

Mia Customer Order Form / Subscription Schedule v1.0

This Customer Order Form / Subscription Schedule ("Order Form") is entered into between **Dos Tiris LLC**, a New York limited liability company ("Dos Tiris"), and the customer identified below ("Customer").

This Order Form is subject to the applicable **Mia Master Service Agreement** ("MSA") and the applicable **Business Associate Agreement** ("BAA").

As a Dos Tiris operating policy, every Mia dental-office customer must execute the applicable BAA before production activation.

This Order Form records customer-specific commercial terms. The MSA and BAA contain additional terms governing the service relationship.

1. Customer Information

Customer Legal Name: _____

Practice / DBA Name (if different): _____

Primary Office Address: _____

City / State / ZIP: _____

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Billing Contact Email: _____

2. Selected Mia Plan

Select one:

☐ **Basic Mia - Monthly**

- Standard price: **\$59 per month**, plus applicable taxes.

☐ **Basic Mia - Annual**

- Standard price: **\$590 per year**, plus applicable taxes.
- Annual subscription is prepaid.
- Current standard annual pricing reflects 12 months of service for the price of 10 monthly payments.

☐ **Mia + Calendar - Monthly**

- Standard price: **\$99 per month**, plus applicable taxes.

☐ **Mia + Calendar - Annual**

- Standard price: **\$990 per year**, plus applicable taxes.
- Annual subscription is prepaid.
- Current standard annual pricing reflects 12 months of service for the price of 10 monthly payments.

3. Customer-Specific Commercial Terms

Complete this section if the Customer is receiving negotiated, grandfathered, promotional, or custom commercial terms.

Selected Plan: _____

Billing Cadence: _____

Subscription Price: _____

Discount / Promotional Terms, if any: _____

Custom Implementation Fee, if any: _____

Other Customer-Specific Commercial Terms: _____

If this section conflicts with the standard pricing listed above, the expressly stated customer-specific commercial terms in this section control for this Order Form.

4. Standard Setup Fee

There is currently **no standard setup fee** for Basic Mia or Mia + Calendar.

Custom implementation, website work, integration work, or other separately scoped services may carry an additional fee only when expressly stated in this Order Form or another written agreement.

5. Subscription Renewal and Cancellation

Monthly subscriptions renew monthly unless canceled before the next renewal.

Annual subscriptions renew annually unless canceled before the next annual renewal.

Cancellation prevents the next renewal.

Amounts already paid for a billing period or annual term that has begun are not automatically prorated or refunded.

Dos Tiris may issue a refund, credit, or other exception at its discretion where lawful and subject to the MSA.

6. Get Started Signup and Payment Sequence

Dos Tiris's standard customer signup sequence is designed to allow a prospective dental office to move from plan selection through contracting, payment, onboarding, and activation in a guided process.

The standard sequence is:

1. Customer selects Basic Mia or Mia + Calendar.
2. Customer provides basic business and contact information needed to prepare the customer agreement and account.
3. Customer reviews and executes the applicable Order Form, MSA, and BAA.
4. Customer completes the applicable paid subscription checkout.
5. Customer completes the detailed Mia configuration and onboarding questionnaire.
6. Dos Tiris configures and verifies the Customer's Mia environment.
7. Dos Tiris provides or implements the approved website installation snippet or other deployment mechanism.
8. Production activation occurs only after the applicable contractual, onboarding, payment, technical, security, and compliance prerequisites have been verified.

Customer authorizes Dos Tiris and its approved payment processor to charge the applicable subscription fees, taxes, and expressly agreed charges according to the billing cadence selected in this Order Form.

Payment processing may be handled through Stripe or another payment processor authorized by Dos Tiris.

Customer remains responsible for maintaining valid billing information and paying amounts properly due under the MSA and this Order Form.

Successful payment or creation of a subscription does not by itself authorize production activation or processing of real patient PHI.

If Customer independently completes a publicly available payment link before completing the required contractual steps, Dos Tiris will treat the payment as an order and payment event only. Production activation remains subject to completion of the required Order Form, MSA, BAA, onboarding, and other applicable prerequisites.

