CLAIMS PROCESSING ADDENDUM

Eligibility, Professional Claims, Claim Status, Acknowledgment, and Remittance Services

PRODUCTION VERSION 2026-08-12.3 - ELECTRONIC ACCEPTANCE

Effective Date: The date and time recorded in the electronic acceptance record

Customer: The legal organization identified in the electronic acceptance record

Service Provider: OT Bestie LLC

Related Agreements: The School OT Terms of Use and, when applicable, the Business Associate Agreement versions identified in the acceptance record

This Claims Processing Addendum ("Addendum") is entered into by Customer and OT Bestie LLC ("OT Bestie"). It supplements the Related Agreements and applies only when Customer elects to use the claim functions described below. The Addendum does not activate a payer route or authorize a claim by itself; the application remains fail-closed until the technical, customer-authority, payer, program, and service-specific conditions are recorded.

If Customer's records are Protected Health Information, the parties' Business Associate Agreement governs that information. If the records are education records governed by FERPA, OT Bestie acts only for the institutional service authorized by the school or local educational agency, under its direct control and legitimate-interest requirements. Customer remains the record-controlling institution unless applicable law or a separate written agreement states otherwise.

1. Claim Services

1.1 Authorized Transactions. Subject to this Addendum and Customer's recorded instructions, OT Bestie may prepare, transmit, receive, match, and retain the minimum information necessary for: (a) 270 eligibility requests and 271 responses; (b) 837P professional claims; (c) 277CA claim acknowledgments; (d) 276 claim-status requests and 277 responses; and (e) 835 electronic remittance advice.

1.2 School-Based OT Scope. The claim functions support occupational therapy services documented in The School OT. A configured service is represented as a separate professional claim service line unless an approved payer rule states otherwise. This Addendum does not cover institutional claims, pharmacy claims, dental claims, workers' compensation claims, family invoices, cost reports, random-moment time studies, cost settlement, or automated secondary-claim submission.

1.3 No Coverage or Payment Promise. An eligibility response is not a guarantee of coverage or payment. A successful transmission or acknowledgment is not adjudication. OT Bestie does not determine medical necessity, establish a provider's right to bill, guarantee reimbursement, or replace advice from the payer, state Medicaid agency, qualified billing professional, or legal counsel.

1.4 HIPAA Service and Data Scope Amendment. For a Customer with an active Business Associate Agreement, this Addendum amends Exhibit A sections A.1 and A.3 of that agreement to add the Claim Services and the claim information described in this Addendum, including billing-entity and provider identifiers, payer and enrollment records, coverage and subscriber information, member identifiers, diagnosis and authorization information, claim payloads, acknowledgments, status responses, and remittance information. Every restriction, safeguard, reporting duty, rights-assistance obligation, subcontractor requirement, and return-or-destruction term in the Business Associate Agreement applies to that added scope. No other Business Associate Agreement term is changed.

1.5 No Custody of Funds. OT Bestie does not receive, hold, settle, disburse, or account for payer or family funds. An 835 remittance record reports payer adjudication information but does not establish that funds were deposited, finally settled, or correctly posted to Customer's financial accounts. Customer must verify settlement and accounting through its payer, bank, and financial records.

2. Customer Authority and Responsibilities

2.1 Authority. The signer represents that the signer is authorized to bind Customer and to direct OT Bestie to perform the Claim Services for Customer. Customer represents that it is authorized by each applicable school, district, provider, covered entity, business associate, governmental program, and payer to submit or facilitate the transactions it directs.

2.2 Enrollment and Billing Identity. Customer is responsible for the accuracy and current status of its legal name, billing National Provider Identifier, taxpayer identifier, taxonomy, submitter identifier, service-facility information, rendering and supervising provider identifiers, licenses, payer contracts, electronic transaction enrollment, electronic remittance enrollment, and any trading-partner approval. Customer will not enable a route for an entity that lacks authority to bill the selected payer or program.

2.3 Service and Source Records. Customer is responsible for complete and accurate source records, including the student's coverage, member identifiers, coordination-of-benefits order, diagnosis and provenance, service plan, service date and minutes, procedure code, modifiers, units, place of service, charge, referral or order, prior authorization, EPSDT indicators, initial treatment date, rendering provider, supervising provider, supervision evidence, service-facility data, consent, notice, and any other payer-required fact.

2.4 Program Rules. Customer must verify each payer's and program's dated requirements before approving claims. School-based Medicaid requirements vary by state and program. A general acceptance of this Addendum does not establish provider qualification, free-care or third-party liability treatment, service-plan sufficiency, parental-consent or notice compliance, credentialing, supervision, authorization, documentation, enrollment, or reimbursement eligibility for any payer or program.

