, optimization and testing, etc.)
- Reputation Management Program
  - HS will provide Client with a reputation management platform that automatically requests reviews from patients and shares positive responses on Client website and rating sites.
  - Tracks reviews on Facebook & Google – provides alerts of any negative feedback

 Initials JRM Initials

### Creative Services to Support Ongoing External Advertising Efforts

- As required by HS media buy
  - Update newspaper and magazine ads, radio and TV scripts, billboards for factual data like screenings or tracking numbers
  - Periodic new and/or revised ads, up to once a quarter (production not included)

### DIGITAL ADVERTISING PROGRAM

- Pay-per-Click Keyword management on Google Adwords, Yahoo/Bing Networks, Facebook and/or other networks (as appropriate)
- Display management on Google Adwords, Yahoo/Bing Networks, Facebook and/or other networks (as appropriate)
- Google Analytics Setup and Optimization (Goal URL's, Goal Conversions, Goal Tracking)
- Call Tracking Setup and Reporting
- Comprehensive Reporting with Data Analysis

### B2B Drip Sequence

- HS will create a series of marketing-based emails for the purpose of a B2B referral strategy that involves:
  - Copywriting with 2 rounds of revisions
  - Artting – photo selection and optimization
  - Implementation

### Search Engine Optimization

- Ongoing on-page optimization including keyword research and strategy, tags, URL structures, etc.
- Blog posts – up to 2 monthly

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

### Offline Advertising Media Buying

HS will act as the Client's exclusive agent to plan, negotiate, purchase, audit and reconcile various offline advertising media on behalf of Client, including offline media and/or online media. Unless clearly delineated to the contrary above, HS's charges for media buying services will be billed separately from the marketing services described above, and will be charged to Client's credit card described below. Details about media buying may be found in Addendum Exhibit A, Section 2 C.

Note: Terms and Conditions remain the same as the prior agreement.

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### **Agreement Term and Payments**

The initial term of this Agreement will be exclusively for July 2019 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.

#### **Marketing Partnership Program (includes SEO):**

Monthly Payments \$7,500 per month  
\$5,000 for Monthly Management Fee  
\$2,500 for Search Engine Optimization

#### **B2B Strategy:**

Monthly Payments \$3,000 per month

#### **Digital Advertising:**

Monthly Payments \$22,250 per month

#### **Offline Advertising:**

Monthly Payments \$15,000 per month

Billing name and address:

Rosecrance, Inc  
1021 N Mulford Rd  
Rockford IL 61107

**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 Rosecrance, Inc

By: Paul Procepio Date 7/1/19  
Name

Its: VP of Communications & Development

Healthcare Success, LLC

By: Steph 2. Mennin Date 7/1/19  
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 institution 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): \_\_\_\_\_