

Patient Agreement for Cartistem Treatment

Patient Details			
Hospital No.	<i>To be completed by the hospital</i>	Date of Birth	<i>YYYY-MM-DD</i>
First Name	<i>Print Name</i>	Family Name	<i>Print Name</i>
Gender		Nationality	
Phone Number		Mobile Number	
Email			
Address			

Please note that throughout this Agreement, the above named patient, Catholic Kwandong University International St. Mary's Hospital, and Zemyna Corporation Inc. shall be referred to as the "Patient", "ISH", and "Zemyna", respectively.

1. The Patient agrees that, while ISH shall provide all medical procedures to the Patient, all bills and invoicing associated with the Cartistem treatment and other concomitant orthopedic procedures shall be provided by Zemyna and not by ISH. Accordingly, the Patient agrees that the Patient shall not ask ISH for, and ISH shall not provide the Patient with, any explanation or invoices of the cost of the treatment or associated treatments as the Patient has pre-paid Zemyna for such treatments. For all other treatments or care provided by ISH (such as extended hospital room stay or emergency treatments), invoices shall be provided to the Patient by ISH and Zemyna shall not be involved with or responsible for such invoicing. The Patient or his or her insurer is responsible for such payment.

2. The Patient will be followed up by ISH and or Zemyna as to their wellbeing after the Cartistem treatment. The Patient agrees that the Patient shall comply with ISH's instruction or request in a timely manner and in strict accordance with the said instruction or request which ISH deems necessary to monitor the progress of the Patient.

3. The Patient, upon signing this Agreement, hereby irrevocably, fully, and unconditionally agrees and authorizes ISH to collect, review and share the Patient's personal information and medical record with Zemyna for the treatment purposes including, but not limited to, the determination of eligibility of and treatment methods for the Patient, and the medical expenses associated with the treatment.

4. The Patient agrees and acknowledges that Zemyna as well as its associates, bankers, advisors, and agents, are not responsible for any Patient claims as a direct result of ISH's medical treatment of the Patient.

5. In case of a dispute or conflict between the Patient and ISH in connection with medical treatment performed by ISH, the Patient agrees to first settle with ISH amicably and then, if such amicable settlement is not feasible, mediate settlement by the Korea Medical Dispute Mediation and Arbitration Agency according to Act on Remedy for Damage from Medical Accident and Medical Dispute Mediation, and other applicable Korea law.

I ACKNOWLEDGE I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS AND HAVE RECEIVED A COPY OF HEREOF. I FURTHER ACKNOWLEDGE THAT I AM THE PATIENT, OR PERSON DULY AUTHORIZED EITHER BY THE PATIENT OR OTHERWISE TO SIGN THIS AGREEMENT, CONSENT TO AND ACCEPT ITS TERMS.

_____ /_____/_____
Print name of patient **Signature** **Date yyyy/mm/dd**

_____ /_____/_____
Print name of witness **Signature** **Date yyyy/mm/dd**