



## ORDER FORM

Proposed By: Courtney Sanchez (courtney.sanchez@timelycare.com)  
 Offer Valid Through: 08-01-2025

### Client Information

Client Primary Contact	Bill To
<b>Client Name:</b> Lee College	<b>Billing Name:</b> Lee College
<b>Contact Name:</b> Dr. Rosemary Coffman	<b>Billing Contact Name:</b> Dr. Rosemary Coffman
<b>Client Phone:</b> 281.425.6387	<b>Billing Phone:</b> 281.425.6387
<b>Client Email:</b> rcoffman@lee.edu	<b>Billing Email:</b> rcoffman@lee.edu
<b>Client Address:</b> 511 S Whiting St Baytown, Texas 77520-4796	<b>PO Required:</b> No

### Terms and Conditions

<b>Contract Number:</b> Q-04281	<b>Total Estimated Contracted Enrollees:</b> 7,500
<b>Original Contract Date:</b> 04-14-2022	<b>Undergraduate:</b> 7,000
<b>Billing Frequency:</b> Annual	<b>Graduate:</b> 0
<b>Payment Terms:</b> Net 30	<b>Faculty and Staff:</b> 500

Services	Start Date	End Date	Consultations Quantity	Enrollee Population Type
Scheduled Psychiatric Consultations	09-01-2025	08-31-2028	150	Faculty & Staff, Undergraduate
Health Coaching Consultations	09-01-2025	08-31-2028	Unlimited	Faculty & Staff, Undergraduate
Scheduled Counseling Consultations	09-01-2025	08-31-2028	6	Faculty & Staff, Undergraduate
Medical Consultations	09-01-2025	08-31-2028	Unlimited	Faculty & Staff, Undergraduate

Basic Needs Assistance	09-01-2025	08-31-2028	Unlimited	Faculty & Staff, Undergraduate
Talk Now Consultations	09-01-2025	08-31-2028	Unlimited	Faculty & Staff, Undergraduate
Digital Self Care & Platform	09-01-2025	08-31-2028	Unlimited	Faculty & Staff, Undergraduate
<b>First Year Enrollment Fee:</b>				<b>\$226,600.00</b>

### **Additional Terms (if applicable):**

The Enrollment Fee shall entitle each Enrollee up to the total number of Scheduled Counseling Consultations listed on the Order Form with a no visit fee for each Academic Year such Enrollee is enrolled at the Client and for which the Enrollment Fee has been paid by the Client. Any Scheduled Counseling Consultations by an Enrollee that exceeds the number of Scheduled Counseling Consultations during an Academic Year will be charged at two (\$200) hundred dollars per Scheduled Counseling Consultation payable by the Enrollee at the time of such consultation.

The Enrollment Fees shall entitle the Client for its Enrollees to that annual total number of Scheduled Psychiatric Consultations listed on the Order Form. In the event Client's Enrollees exceed the number of Client's Scheduled Psychiatric Consultations during the Client's Academic Year, the Client and TimelyCare shall mutually agree on fees in excess of Client capped Scheduled Psychiatric Consultations.

For clarity, the Term's Start Date has been amended to 9/1/2025 and End Date to 8/31/2028, in order to align with the Client's previously requested and paid invoice (INV1307, covering the term 8/1/2024 - 8/31/2024 and INV 1534 9/1/2025 - 8/31/2025) in order to co-term Services with the Client's fiscal year.

If a Purchase Order is required, Client agrees to provide the Purchase Order to [accountsreceivable@timelycare.com](mailto:accountsreceivable@timelycare.com).

### **Annual Pricing Summary**

<b>Term</b>	<b>Fees</b>
09-01-2025 - 08-31-2026	\$226,600.00
09-01-2026 - 08-31-2027	\$233,398.00
09-01-2027 - 08-31-2028	\$240,400.00
<b>Total: \$700,398.00</b>	

**Signature**

This Order Form is governed by the terms of the TimelyCare Client Services Agreement. By signing this Agreement, I certify that I am authorized to sign on behalf of the Client and agree to the terms and conditions of this Order Form and any documents incorporated herein.

<b>Lee College</b>	<b>Timely Telehealth, LLC</b>
Signature:	Signature:
Name: Lynda Villanueva	Name:
Title:President	Title:
Date:	Date:

