

AUTHORIZATION FORM FOR EMPLOYER-SPONSORED MEDICAL BILL REDUCTION SERVICES

I, as an eligible employee (or dependent) participating in my employer's medical bill reduction program, administered by Octi Health, Inc. ("Octi"), give Octi permission to act for me when dealing with my medical bills. This means Octi can speak with, retrieve information and documents from and ask for offers from healthcare providers, insurance companies, billing departments and any other relevant parties on my behalf to help reduce my medical expenses. I understand that while Octi will work to help me, they cannot guarantee specific results or savings.

When I provide my personal information during sign-up, when my employer provides my eligibility information to Octi as part of this program, or when I upload documents and agree to this form, I allow Octi to use my information (such as my name, address, birth date, contact details, insurance status, medical conditions, healthcare provider names, hospitalization dates, insurance information and any other relevant details obtained from my uploaded documents, the information I provided, or the information my employer provided) to complete and submit any forms needed to help with my medical bills on my behalf. This includes forms for insurance appeals, financial assistance applications, claims processing, billing questions, billing disputes, legal or regulatory authorities, information retrieval, website and portal access, and appointment scheduling.

This permission covers HIPAA forms, medical records requests, billing records requests, insurance forms, and any other paperwork needed to provide their services.

I allow Octi to request and receive my medical, billing, and insurance records from the healthcare providers and insurers I've identified, that my employer has identified as part of my benefits program, or that Octi identifies through a review of my documents or my employer's plan documents. This includes, but is not limited to, itemized bills, explanation of benefits (EOBs), insurance policy, summary of benefits and coverage (SBC), and medical records.

I understand and acknowledge that Octi's services may utilize artificial intelligence (AI) technologies as part of their operations. Octi will use commercially reasonable industry standard steps to ensure the security and confidentiality of my information when such technologies are used.

By checking the consent box, I understand that Octi will complete and submit necessary forms on my behalf using my information. I can get a copy of any completed form by asking Octi.

This permission is voluntary. I can cancel it at any time by notifying Octi in writing, except for actions already taken based on this permission. Canceling this permission won't affect other services from Octi unless those services require the information covered here.

This permission stays in effect until either (1) Octi completes the services described above, (2) my employer terminates its agreement with Octi, or (3) I cancel it in writing. If my employer terminates its agreement with Octi while Octi is actively working on my case, Octi will continue to provide services for my active cases for a reasonable transition period not to exceed 7 days. If I create an account with Octi, any information Octi has already retrieved or received under this authorization will be securely retained and available for use in future services, unless I request deletion of my account or specifically request deletion of my information or revoke this authorization in writing. Upon such a request, Octi will delete my information, except as required to comply with applicable law or regulatory obligations.

Octi will let me know if they need more information or a new permission form for anything not covered by this authorization.

Note 1: This permission applies to Octi and anyone working for them, including their employees, contractors, and representatives. This includes, but is not limited to, Ori Klier, Assaf Frajman, Nadav Cohen, and Aloomia Frajman.

Note 2: This form complies with HIPAA Privacy Rules (45 CFR §164.508). Copies of this form (including digital copies) are just as valid as the original.

Note 3: I understand that Octi may use de-identified and aggregate data from my information for analytics, research, product development, marketing, and commercial purposes, and that my employer may receive general, de-identified reports about program usage and savings, but will not have access to my specific medical or billing information without my express authorization.