

Bill of Sale

IN CONSIDERATION of Srujan Samala of 6918 Parkridge Blvd #164, Irving, TX 75063 ( the 'Purchaser') providing \$29,637.00 USD (the " Purchase Price"), the receipt and sufficiency of which consideration is hereby acknowledged to BioAdvance Prosthetic Solutions, PLLC of 1111 Raintree Circle Ste 150, Allen, TX 75013 (the 'Seller'), The Seller SELLS and DELIVERS the Property to the Purchaser.

**PAYMENT METHOD:** The Purchaser will pay the Purchase Price to the Seller by cashier's check or money order.

**PROPERTY:** The Seller will sell and deliver to the Purchaser the following property (the 'Property'):

Genium X3 Knee.

**WARRANTIES:** The Seller warrants the property is free of any liens and encumbrances and that the Seller is the legal owner of the Property. The Seller also warrants that the Seller has the full right and authority to sell and deliver the Property and that the Seller will defend the title of the Property against any and all claims and demands. The Purchaser will have a 3 year manufacturer warranty with Ottobock only in regards to the Genium X3 Knee.

**'AS IS' CONDITION:** The Purchaser acknowledges that the Property is sold 'as is'. The Seller expressly disclaims any implied warranty as to fitness for a particular purpose and any implied warrant as to merchantability. The Seller expressly disclaims any expressed or other implied warranties.

**LIABILITIES:** The Seller does not assume, nor does the Seller authorize any other person on behalf of the Seller to assume, any liability in connection with the sale or delivery of the Property.

**INSPECTION:** The Purchaser accepts the Property in its existing condition given that the Purchaser has either inspected the Property or was given the opportunity to inspect the Property but chose to not inspect it.

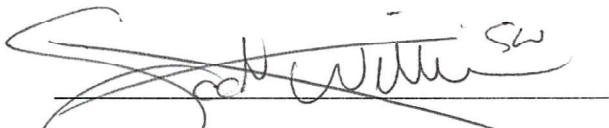
**GOVERNING LAW:** This Bill of Sale will be construed in accordance with and governed by the laws of the State of Texas.

**ADDITIONAL CLAUSE:** This is a medical device and cannot be returned or refunded for any reason.

**SIGNED, SEALED, AND DELIVERED**

this 10 day of October, 2020 in the

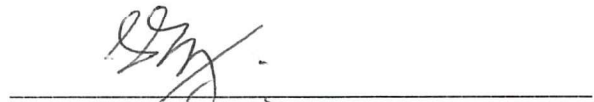
presence of:

  
\_\_\_\_\_  
(Signature of Witness)

  
\_\_\_\_\_  
BioAdvance Prosthetic Solutions PLLC (Seller)

**WITNESS DETAILS:**

Name: Srujan Samala.  
Address: 6918 Parkridge blvd,  
Apt 164, Irving, Texas, 75063.

  
\_\_\_\_\_  
Srujan Samala (Purchaser)

A. Notifier: BioAdvance Prosthetic Solutions, PLLC

B. Patient Name: Srujan Samala

C. Identification Number: ZGP825520413

## Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If your insurance company doesn't pay for the items or services listed below, you will have to pay.

Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance will not pay for the items below.

| D. Items or Services | E. Reason Insurance May Not Pay:  | F. Estimated Cost |
|----------------------|---|-------------------|
| Genium X3 Knee       | This item is considered not medically necessary and not covered by Blue Cross Blue Shield of Texas. | \$29,637.00       |

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the items or services listed above.

**G. OPTIONS: Check only one box. We cannot choose a box for you.**

- OPTION 1.** I want the items or services listed above, but do not bill my insurance company. I understand that you may bill me for items or services and that I will have to pay the bill. I agree to be personally and fully responsible for the payment. **I cannot appeal if my insurance company is not billed for this item.**
- OPTION 2.** I don't want the items or services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if my insurance company would pay.**

**H. Additional Information: Patient has agreed to pay the upgrade price difference for the Genium X3 knee. All sales are final. No refunds or returns allowed.**

**This notice gives our opinion, not an official Insurance decision**

Signing below means that you have received and understand this notice. You also receive a copy.

|   |                   |
|---|-------------------|
| I. Signature:  | J. Date: 10-10-20 |
|---|-------------------|

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.