7. Service Scope

Basic Mia

Basic Mia may provide configured administrative functions such as:

- answering configured patient questions;
- capturing patient inquiries;

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- collecting appointment requests for office follow-up;
 - performing configured new and returning patient intake;
 - providing configured practice information such as hours, location, services, and insurance-related information;
 - providing website chat functionality; and
 - sending configured office-facing lead notifications.

Basic Mia does not include the Mia live appointment calendar functionality unless separately ordered.

Mia + Calendar

Mia + Calendar includes applicable Basic Mia functionality and may additionally:

- display eligible appointment availability;
- display eligible exact appointment times;
- allow patients to select eligible open times through the Mia scheduling workflow;
- apply configured scheduling controls; and
- provide office-facing booking notifications.

The Customer remains responsible for clinical care, clinical decisions, practice operations, and the accuracy of information supplied to Mia.

8. No Clinical or Emergency Service

Mia is an administrative and communications software service.

Mia is not a dentist, healthcare provider, emergency medical service, diagnostic tool, or substitute for professional clinical judgment.

Dos Tiris does not guarantee patient acquisition, revenue, appointment conversion, uninterrupted availability, or any specific business result.

9. PHI / HIPAA Activation Requirement

Payment for Mia does not by itself authorize Dos Tiris to process real patient Protected Health Information ("PHI").

As a Dos Tiris operating policy, every Mia dental-office customer must execute the applicable BAA before production activation.

Before PHI-enabled production service is activated:

- this Order Form and the applicable MSA must be executed;
- the applicable BAA must be executed;
- the applicable subscription payment arrangement must be successfully established;
- the detailed Mia configuration and onboarding questionnaire must be completed;
- required Mia configuration and verification must be completed;
- applicable Dos Tiris HIPAA-readiness launch conditions must be satisfied; and
- required production controls must be verified.

Dos Tiris will not rely solely on payment or creation of a Stripe subscription as authorization to begin processing real customer PHI.

10. Business Associate Agreement

Dos Tiris requires every Mia dental-office customer to execute the applicable BAA before production activation.

Production service must not be activated until the applicable BAA has been executed and the remaining activation prerequisites have been satisfied.

The BAA governs PHI, HIPAA, privacy, and security matters within its scope.

11. Service Start

Requested Service Start Date: _____

The requested date is a target and is not a guarantee of activation.

Production activation remains subject to successful contracting, payment, detailed onboarding, Mia configuration and verification, technical readiness, BAA execution, and applicable security/compliance readiness requirements.

Dos Tiris records the actual production activation date in its internal customer onboarding and execution record.

12. Order of Precedence

If there is a conflict among the applicable customer documents:

1. the BAA controls for PHI, HIPAA, privacy, and security matters within its scope;
2. this Order Form controls for customer-specific commercial terms, including the selected plan, price, billing cadence, discount, and expressly negotiated implementation terms; and
3. the MSA controls for the remaining general service relationship.

Each document controls only within its intended scope.

13. Incorporation of Master Service Agreement

By signing this Order Form, Customer agrees that the applicable Mia Master Service Agreement is incorporated into and forms part of the parties' agreement.

The parties should maintain an identifiable version or effective date of the MSA applicable to this Order Form.

Applicable MSA Version / Effective Date: _____

14. Business Associate Agreement Record

A BAA is required by Dos Tiris operating policy for every Mia dental-office customer before production activation.

BAA Required Before Production Activation: Yes

BAA Version / Effective Date: _____

BAA Execution Date: _____

15. Special Conditions

16. Entire Customer-Specific Order

This Order Form contains the customer-specific plan and commercial terms for the ordered Mia service.

Changes to material commercial terms must be documented through a written amendment, replacement Order Form, or other written instrument authorized under the MSA.

Informal communications do not modify material terms unless the MSA expressly permits that method of amendment.

17. Electronic Signatures and Counterparts

This Order Form may be executed electronically and in counterparts to the extent permitted by applicable law.

Electronic signatures may be treated as originals.

18. Customer Acceptance

By signing below, the Customer represents that the signer is authorized to bind the Customer and agrees to this Order Form and the incorporated contractual documents identified above.

Customer

Legal Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

Dos Tiris LLC

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____