

Electronic Billing Implementation Guide

Your Road map to the Billing Cycle



Table of Contents

| | |
|-------------------------------|----|
| Introduction | 01 |
| Your Checklist | 02 |
| EMC Agreements | 03 |
| Payor ID Setup | 04 |
| Doctor Setup | 06 |
| ANSI 5010 Setup | 07 |
| Generating Claims | 09 |
| Uploading Claims | 12 |
| Receiving Your First Response | 15 |
| Checking Message Center | 15 |
| Summary/Additional Notes | 16 |
| Terms & Conditions | 17 |

Introduction:

Thank you for choosing us as your electronic billing partner. Through our Forté Holdings Electronic Billing product, we will enable your office to successfully bill both insurance and liability claims. It is the result of a unique effort of many dedicated team members at Forté Holdings and partner companies. The result is the absolute best internet-based claims clearinghouse.

At Forté Holdings we are continually working to expand our suite of services. The company focuses on streamlining customers operations by providing payors and providers with cutting edge solutions and services. Our products help payor organizations by automating operations, eliminating paper transactions and increasing/facilitating provider connectivity on all healthcare transactions.

This resource is designed to provide a broad overview of your new service. It will include billing claims, how to setup your practice management software, posting payments electronically, and general resources for sending claims. Please keep in mind that the new service won't be limited to the above list

If there are any questions regarding this process please contact us below.

Client Services

Phone: (800) 456-2622 x2028

E-mail: cs@forteholdings.com

Fax: (509) 756-1435

Technical Support:

Phone: (800) 464-1740

E-mail: support@forteholdings.com

Fax: (509) 756-1435

Corporate Information:

Forté Holdings

5137 Golden Foothill Parkway

Suite 110

El Dorado Hills, CA 95762

Your Checklist

This section was created to display your road map from start to finish of the Electronic Billing process.

Enrollment Steps:

- Forté Holdings Electronic Billing Setup Form
- Forté Holdings Electronic Billing Enrollment Forms

Pre-Training/Training Steps:

- Updating all computers/workstations to most recent revision of software
- Enter payor id's into the software for each Insurance Company you bill
- Have a minimum of 10 patient files ready for billing each with minimum 2 charges per patient
- Approval of EMC Agreements (required for all government payors to protect providers NPI)
- Schedule an Electronic Billing Webinar (held every Wednesday at 10AM PST)
- Attend the training (make sure to enter all data provided during the training into your software)
- Generate and upload your sample batch of claims during the webinar

Our technician will follow up with you within 24-48 hours, if you have not heard from us within two business days feel free to contact your client services representative. You will be contacted either way (approval or rejection) by your trainer with more information on moving forward.

Post-Training:

- If your claims are accepted you may begin billing batches live
- If your claims are rejected, a technician will walk through with you step by step what needs to be fixed in order to have a batch successfully submitted
- Call technical support at 800-464-1740 to begin your 5010 testing period (make sure to have 32 claims ready to be billed)

Additional Information for Platinum/Platinum Plus Package Members:

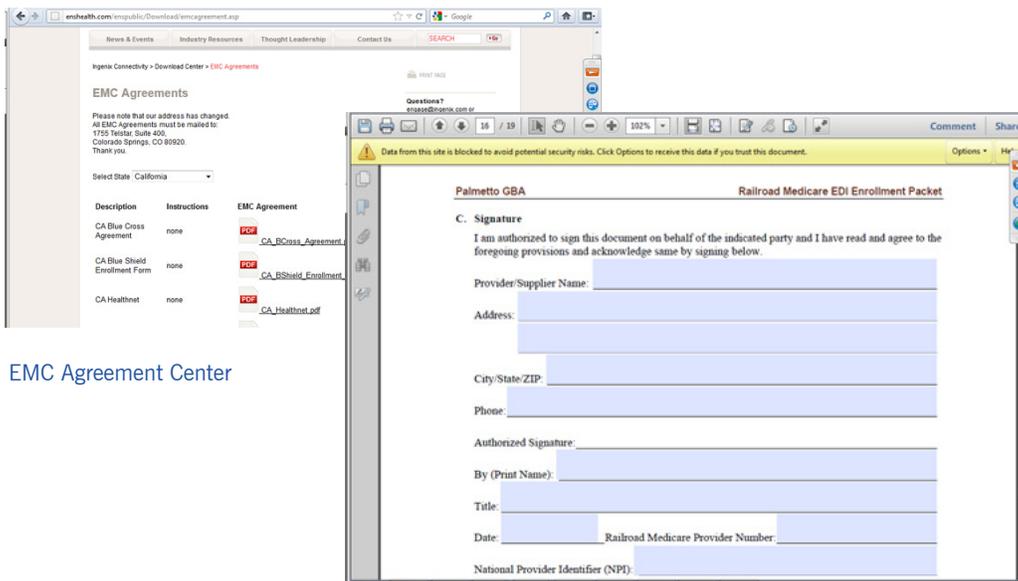
- Call client services to setup training for ERA Management (Platinum & Platinum Plus)
- Call client services to setup training for eligibility verification (Platinum Plus Package Only)

EMC Agreements

EMC (Electronic Media Claim) Agreements are for the protection of the provider. These ensure that your NPI number and personal information can only be utilized by you when submitting claims.

