**EXHIBIT B – BUDGET**
Study: CONFORM Pivotal Study

Sponsor: Conformal Medical, Inc.

**Principal Investigator:**

**PI State of License:**

**PI License #:**

**PI NPI:**

**Participating Institution:**

**Mailing Address:**

Investigator is approved to enroll up to 240 Subjects meeting the enrollment criteria during the enrollment period. Enrollment of an amount of study Subjects in excess of such approved number must first be approved by Sponsor and notified to Institution’s IRB/EC, as applicable.

**Payment Information**

Conformal Medical has designated Block Clinical to compensate Institution on Conformal Medical’s behalf and make payments according to Exhibit B (Budget).

**Payee:**

**Mailing Address:**

**Federal Tax I.D. #:**

**Bank Name:**

**Bank Address:**

**ACH ABA Routing Number:**

**Account Number:**

**Email contact for payment summary:**

**Compensation**

The Parties acknowledge that the designated Payee is authorized to receive all of the payments for the services performed under this Agreement.

If the Investigator is not the Payee, then the Payee's obligation to reimburse the Investigator, if any, is determined by a separate agreement between Investigator and Payee, which may involve different payment amounts and different payment intervals than the payments made by Conformal Medical to the Payee.

Investigator acknowledges that if Investigator is not the Payee, Conformal Medical will not pay Investigator even if the Payee fails to reimburse Investigator.

Payment will be made for properly consented patients. All Standard of Care (SOC) procedures normally covered through health insurance should not be submitted for reimbursement by Sponsor. Additionally, Institution will not seek reimbursement from Sponsor for any denied insurance claims or Study Subject bad debts.

Sponsor agrees to provide payments to Payee according to the amounts set forth in the Study Budget incorporated in this Exhibit B. Via Block Clinical, Sponsor shall pay Payee based on assessments completed during each satisfactorily completed visit . A satisfactorily completed visit will be one in which a Study subject has met the inclusion criteria of the Protocol and none of the exclusion criteria and is evaluable per the Protocol. Institution shall enter data into the electronic data collection system within 5 business days of a Subject visit. Payments will be made in good faith, based on data entered into the eCRF. It is understood that if a Study subject must be discontinued for reasons stipulated in the Protocol, Institution will be paid pro rata for work completed as set forth in Exhibit B. Sponsor will not make payments for visits done in violation of the Protocol. No payment will be made for tests or assessments completed prior to a patient signing the informed consent form.

Sponsor will reimburse for screen failures at the rate set in the budget below. To be eligible for reimbursement of a screening visit, completed screening eCRF pages must be submitted to Conformal Medical along with any additional information, which may be requested by Conformal Medical to appropriately document the subject screening procedures.

Sponsor shall pay Institution on a monthly basis for each visit satisfactorily completed. Sponsor shall holdback ten percent (10%) of each per visit payment due to Institution. Final payment shall be made to Institution within forty-five (45) days after completion of the Study. The final ten percent (10%) withholding shall be paid to Payee upon Trial completion. Payee will have thirty (30) days from the receipt of final payment to dispute any payment discrepancies during the course of the Study. All disputes must be submitted in writing. Detailed supporting documentation must be provided at the time the dispute is submitted. Once agreement of the reconciliation has been verified by Sponsor, and Institution and Sponsor have agreed to the final close out, the final payment will be disbursed.

**INSERT BUDGET TABLE**

**NO OTHER ADDITIONAL FUNDING REQUESTS WILL BE CONSIDERED**

These amounts include all applicable taxes.

**Invoices**

Conformal Medical will also compensate the Institution for the following fees, upon receipt of invoice. The payment term hereunder is thirty (30) days following receipt of a valid invoice:

**INSERT ADMINISTRATIVE FEES TABLE**

Invoices shall be addressed to:

Conformal Medical

15 Trafalgar Square, Ste. 101
Nashua, NH 03063 USA

For all invoiceable fees, invoices shall be sent to Sponsor at payments@conformalmedical.com.

The following information should be included on the invoice:

* + Principal Investigator name
	+ Invoice Date
	+ Invoice Number
	+ Payee/Site Name (must match Payee indicated in CTA)
	+ Sponsor Name
	+ Study Number
	+ Payment Amount
	+ Complete description of services rendered/details of expense(s)

Conformal Medical will not reimburse Institution for services provided more than 12 months prior to the receipt of the invoice.

All funds to support the Institution’s and the Investigators’ performance of the Study will be paid by Conformal Medical. Once Conformal Medical has paid funds for the Institution’s and the Investigators’ performance of the Study, Conformal Medical shall have no further obligation or liability to pay the Institution and the Investigators any amount for their performance of the Study.

**Investigational Device**

The Device will be provided at no charge to Conformal Medical-approved institutions during the enrollment period of the Study.