



TSCN

TRI-STATE SPECIALIZED CARE NETWORK
COORDINATED MUSCULOSKELETAL AND SPINE CARE

THE TSCN SPONSOR PLEDGE

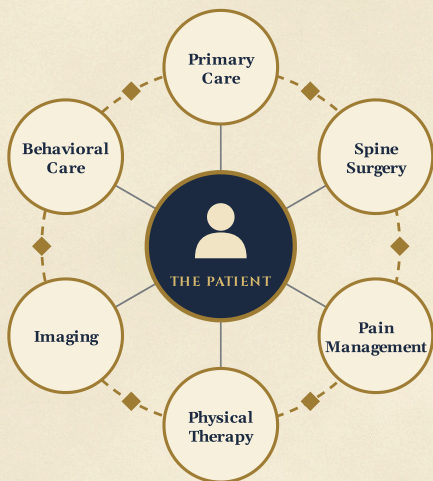
Sponsorship Agreement Form · Tri-State Specialized Care Network (TSCN)

We are organizations that serve independent private-practice doctors and their patients. We do not provide the care; we support the doctors who do. We stand with TSCN because care is an obligation people owe one another, and independent doctors should not have to build the system for it alone. We make these promises to the membership and to the patients it serves.

WHAT WE SUPPORT

TSCN is a spine-focused network that connects independent doctors through shared care coordination and disciplined referral pathways, facilitated by secure technology. Its purpose is to move the right patients to the right doctors efficiently while preserving professional independence.

WHAT TSCN MEANS TO A PATIENT



THE RIGHT DOCTOR

Each patient is guided to the independent doctor whose skills fit the need, close to home.

NOTHING LOST BETWEEN OFFICES

A Care Coordinator moves records, appointments and results from one practice to the next, so every doctor knows what happened and what comes next.

ALWAYS THE PATIENT'S CHOICE

Every patient chooses the doctor, inside or outside the membership.

WHAT SPONSORS RECEIVE

RECOGNITION

A page on the TSCN website, a listing in the Our Sponsor Supporters flyer sent to member doctors, and recognition at TSCN programs and events.

EDUCATION

Opportunities to present useful products and services to members through clearly labeled sessions, demonstrations and roundtables.

PILOTS AND FEEDBACK

Opt-in introductions to member practices, and structured feedback from pilots that are disclosed and reviewed.

NO REFERRALS ◆ NO PREFERENTIAL ROUTING ◆ NO CLINICAL INFLUENCE ◆ NO PATIENT DATA

THE ARTICLES OF THE SPONSOR PLEDGE

These promises are the condition of sponsorship. Each Sponsor affirms them freely.

I WE BELIEVE Patients come first.

WE PROMISE We will never ask that a patient's interest give way to ours.

II WE BELIEVE Clinical judgment belongs to the doctor.

WE PROMISE We will not seek to influence any member doctor's medical decisions, referrals, or choice of product or service.

III WE BELIEVE The patient chooses.

WE PROMISE We will respect every patient's right to choose any doctor, product or service, inside or outside the membership.

IV WE BELIEVE Sponsorship supports the system, never the referral.

WE PROMISE Our support is a fixed fee, set in advance. It does not vary with referrals, purchases, procedures or patient volume, and we expect none of these in return.

V WE BELIEVE Education must be honest.

WE PROMISE What we present to members will be accurate, balanced, consistent with approved labeling and clearly marked as sponsored.

VI WE BELIEVE Patient information is not ours.

WE PROMISE We will not request or receive identifiable patient information through sponsorship.

VII WE BELIEVE Integrity is not negotiable.

WE PROMISE We will never offer anything of value to a member doctor in exchange for a referral, an order or a purchase, and we will follow the laws and reporting rules that govern our dealings with doctors.

VIII WE BELIEVE The practice remains the doctor's.

WE PROMISE We will not use sponsorship to pursue ownership, employment or control of any member practice.

IX WE BELIEVE What we learn stays within the membership.

WE PROMISE We will hold member discussions, network plans and member contact information in confidence, and we will use the TSCN name only as TSCN approves.

X WE BELIEVE Private practice has a future worth building.

WE PROMISE We will help build a better model of independent medicine for doctors and the patients they serve.

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UNDERSTOOD BY BOTH

Sponsorship carries no ownership, governance or voting rights in TSCN. Fees are paid to TSCN and never to an individual doctor. Recognition of a Sponsor is not an endorsement of any product or service. TSCN may disclose sponsorships to its members and to regulators. Either party may end the sponsorship by written notice. Both parties intend full compliance with the Anti-Kickback Statute (AKS), the Stark Law and applicable state law.



THE SPONSOR

Sponsorship Details & Payment Authorization

CORPORATE NAME _____

REPRESENTATIVE _____

PHONE / EMAIL _____

PRIMARY ADDRESS _____

SPONSORSHIP AMOUNT \$ _____

SPONSORSHIP PURPOSE / EVENT / PROGRAM

Example: October 27 TSCN Doctors Meeting - guest speaker honorarium

PAYMENT METHOD

☐ CHECK - Payable to TSCN, LLC

☐ CREDIT CARD

Name on Card _____

Billing Address _____

Card Number _____

Expiration _____ **CVV** _____ **Amount Authorized \$** _____

Card type: Visa ☐ Mastercard ☐ American Express ☐ Discover ☐

Cardholder Signature _____ **Date** _____

SPONSOR AUTHORIZATION & ACKNOWLEDGMENT

I authorize TSCN, LLC to charge the credit card identified above for the sponsorship amount shown on this form. I understand that this sponsorship supports the TSCN activity or purpose identified above and does not constitute payment for patient referrals. Sponsorship confers no right to patient referrals, preferential routing, clinical influence, or patient data, and does not vary with referrals, purchases, procedures, or patient volume.

Authorized Representative _____ **Title** _____ **Date** _____

Signature _____ **Accepted for TSCN** _____ **Date** _____

support@tscn.care ♦ tscn.care