To fill out EMC enrollment paper work please follow these steps:

- Go to <http://www.enshealth.com>
- Click Download Center
- Login with your username/password
- Print the forms for the payors you bill for (e.g. if you don't bill Medicaid, you don't print out the form for Medicaid)
- Call the EMC team with questions at 866-367-9778
- Once the forms are printed, fill out in **blue** ink following all instructions
- Include all pages (missing pages will require a whole new set of forms)
 - You will receive notification once the EMCs are approved from the payor. (Please allow 3-6 weeks)
 - If the form is rejected you will receive notification that you will need to resubmit
- Once the EMC forms are accepted you will not be able to send from your previous clearinghouse



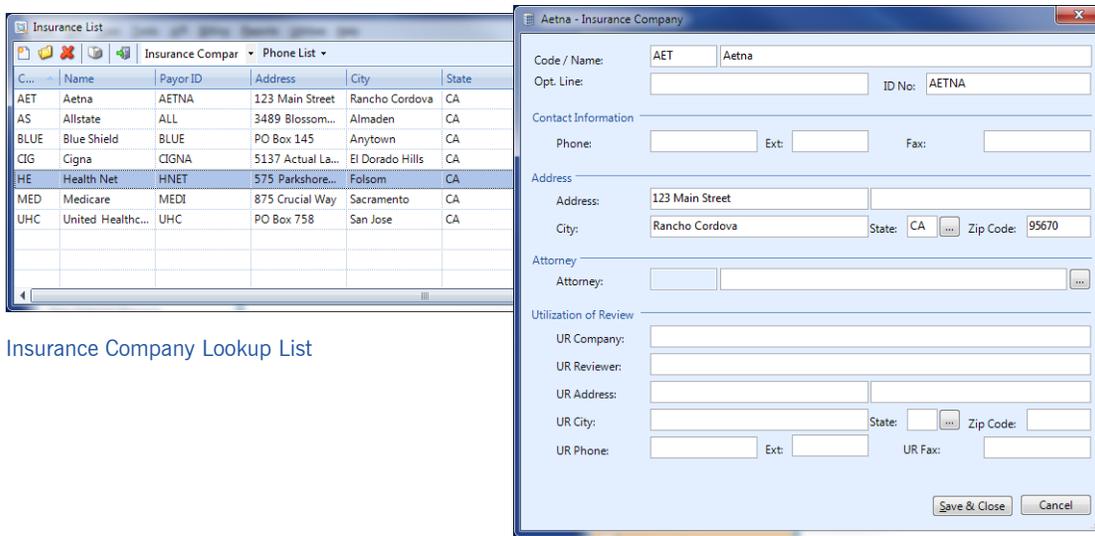
EMC Agreement Center

Standard EMC Agreement

Payor ID Setup

We will start off by entering the insurance/liability company information. It can be accessed by clicking the 'View' menu in the software, then selecting 'Insurance Company List'. The 'Insurance Company List' will appear with all companies present in the system displayed either in an address card, business card, or phone list format.

Double clicking on any company will pull up a window enabling you to edit that specific Payor. Many of the boxes are self-explanatory (phone number, address, etc). What needs to be stressed is the 'ID No' field, as this field being inaccurate will result in all claims being rejected. The 'ID No' field should have a Payor ID associated with that specific insurance company. We will go more into Payor IDs on the next page.



Insurance Company Lookup List

Insurance Company Edit Screen

***** Not having Payor IDs entered into the software will result in your batch being denied *****

Notes:

To pull a list of companies/ID's, navigate to <http://enshealth.com/enspublic/download/payerlist.html>. The page provides both PDF (requires Adobe Reader) and XLS (requires Microsoft Excel) formatted lists. If you have Adobe Reader installed click 'PDF' otherwise click XLS. If you do not have either program installed you may download Adobe Reader from <http://www.adobe.com>.

Once you have clicked the appropriate format, the next window to appear is the Ingenix Medical Payor. The only section required for electronic billing is the Payor ID which can be found in the second column of the Payor List.

After finding the appropriate Payor ID enter the value into the 'ID No' field in the 'Edit Insurance Company' window.

| Payer Name | Payer ID | Claim Office Number | State | Report |
|--|----------|---------------------|-------|--------|
| Payers highlighted are new or have been altered in the last 90 days. Please | | | | |
| 1199 SEIU National Benefit Fund | 13162 | NOCD | ALL | Y |
| 21st Century Insurance and Financial Services | 51028 | NOCD | MN | Y |
| 360 Alliance PPO Gilsbar | 07205 | NOCD | ALL | Y |
| 8th Distric Electrical | 74234 | NOCD | UT | N |
| A & I Benefit Plan Administrators | 93044 | NOCD | ALL | N |
| AARP Medicare Supplement/Fixed Indemity by UnitedHealthcare (UnitedHealthcare) | 36273 | NOCD | ALL | Y |
| AARP MedicareComplete (AARP MedicareComplete from SecureHorizons) | 87726 | NOCD | ALL | Y |
| AARP UnitedHealthcare Insurance Co. (Special Rate) | | | | |

[Payor List](#)

