AGREEMENT FOR THE PROVISION OF PAID MEDICAL SERVICES

pursuant to Order of the Health Ministry of the RoK No. KR DSM-170/2020 dated October 29, 2020

Almaty _____, 2026

Patient/Customer (name, patronymic, if any, and surname):
_____, IIN: _____,

Document: _____ No. _____, phone: _____, address:_____

_____

Representative of the Patient (if any): _____, IIN: _____, grounds:

_____

and Service Provider: Emirmed Medical Center LLP, BIN 160140010160, address: 53 A Manasa str., Almaty city, represented by its Director/authorized officer R.A. Dosmukhanbetova acting on the basis of the Charter/power of attorney, have entered into this Agreement as follows.

1. Subject. The Service Provider shall provide the Patient with the selected paid medical services according to the fee schedule and order document (invoice/receipt/referral), which forms a part of the Agreement. The Service is: _____ _____. The cost shall be: KZT _____. Timeframe: _____.

2. Payment terms. Payment shall be made for the services actually provided. An advance payment of up to 80% of the total amount shall be permitted, with the balance payable after the service is completed. Payment shall be confirmed with a fiscal sales receipt/another legitimate document. Additional paid services shall be provided with the Patient's consent and are to be documented with an amendment/ additional order. In the event of early termination, the difference between the amount paid and the cost of the services actually provided shall be refunded, except in cases where the Patient has breached the Agreement.

3. The Service Provider shall: provide the services in compliance with clinical practice guidelines, and when such clinical practice guidelines are unavailable – in accordance with generally accepted approaches and the evidence-based medicine framework, if medically required; take measures to ensure the Customer's maximum satisfaction with the result; inform the Patient of the service, its cost and terms; provide the Patient with the medical and financial documentation relating to the services provided, as required by law; observe medical confidentiality and protect personal data; urgently provide, free of charge, additional services to eliminate a threat to life; in the absence of the necessary conditions, arrange and pay for the service agreed under the Agreement to be provided by another organization; issue a tax invoice in the cases and within the timelines specified by the tax legislation of the Republic of Kazakhstan, stating the types and scope of the medical services provided.

4. The Patient shall: provide reliable information about his/her health, diseases, allergies, medications, and counterindications; comply with the clinic's recommendations, rules, and regimen; pay for the services in a timely manner; notify the clinic of his/her refusal to receive A scheduled service no later than one day in advance.

5. The Parties' rights. The Customer shall be entitled to choose the attending physician from among the physicians providing paid services, and to request an expert review of the quality of treatment and the validity of prescriptions in accordance with Order of the Health Ministry of the RoK No. KR DSM-230/2020 dated 03.12.2020. The Service Provider shall be entitled to terminate a scheduled treatment early if the Customer breaches the terms of the Agreement, provided that this would not endanger the Patient's life.

6. Consent of the Patient. By signing the Agreement, the Patient confirms that he/she has voluntarily chosen the paid service, has been informed of the name and cost thereof, has received answers to his/her questions, and agrees to pay for it. This Agreement does not replace a separate informed consent to medical intervention where such consent is required by law or by the nature of the service.

7. Liability and disputes. The Service Provider shall be liable for improper scope and quality of the services; charging fees for services included in the Guaranteed Volume of Free Medical Care and/or the Compulsory Social Health Insurance system (in accordance with Article 424, para 2 of the Code of Administrative Offences of the RoK); and double payment for the same service at the expense of both the Customer and the budget. The Customer shall be liable for late compensation of the cost of the services actually provided. In the event if the payment procedure and deadlines are breached, a penalty in the amount of ____% of the Agreement Value shall be charged per each day of the delay. Other liability and dispute resolution matters shall be subject to the laws of the RoK.

8. Force majeure. The parties shall bear no responsibility for non-performance caused by unforeseeable events beyond their control, including hostilities, natural disasters and other acts of God. The Service Provider shall notify the Customer in writing of the circumstances and reasons within one business day, continue performance to the extent possible, and seek alternative means of performance, unless instructed otherwise in writing.

9. Term and termination. This Agreement shall remain in effect from the date of its signing until the full performance of the obligations. Amendments to and termination hereof shall be permitted subject to a written agreement between the Parties and on the grounds set out by the laws of the RoK. A Party shall notify the other Party of early termination at least 3 business days in advance, except in emergencies. The Agreement shall be executed in a paper format or electronically, in two copies or with the provision of an electronic copy.

10. Miscellaneous. Obligations may be assigned to a third party only subject to the Parties' written approval. The list and scope of the services shall be determined by the order document; additional services and their cost shall be agreed prior to the provision thereof. The Agreement shall remain in effect until all obligations hereunder are fulfilled in full, shall be executed in two copies having equal legal effect, or electronically. All disputes and unregulated terms shall be resolved in accordance with the civil legislation of the RoK.