2.5 Review, Correction, and Reconciliation. Customer must either review the exact claim version before manual submission or record standing authority for eligible automatic submission. Customer must make correction and void decisions, address rejections and denials, protect against duplicate billing, reconcile remittance information to Customer's accounting records, and investigate any payer response that conflicts with Customer's source records.

2.6 Lawful Claims. Customer will not direct, approve, or allow submission of a claim it knows or should know is false, duplicate, misleading, unsupported by the source record, or contrary to law or payer requirements. Customer will promptly investigate suspected errors, stop additional affected submissions when appropriate, and direct the correction, replacement, or void process required by the payer or program. OT Bestie may hold or reject any transaction that appears inconsistent, unauthorized, unsupported, or duplicative.

2.7 Overpayments, Recoupments, and Audits. Customer is responsible for identifying, reporting, returning, and documenting overpayments; responding to payer, program, governmental, or contractual audits and recoupments; retaining required source and billing records; and meeting applicable fraud, waste, abuse, and false-claims obligations. OT Bestie may provide available transaction evidence but does not assume Customer's repayment, disclosure, certification, or legal-defense duties.

2.8 Credentials and Access. Customer must protect payer, portal, submitter, and financial credentials and limit them to authorized personnel. Customer must not place passwords, access tokens, private keys, full payment-card data, or bank credentials in student records, clinical notes, claim attachments, or ordinary support messages. Customer will promptly revoke compromised access and notify OT Bestie through the approved security channel when the Claim Services may be affected.

3. OT Bestie Responsibilities

3.1 Limited Processing. OT Bestie will use and disclose claim information only to provide, secure, support, maintain, recover, and document the Claim Services; follow Customer's authorized instructions; comply with law; and perform obligations under the Related Agreements. OT Bestie will not sell claim information or use it for advertising, marketing, unrelated analytics, or unrelated product development.

3.2 Minimum Necessary. OT Bestie will limit each outbound transaction and operational disclosure to the information reasonably necessary for the selected transaction and payer route. Operational alerts will use bounded status codes and will not include student names, member identifiers, clinical notes, claim payloads, credentials, tokens, or encryption keys.

3.3 Evidence and Audit. OT Bestie will bind a submitted claim to an immutable version of its payload and supporting evidence, retain transaction and decision history, and preserve corrections without overwriting earlier service-plan, service, claim, agreement, or audit records. OT Bestie may hold a claim for human review when authority, configuration, evidence, route, enrollment, payer support, or delivery status is uncertain.

3.4 No Independent Billing Judgment. OT Bestie applies Customer-approved rules and verified route information. OT Bestie does not independently select a diagnosis, procedure code, modifier, charge, payer, billing entity, rendering provider, or legal billing model and will not alter a finalized service record to make a claim payable.

3.5 Availability and Transport. OT Bestie may use bounded retries, idempotency controls, queues, webhook processing, and polling fallbacks to reduce duplicate or lost transport. Clearinghouse, payer, network, and enrollment systems remain outside OT Bestie's control. OT Bestie does not guarantee a payer deadline, response time, acceptance, adjudication, or uninterrupted transaction route. Customer must monitor unresolved items and maintain a reasonable contingency for time-sensitive filings.

4. Stedi and Payer Data Flow

4.1 Clearinghouse. Customer authorizes OT Bestie to disclose the minimum necessary transaction data to Stedi, Inc. as OT Bestie's healthcare-clearinghouse and transaction subcontractor, and through Stedi to the selected payer or its transaction intermediary. Stedi may return payer-directory, enrollment, eligibility, acknowledgment, status, and remittance information to OT Bestie for Customer.

4.2 Safeguards. For Protected Health Information, OT Bestie's Business Associate Agreement and its written agreement with Stedi govern safeguards, permitted uses, incident reporting, subcontractors, rights assistance, termination, and return or destruction. For FERPA education records, Stedi and other permitted subcontractors may receive information only to perform the authorized institutional function and remain subject to applicable use, redisclosure, security, and deletion restrictions.

4.3 Route Limits. OT Bestie will block production transport when the selected payer route does not show current support for the requested transaction, required enrollment is not active, route or enrollment evidence is stale or changed, or Customer's payer-specific rule is missing, retired, or outside its effective dates.

5. Manual and Automatic Submission

5.1 Manual Default. Claim preparation and submission are manual by default. Customer's verified owner must approve the exact immutable claim version before it enters the clearinghouse queue unless Customer has recorded current standing authority for eligible automatic submission under Section 5.2.

5.2 Standing Authorization. Automatic submission requires a separate, recorded standing authorization that identifies its version, reference, and effective time. Customer authorizes automatic submission only for claims that pass all current technical and business-rule gates. A standing authorization does not override this Addendum, payer requirements, program rules, route or enrollment status, service evidence, exact-version review requirements, or OT Bestie's right to stop uncertain processing.