Notes:

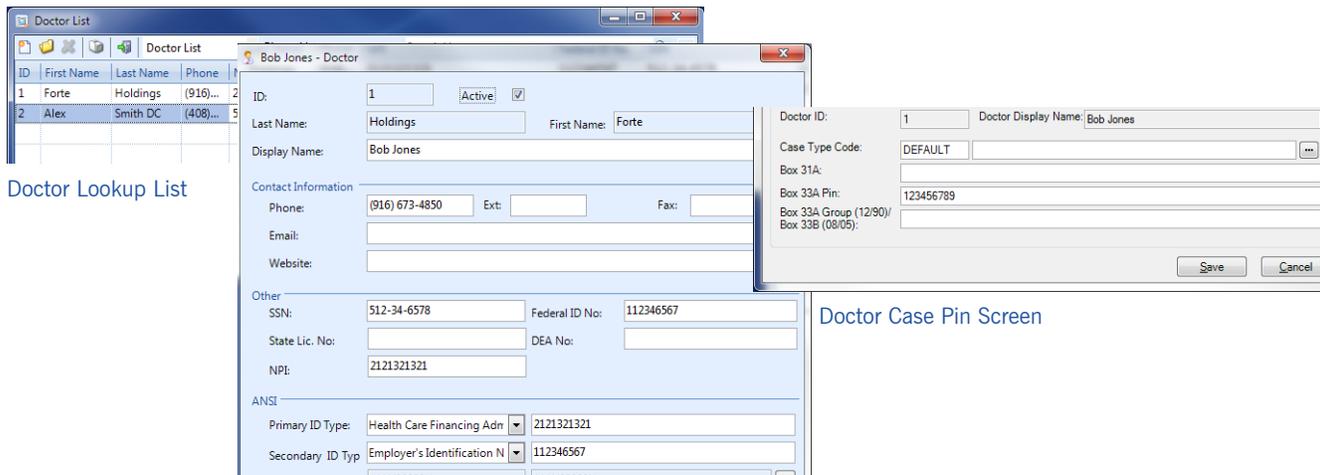
Doctor Setup

The next section to setup will be the 'Doctor List'. This feature contains all information for each doctor entered into the software including NPI, Tax ID, Social, and Doctor Name. To begin highlight the name of the provider and double click. When entering your provider ensure the Display Name appears exactly as you wish it to appear when submitting claims. If the Payors you are billing require Tax ID, enter that into the 'Federal ID No' field. If your Payors request your social security number it would be entered under the 'SSN' field. Finally enter your individual NPI into the field labeled 'NPI'.

Once this has been completed proceed to the ANSI section below. The Primary ID Type should have 'Health Care Financing Administration National Provider Identifier' selected. Secondary ID Type should have 'Employer's Identification Number' selected from the drop down box. To input the Taxonomy Code, select the lookup list (ellipsis) to the right of the line and select your specialty (e.g. Chiropractic).

Once this is finished click 'View Doctor Case Pins'. In this screen click add. Type DEFAULT into the first box then click into Box 33A Pin and enter your Group NPI number.

You are now done with the Doctor Setup.



Doctor Edit Screen

Doctor Case Pin Screen

Notes:

ANSI 5010 Setup

This section helps you prepare your software for ANSI 5010. Contact us for assistance once your initial claims have been approved to go live with ANSI 5010. Click the 'Tools' menu in the software and select 'Options' from the bottom of the list. Once the 'User Options' window has appeared, click the icon 'Main' on the bottom left. From here, click 5010 setup (the button in the middle under the Direct Electronic Claims Section). You should now see the Claims.X12 Setup window. Click on the box labeled 'Profile' and choose Ingenix.

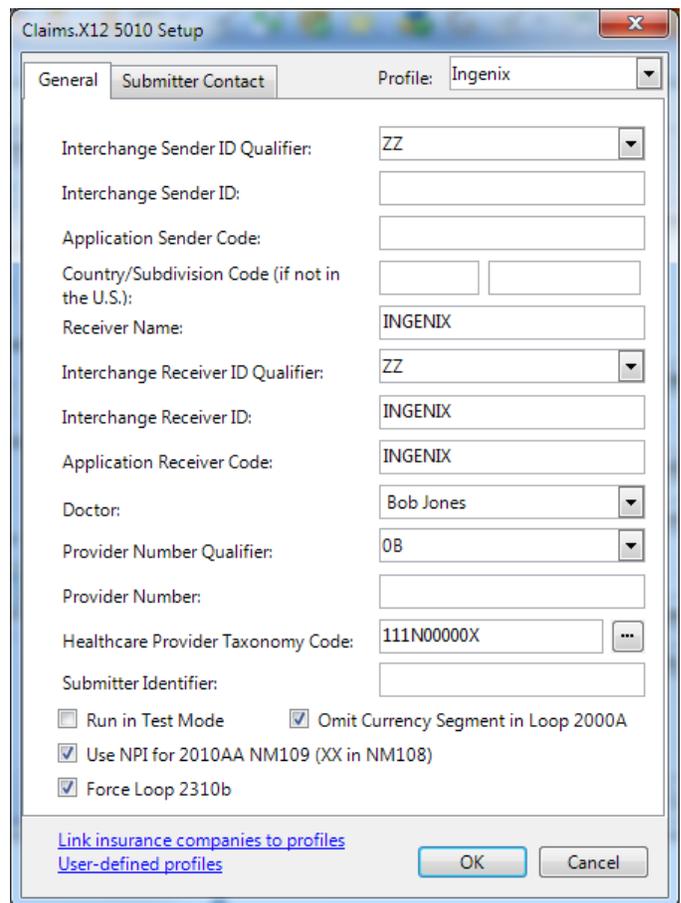
The boxes should have the following values:

- Interchange Sender ID Qualifier: ZZ
- Interchange Sender ID: ZFOxxxx
- Application Sender Code: ZFOxxxx
- Country Code: (leave blank)
- Receiver Name: INGENIX
- Interchange Receiver ID Qualifier : ZZ
- Interchange Receiver ID: INGENIX

Once you select a Doctor from the drop down, select OB as the 'Provider Number Qualifier' then input the Tax ID into the 'Provider Number' field with **no punctuation**.

Finally select the Healthcare Provider Taxonomy Code as we did during doctor setup. Check the 'Omit Currency Segment in Loop 2000A' box and the 'Use NPI for 2010 AA NM109 (XX in NM108)' box. Check 'Force Loop 2310b'.

At the top of the Claims.X12 Setup window are two tabs, General and Submitter Contact. Now that we have finished 'General' click 'Submitter Contact'.



ANSI Setup Screen

Notes:

You will only use the first three boxes. When entering data **do not use any punctuation**. You will need to fill out the boxes with the following information:

- Name: (Doctor or Clinic Name)
- Communication 1 Type: (Telephone)
- Communication Number or Address: (Doctor or Clinic Phone Number)
- PO Box (If You Bill from a PO Box)

Next, click 'Link insurance companies to profiles'.

To link a company to a profile first highlight the company in question (to highlight multiple companies ctrl-click or to highlight all in a section shift-click). Next select Ingenix from the 'Link Selected Companies To' drop down menu. Click Link. Once you have finished, click save and then click close. This will conclude the setup portion. We are now ready to move on to billing.

Submitter Contact Screen

| Billing Profile | Code | Name | Optional Line | Payor ID | Address | Address 2 | City |
|-----------------|------|-------------------|---------------|----------|------------------------|-----------|-------------|
| Ingenix | AET | Aetna | | AETNA | 123 Main Street | | Rancho Cor |
| Ingenix | AS | Allstate | | ALL | 3489 Blossom Hill Road | | Almaden |
| Ingenix | BLUE | Blue Shield | | BLUE | PO Box 145 | C/O John | Anytown |
| Ingenix | CIG | Cigna | | CIGNA | 5137 Actual Lane | | El Dorado H |
| Ingenix | HE | Health Net | | HNET | 575 Parkshore Drive | | Folsom |
| Ingenix | MED | Medicare | | MEDI | 875 Crucial Way | | Sacramento |
| Ingenix | UHC | United Healthcare | | UHC | PO Box 758 | | San Jose |

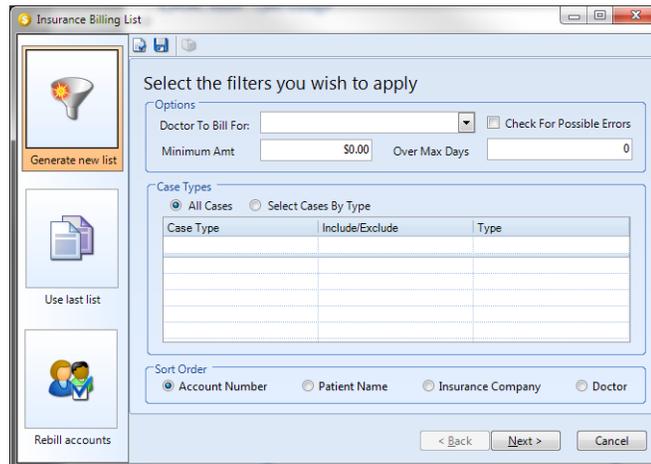
Insurance Profile Linking

Generating Claims

The billing function allows you to create claims individually or in a batch environment, and subsequently submit the claims electronically. After billing, transactions are ‘tagged’ so they are not included in future bills. Transactions are charges, adjustments, payments, and other items. For the examples and purposes of this manual we will only be covering running your claims in a bulk format and will assume you already have the charges entered into the patient file.

From the main screen of the software click the yellow circle with the white dollar sign in the middle. Generate new list will already be highlighted in the upper left.

