



This document is to confirm the arrangement discussed for retaining Multi-View Incorporated Benchmarking (MVIB) as an independent contractor, to provide its Financial Management & Benchmarking System and related consulting services effective \_\_\_\_\_.

The Financial Benchmarking System is an application that assembles data from the Hospice's General Ledger into meaningful management reports designed to be used on a monthly basis. A secondary role of the system is that of benchmarking, whereby a hospice can compare its operations to other hospices. The most financially successful hospices make informed decisions based on precise knowledge and industry insight that enables them to intelligently direct resources and energy. The system provides the information a typical hospice needs to be conscious of its performance and manage operations. A hospice also gains a national and regional perspective of hospice operations as well as a custom organizational perspective based on its own internally-developed standards.

In addition, MVIB will provide a continual stream of educational products relevant to the management of a hospice. Our goal is to help our clients create a system of business that enables energy and resources to be intelligently directed based on precise knowledge and industry insight. It is also our goal to enhance the lives of all people we have the privilege of working with.

Please understand that the results of our services are entirely based upon the quality and accuracy of the source data reported by your organization. We will work with your staff and systems to improve deficient areas if needed.

We do not conduct an examination of transactions nor do we expect that we will necessarily discover errors, irregularities, or illegal acts, including fraud, should any exist. We will, however, inform you of findings that appear to be unusual or abnormal. Also, MVIB provides general guidance in the area of financial management. MVIB is NOT a substitute for a CFO nor should be expected to do the accounting for a hospice. It is the responsibility of the hospice to maintain accurate accounting records. Financial personnel at the hospice are expected to understand basic accounting. MVIB does not review detail transactions for correctness or completeness. MVIB does review summarized account information for reasonableness and reporting classification.

Your personnel will assist us to the extent practical in completing our work. They will provide us with supporting data and schedules if necessary.

As an existing MVI Systems Network client, you will be charged a flat rate of \$100 per month (instead of the normal base rate of \$225) which covers the costs of the application, training, support, and telecommunication charges relating to the system. The Medicare Cost Report Option is included in this agreement. If on-site work is desired or required, you will be charged our current visit rate plus any travel, and living expenses incurred in the course of the visit. To keep costs down, your invoice will be emailed to your organization and funds automatically deducted from the account you designate. Optionally, you may prepay on either a semi-annual or annual basis. If services are to be performed which fall outside the normal scope of work, these services will be charged separately after mutual agreement.

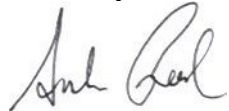
**All information obtained in the course of our work is considered confidential and will be held in the strictest confidence by MVIB. It is only shared indirectly through benchmarking activities that benefit all organizations within our client network.**

If for any reason either party wishes to terminate this relationship, it may do so upon providing 30 days written notice to the other party.

If this agreement correctly expresses your understanding, please sign and **fax** us a copy to 828-698-5884.

Thank you for the confidence you have placed in us by engaging our services. We hope this proves to be the beginning of a long and mutually beneficial association.

Sincerely,



Andrew J. Reed, CPA  
President

APPROVED:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Person Approving Agreement)

\_\_\_\_\_  
(Organization Name)