5.3 Revocation. Customer may revoke this Addendum or a standing automatic-submission authorization in the application. Revocation stops new unattempted processing within the affected scope and places unresolved items into review. It does not recall a transaction already transmitted, erase submitted-claim or agreement history, alter finalized service records, or eliminate Customer's duty to address a payer response.

5.4 Transaction Charges. Customer is responsible for clearinghouse, payer, enrollment, network, and other transaction charges disclosed to and authorized by Customer. OT Bestie is not responsible for a third-party charge resulting from Customer's authorized request, except to the extent the charge results solely from OT Bestie's duplicate transmission contrary to its documented controls.

6. Required Production Conditions

6.1 Workspace Conditions. Before a production claim may be queued, the workspace must have an active identified-data approval, this exact Addendum acceptance, an enabled claim configuration, the applicable Business Associate Agreement or FERPA authority, and any separately required standing authorization.

6.2 Claim Conditions. Each claim must be bound to current billing-entity, rendering-provider, supervision, service-facility, coverage, eligibility, diagnosis, consent, prior-authorization, payer-rule, route, enrollment, source-session, payload, evidence, and review records. A missing, inconsistent, expired, changed, unsupported, or unverified condition blocks transport.

6.3 Platform Conditions. OT Bestie's production transport, webhook or polling fallback, worker, monitoring, backup, security-evaluation, legal-review, and release gates must be active and healthy. Customer acceptance cannot enable a disabled platform gate or require OT Bestie to send a transaction that fails a safety check.

7. Records, Retention, and Termination

7.1 Records. The electronic acceptance record, exact document hash, claim versions, transaction receipts, payer responses, authorization changes, correction and void decisions, and audit events form part of Customer's Claim Services record. Customer may request available records and exports under the Related Agreements.

7.2 Retention. OT Bestie will retain or destroy claim information according to the Related Agreements, Customer instructions, applicable law, payer or program requirements communicated by Customer, legal holds, and OT Bestie's documented records-retention process. Required immutable history is preserved for its applicable retention period.

7.3 Termination. On termination, the Business Associate Agreement's return-or-destruction provisions apply to Protected Health Information. FERPA records remain subject to the controlling institution's instructions and applicable deletion requirements. OT Bestie may retain information that law, payer reconciliation, dispute resolution, incident response, backup recovery, or an applicable record obligation requires, with continuing safeguards and limited use.

7.4 Record Requests and Cooperation. On Customer's reasonable request, OT Bestie will provide available acceptance evidence, claim versions, transport receipts, acknowledgments, payer responses, and decision history within the service's export and retention capabilities. Additional investigation, custom production, testimony, or audit support may require a separate written scope and reasonable fees unless the Related Agreements or applicable law require otherwise.

8. General Terms

8.1 Order of Control. The Business Associate Agreement controls for Protected Health Information. This Addendum controls over inconsistent product descriptions concerning the Claim Services. The Related Agreements otherwise remain in effect. Nothing in this Addendum authorizes a use, disclosure, transaction, or billing practice prohibited by law or by a payer or program requirement.

8.2 Changes. A material change to the transaction scope, clearinghouse, protected-data flow, or customer-authority model requires a new version or written amendment. Application configuration, payer-directory facts, and dated payer rules may change without amending this Addendum, but they remain subject to the fail-closed controls described here.

8.3 Risk Allocation. The warranty disclaimers, limitations of liability, indemnity obligations, dispute terms, and other risk-allocation provisions in the Related Agreements apply to the Claim Services and this Addendum. This Addendum does not create a reimbursement warranty, fiduciary relationship, professional billing engagement, or expanded liability unless the parties expressly agree otherwise in a signed writing.

8.4 Survival. Sections concerning authority, source-record responsibility, lawful claims, overpayments, records, retention, confidentiality, payment, risk allocation, and any provision that by its nature should continue will survive expiration, revocation, or termination.

8.5 Electronic Acceptance. OT Bestie executes this Addendum by publishing this production version for electronic acceptance. Customer executes it when its authenticated, verified owner accepts it in The School OT. The electronic record includes Customer's legal name; signer name, title, account, and email; acceptance time; exact document version and SHA-256 hash; required attestations; and an evidence hash. That record is incorporated into this Addendum and is the parties' signature record.

CUSTOMER	OT BESTIE LLC
Organization: See electronic acceptance record	Organization: OT Bestie LLC
Authorized signer: See electronic acceptance record	Electronic signature: Publication of Version 2026-08-12.3
Title and date: See electronic acceptance record	Date: August 12, 2026
Notice contact: Workspace-owner email in the acceptance record	Privacy, security, and claims notice: contact@theschoolot.com