- Doctor to bill for (If you want to bill only one provider)
- Check for Possible Errors (Check this if you wish to have the program determine whether or not a claim potentially would reject based off common principles, e.g. missing diagnosis codes, pt information, etc)
- Minimum Amount (Best practice is to leave this at \$0.00)
- Over Max Days (If you wish to only print claims over x days old, you can put the x value into this field)
- Case Types (You have a choice to bill either all cases or select cases by type)
- If you wish to select cases by type highlight the button
- In the Case Type Field enter the Case Type you wish to include (Or exclude) on the batch, e.g. MM
- In the Include/Exclude box, choose whether you want to Include/Exclude this specific case type
- In the Type box you can choose whether you wish to match this case type ‘exact’ (Only MM), inside (MM, PRMM, ZMMP), or leading (PRMM, PRBA, PRBS)
- Sort Order (Which order do you wish for the results to be displayed in: account number, patient name, insurance company, or by doctor)



Insurance Billing

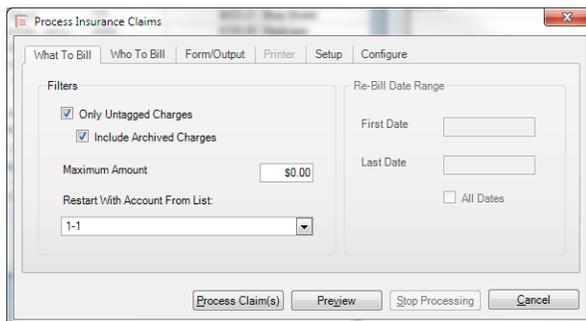
Notes:

Click next to proceed once you have your list setup. We have left all values at their default. 'Review the list and make any desired changes' will appear containing all patients who are ready to be billed. To add additional accounts, enter the account number of the patient in the lower left hand box labeled 'Add Account to Process'. If you wish to remove someone from the batch simply highlight their name and hit the delete key on your keyboard. The 'Amount to Bill' column will show how many dollars in untagged outstanding claims this patient has with a total sum at the very end of the column.

After reviewing the list and making any desired changes, hit next to continue. If you wish to print out the billing list for your records you can hit the print icon along the top of the screen. A formatted spreadsheet containing all information on screen will be printed to your default printer.

The next section will cover the Process Insurance Claims Window and its various sub tabs. We will go through this section tab by tab, as one wrong setting could result in a batch rejection. For the tabs ensure you have them setup identical to the accompanying image. For the first section, 'What to Bill':

- Check 'Only Untagged Charges'
- Check 'Include Archived Charges'
- Maximum Amount (leave this at \$0.00, unless you want to omit bills over a certain dollar figure)
- Restart with Account from List: (not used for electronic billing, do not change)

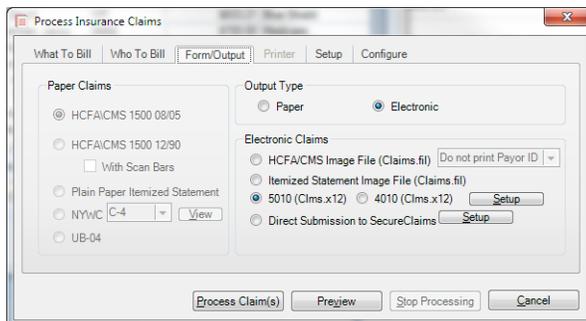


What to Bill

The 'Who to Bill' tab (not shown) should simply have 'Process Primary Claims' checked.

The next tab is Form/Output.

- Select HCFA CMS 1500 08/05 from the 'Paper Claims' menu
- Select 'Electronic' under Output type (will be paper by default)
- Select 4010 under the Electronic Claims subsection

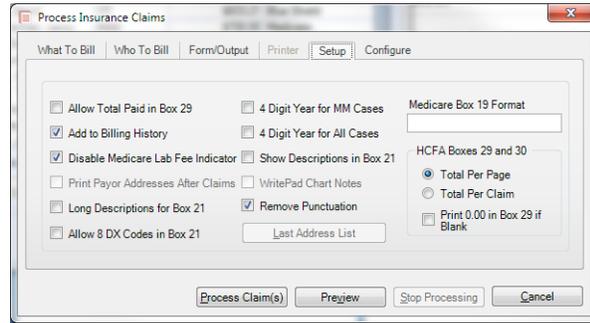


Form/Output

Notes:

The Setup Tab will only cover the items relevant to billing although it contains a number of fields.

- Check 'Allow Total Paid in Box 29' (unless otherwise told not to by your Regional Insurance Carriers)
- Check 'Add to Billing History' (this will put a record into the billing history in the patient file showing when the claim was submitted)
- Check 'Disable Medicare Lab Fee Indicator'
- Check 'Allow 8 DX Codes in Box 21'
- Check '4 Digit Year for MM Cases'
- Check '4 Digit Year for All Cases'
- Check 'Remove Punctuation'

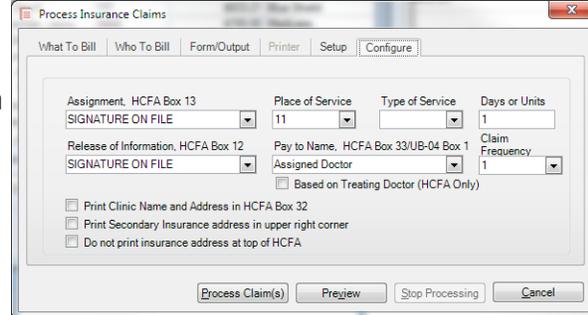


Setup

Note: Never choose 'Show Descriptions in Box 21' or 'Long Descriptions' in Box 21. This will result in rejections. Also you must never utilize punctuation when entering data in the software outside of hyphenated names or apostrophes when appropriate. Punctuation (e.g. D.C., Suite #5, etc.) may result in a rejection.