Acknowledgment: The terms and conditions hereof have been read and understood; a copy of the Agreement has been received or is available in electronic form.

PATIENT / CUSTOMER	**SERVICE PROVIDER**
Full name of the Patient/his/her representative _____	Emirmed Medical Center LLP BIN 160140010160 Address; Almaty city, 53 A Manasa str
Signature _____	Director _____ / signature

CONSENT TO THE COLLECTION AND PROCESSING OF PERSONAL MEDICAL DATA AND PERSONAL DATA

I, _____ , IIN: _____,
(name, patronymic, if any, and surname)
being the Patient/legal representative of the Patient _____,
(underline as appropriate) *(specify the Patient's name, patronymic, and surname)*
hereby give **Emirmed Medical Center LLP, BIN 160140010160**, acting as the owner and/or operator of personal data base (the "Clinic"), my consent to the collection and processing of my personal data and personal medical data or data of the person whose legal representative I am.

Purpose of the collection and processing: identification of the Patient; conclusion and performance of an agreement for the provision of medical services; arrangement, provision and documentation of medical care; maintenance of medical records; conducting examinations and treatment; processing of examination and test results; making settlements; informing the Patient of matters relating to the provision of medical services; monitoring of medical activity quality and safety matters; and compliance with the requirements of the legislation of the Republic of Kazakhstan.

List of data: full name, IIN, date of birth, details of the personal identification document, address, contact details, information of the legal representative, payment data, as well as personal medical data, including information about health status, diagnoses, examination and test results, prescriptions, medical interventions, and medical services provided**.**

I give my consent to **the collection, recording, systematization, accumulation, storage, updating, use, retrieval, transfer, anonymization, blocking, deletion, and destruction** of the above data to the extent necessary to achieve the stated purposes and in cases stipulated by the legislation of the Republic of Kazakhstan.

Data may be transferred to healthcare providers, laboratories, diagnostic centers, healthcare professionals, information system operators, technical contractors, communication service providers and governmental authorities in the cases and in the manner set out in the legislation of the Republic of Kazakhstan.

Cross-border transfer of personal data: carried out / not carried out (underline as appropriate).

This consent shall remain valid for the period necessary to achieve the purposes of processing, including the retention periods established by law for medical and other documentation. I have been informed of my right to withdraw this consent in the manner and subject to the restrictions stipulated by the legislation of the Republic of Kazakhstan.

This consent **does not constitute consent to the publication or dissemination** of my personal data, photographs, audio or video materials, or medical data in publicly available sources.

I confirm that I understand the purposes, scope and conditions of the personal data processing.

Patient/legal representative:

_____, **IIN:** _____,
(name, patronymic, if any, and surname)

Signature: _____ **Date: _____, 2026**.

THE PATIENT'S WRITTEN VOLUNTARY CONSENT TO INVASIVE INTERVENTIONS

pursuant to Order of the Health Ministry of the RoK No. 364 dated May 20, 2015

I, (*underline as appropriate*) the Patient/legal representative:

_____,
(name, patronymic, if any, and surname of the Patient/legal representative)

while at _____
(name of the healthcare provider)

give my consent to
the following procedure: _____
(specify the name of the procedure)

to be performed (*underline as appropriate*): on me/on the person whose legal representative I am:

_____
(name, patronymic, if any, surname, and date of birth)

1. I have been informed of the purposes, nature, adverse effects of the planned invasive intervention, and I agree to all preparatory and potential accompanying anesthetic measures, as well as to any necessary additional interventions. I have been warned that unforeseen circumstances, risks and complications may arise during the invasive intervention, and I understand that that these may include disorders of the cardiovascular, nervous, respiratory, and other vital body systems, and that this is associated with the unintentional causing of bodily injury. In such case, I consent to the use by physicians of all possible treatment methods aimed at eliminating the above complications.
2. I inform the physician of all issues related to my health (or the health of the person whose legal representative I am): hereditary diseases; allergic reactions; idiosyncratic reactions to medicines and food; use of tobacco products; alcohol abuse; drug abuse; previous injuries, surgeries, diseases, and anesthetic supports; environmental and occupational physical, chemical or biological factors affecting me (or the person whose legal representative I am) in the course of life; and medicines being taken.
3. I have had the opportunity to ask the physician any questions and I have received comprehensive answers to all questions.
4. I have read and understood all provisions of this document and accept them.

Signature of the consenting person: _____ (the Patient/legal representative)
Completion date: _____/_____/20___.

Physician: _____(name, patronymic, if any, and surname)

Signature: _____

Note:
1. Invasive intervention means a medical procedure involving penetration through the body's natural external barriers (the skin and mucous membranes), such as an injection, diagnosis procedure, surgery, etc.).
2. Consent to an invasive intervention may be withdrawn, expect where healthcare professionals have already proceeded with the life-saving invasive intervention and its termination or reversal is impossible due to a threat to the patient's life and health.