RESEARCH STUDY

This Memorandum of Understanding ("Agreement") is made effective as of February 1, 2022, by and between **Health Imaging Partners, LLC dba Envision Imaging** ("Contractor") and **University of North Texas Health Science Center** ("UNTHSC").

WHEREAS, UNTHSC intends to conduct research studies involving cadavers.

WHEREAS, Contractor, an outpatient diagnostic testing facility, agrees to provide the imaging services for UNTHSC's research studies.

WHEREAS, UNTHSC will call to schedule and send an order to Contractor to authorize and schedule each imaging service.

Responsibilities of the Parties

A. UNTHSC Responsibilities:

1. UNTHSC will reimburse Contractor for imaging services no later than 30 days after receipt of an invoice at the following agreed upon rates:

MRI without Contrast: \$400.00 CT without Contrast: \$220.00 X-ray, 1 View: \$55.00 X-ray, 2-3 Views: \$75.00 X-ray, 4+ Views: \$100.00

2. UNTHSC will submit payment to the following address:

Envision Imaging PO Box 5343 Denver, CO 80217-5343

B. Contractor Responsibilities:

- 1. Contractor will provide the technical portion only of UNTHSC research study exams.
- 2. Contractor will invoice UNTHSC monthly for imaging services to the following address:

UNT Health Science Center Center for Anatomical Sciences 3500 Camp Bowie Blvd.

ENV CT/RS1 (2/18)

Fort Worth, TX 76107 Ph. 817-735-2414

C. Termination

This MOU shall commence on the Effective Date and shall continue for one (1) year thereafter and shall automatically renew for consecutive one (1) year periods thereafter. Either party may terminate with sixty (60) days' notice, in writing, with or without cause.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by its duly authorized representatives.

University of North Texas Health Science Center	Health Imaging Partners, LLC dba Envision Imaging
Signature 2D73337E46D 1/20/2022 Date Name: Title:	Signature [2-22-2] Date Name: Title: (