The final tab is 'Configure'

- Assignment, HCFA Box 13 (Select 'Signature on File' - note if you do not accept assignment this box will remain blank as long as your patient's case type contains the letters NA or NS in succession)
- Place of Service (select 11, if there is no option for 11, simply click into the box and type it in manually)
- Type of Service (leave blank)
- Days or Units (type in manually a value of 1)
- Release of Information, HCFA Box 12 (select 'Signature on File')
- Pay to Name, HCFA Box 33/UB-04 Box 1 (select 'Assigned Doctor')
- Claim Frequency (leave at default value of 1)
- Check 'Print Clinic Name and Address in HCFA Box 32'



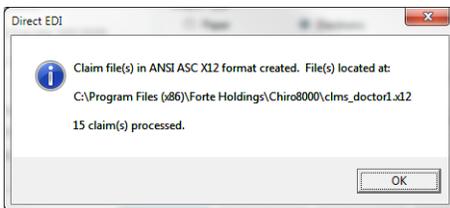
Configure

Note: You may notice we did not cover the Printer Tab. Once we have selected electronic as our output type the printer tab will become greyed out.

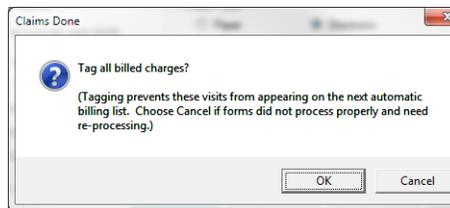
Notes:

Now that you have those fields setup click the 'Process Claims' option. You will be presented with two windows. The first will inform you that the claims file was created successfully. It will also provide the file path to the physical claims file. Note that the claims file is enumerated with the ID of the Doctor. Write down the file path as you will need to have this information to successfully upload a batch of claims.

The second window asks if you wish to tag all billed charges. Tagging prevents these charges from appearing on the next billing list. The only reason you would hit cancel is if the batch did not print out successfully. Since we are billing electronically, more than likely this is not the case. You would select '**OK**' on this box to prevent duplicate submissions.



Claims Confirmation Window



Tagging Option

Notes:

Uploading Claims

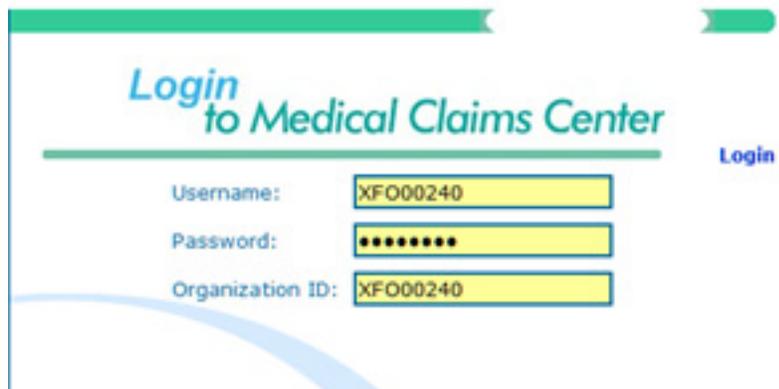
The Forté Holdings Electronic Billing solution is a partnership between Forté Holdings and Ingenix. Ingenix is one of the leading health information companies providing services, technology, and consulting. To upload claims we will navigate to the website <http://www.enshealth.com>. The website will appear as shown to the right. In the lower left you will have a section titled 'Quick Links'. The first option in this section is 'Client Access Login'. Click this option to begin.

You will now be presented with a login screen asking you for the Username, Password, and Organization ID. The value for Username and Organization ID will be the same. If you do not know your username or password please contact Client Services. The Client Access Login Page is shown below. Once you have filled out the information click 'Login'.

You will now enter the main screen of the website, Health-E-Network Services. Along the top green bar will be the name of the account holder. A logout button for when your session is complete is located right below this. Along the left hand side of the screen you will have a blue bar with buttons for each feature you have available. The options are dependent upon the package you have and will be covered during training.



Main Ingenix Page

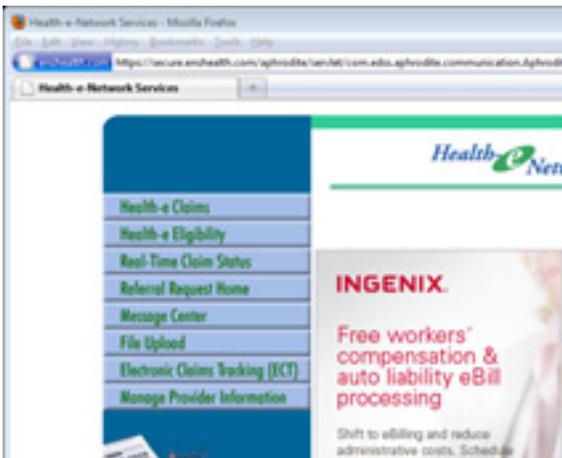


Ingenix Login Page

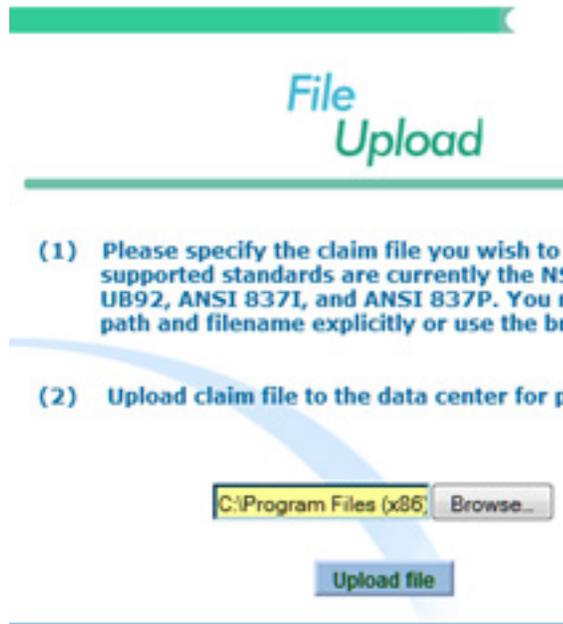
Notes:

In this manual we will be covering the File Upload Process and the message center. For more information or questions on any of the other services/modules you may have signed up for, please contact Client Services.

After reviewing the main screen click File Upload. You will now be presented with the following screen. It includes a warning to please only upload ANSI or UB files (the sample file we created in the previous chapters was the ANSI.x12 file, and instructions to browse for the file and upload the claim. Underneath the instructions you will see the Browse Button. Click browse and a Windows lookup dialog window will appear enabling you to select the file we created. It should be located within the software's directory. Once you have selected the file click 'Upload File'. You should receive a message that the file was successfully sent. At that point click Health-E-Network Home to return to the main screen and either upload another batch or logout.



Main Screen Ingenix (Logged In)



File Upload Screen

Notes:

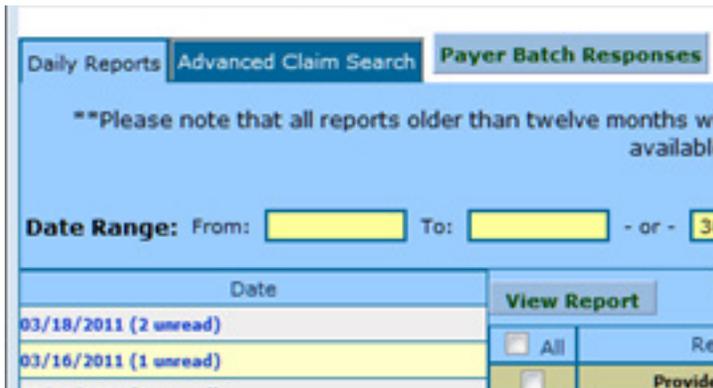
Receiving Your First Response

Your first response will come from your Electronic Billing Trainer. He/She will call you within two business days after your initial submission. At that time they will go over any approvals or rejections. If your initial batch was rejected you will need to go through and resubmit your batch. If your initial batch was approved you may begin submitting live. Subsequent batch reports will appear within the message center described below.

Message Center

From the main screen of the Ingenix Health-E-Network click 'Message Center'. There are a number of options you have here. By default the 'Daily Reports' tab will be selected and you will see the last 30 days of Unread Reports (messages). These could be anything from a Provider Announcement to a Batch Report to an important memo we need to send your way. Clicking the Date Link on the left hand side (the alternating gray/light yellow lines) will display any reports from that date on the right. It will also show how many are unread by day.

Check the box next to the report and click View Report. A separate window will now appear with that report. Other options include Advanced Searching, Payor Batch Responses, Searching by Date Range, or showing all messages as opposed to only unread.



Ingenix Message Center

Notes:

Summary/Additional Notes

You should now be able to enter the Insurance Company Information into the software, find and enter Payor ID Numbers, successfully bill a batch of claims in the ANSI format, submit those claims via the website, and review the resulting report from the Message Center. Below are the contact information for both our team and Ingenix (Our partner company in Forté Holdings Electronic Billing) if you have any questions. We have also provided space to write down your usernames/passwords. Again, we want to thank you for choosing Forté Holdings Electronic Billing as your electronic billing solution.

Forté Holdings Client Services

Phone: (800) 456-2622 x2028

Email: cs@forteholdings.com

Ingenix Technical Support:

Phone: (866) 367-9778

Technical Support:

Phone: (800) 464-1740

Email: support@forteholdings.com

Login/Password Information for www.enshealth.com

Ingenix Username _____

Ingenix Password _____

Ingenix Organization ID _____

Forté Holdings Login/Password Information (for ERA/eligibility verification in the software)

Forté Holdings Electronic Billing Username _____

Forté Holdings Electronic Billing Password _____

****Please note all usernames/passwords are case sensitive.**

Terms & Conditions

TERM AND TERMINATION: This Membership Agreement begins on the later date when signed by both Forté Holdings and you. This Membership Agreement shall remain in full force each month and it shall be automatically renewed for successive one (1) month periods on the same terms and conditions expressed herein, unless terminated by either Forté Holdings or you by giving the other 30 days written notice prior to expiration of the current term or renews term then in effect. Upon expiration or termination of this Membership Agreement for any reason, you shall cease using the service, Forté Holdings reserves the right from time to time, as may be reasonably necessary and upon reasonable notice to you, to suspend, revise, modify or update any part of the service without liability to you.

RULES AND REGULATIONS: You agree to secure all applicable necessary authorizations and to comply with all applicable rules and regulations governing the services provided pursuant to this Agreement, including without limitation, rules governing record retention, non-discrimination, and error resolution as promulgated by Forté Holdings and insurance carriers. You agree to adhere to all such laws, rules and regulations as are required by governmental agencies having jurisdiction. Upon request, you agree to provide Forté Holdings all supporting documents to verify such compliance.

Forté Holdings RESPONSABILITIES: Forté Holdings will provide the services and will process the transactions selected by you and upon timely receipt of properly entered or coded data files or other required information as applicable. You shall deliver accurate and complete electronic encoding of transactions in Forté Holdings acceptable medium and common format, as designated by Forté Holdings. Forté Holdings reserves the right to terminate services after proper notification for severe delinquency or abuse.

YOUR RESPONSABILITIES: You are responsible for preparing the locations for use of the services and are responsible for the safekeeping, insurance and security of all network services, software, equipment on your premises. You will access the system pursuant to Forté Holdings instructions, and request information from Forté Holdings only in connection with the services provided, and ensure that every claim submitted can be readily associated and identified with the corresponding patient's medical and business office records, including patient authorizations and signatures. All original and source documents will be retained according to federal and state law and regulations. You agree that Forté Holdings has the right to audit and confirm information submitted. You assume all liability regarding said information. You agree to consider and treat all information received through the network as confidential.

FEES AND CHARGES: All membership fees set forth on page one (i) will be billed starting the month after completion of training and proceeding verification of claim submission. Forté Holdings will automatically debit or charge the membership fees to your designated account on a monthly basis. Forté Holdings may increase the rates for processing services in an amount not to exceed the Consumer Price Index (CPI) factor. Forté Holdings may at any time, in addition to a CPI factor increase, increase transaction rates for: (i) Paper transactions including, without limitation, statements, collection letters, and paper insurance claims by an amount equal to Forté Holdings increased cost per transaction for forms, envelopes and postage; (ii) any changes in the rules, regulations or operating procedures of any service supplier (including timesharing and/or access charges from insurance carriers) or applicable federal, state or local government agencies or regulatory authorities which results in a cost increase, in which case you shall become responsible for such cost increase on the same day as such cost increase is effective on Forté Holdings; and (iii) the amount equal to any taxes based on any of the above referred-to charges or services. You acknowledge that you are solely responsible for any telecommunications charges incurred by you for the purpose of accessing the Forté Holdings services.

YOUR PAYMENT OBLIGATION: If any debit or charge to your account, including but not limited to monthly membership fees, is refused or denied due to the expiration, or closing of such account, you agree to pay Forté Holdings a service charge of one and one half percent (1 ½ %) per month on the past due balance. If a payment is returned for non sufficient funds (NSF) your account will automatically be assessed a 25.00 NSF fee per each occurrence. In the event that any bill is not timely paid by you, Forté Holdings may, in addition to any other right or remedy which it may have under this Agreement or at law, immediately terminate this Agreement and your use of the services if you do not effect payment in full within ten (10) days of Forté Holdings written demand. You agree to reimburse Forté Holdings for all costs and expenses, including but not limited to reasonable attorney's fees, incurred for collection upon your account.

WARRANTIES:LIMITATIONS OF LIABILITY: Forté Holdings agrees to use commercially reasonable efforts to provide the products and/or services described on page one (1) of this Agreement. Should there be any failure in performance or errors or omissions with respect to the information being transmitted because of negligence or otherwise, the exclusive liability or responsibility of Forté Holdings hereunder is to furnish you the correct report or data or to resume the services or deliver the reports contemplated, as the case may be, as soon as reasonably possible. If you report a malfunction to Forté Holdings which Forté Holdings determines is software related, Forté Holdings shall download new software to the equipment and you agree cooperated with such action. Forté Holdings shall have no responsibility or liability to you with regards to actions of third parties, including but not limited to disputes concerning payment of claims, eligibility status of patients or any other Payor submitted information. Information submitted by a Payor through Forté Holdings is no guarantee of payment and does not constitute a promise to pay. Eligibility information is subject to change and waiting periods may apply. Except to the extent of any gross negligence or willful misconduct by Forté Holdings, you shall indemnify and save harmless Forté Holdings (and it's owners, shareholders, directors, officers, members, employees, agents and assigns) from and against any and all loss, damage or expense (or claims of damage and liability) asserted against Forté Holdings by third parties and arising out of or related to the services provided to you in accordance with this Agreement.

The warranties set forth in this section are exclusive, and except as specifically set forth herein Forté Holdings makes no warranties, express or implied, including but not limited to, the implied warranties or merchantability or fitness for a particular purpose. In no event shall Forté Holdings (or its owners, shareholders, directors, officers, members, employees, agents and assigns) be liable for incidental, indirect or consequential damage, such as lost profits even if advised of the possibility of such damages. Forté Holdings suggests users have alternate means for claims submission in the event service is interrupted for any reason.

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