

## GLP-1 WEIGHT MANAGEMENT PROGRAM AGREEMENT

This Agreement ("Agreement") is made and entered into as of Feb 16<sup>th</sup>, 2026, by and between TFPR Friendswood INC d/b/a Dr. T Med Spa, a Texas corporation, with its principal place of business at 2111 W. Parkwood Avenue, Suite 113, Friendswood, Texas 77546 ("Provider"), and the undersigned participant ("Participant"). Provider and Participant may collectively be referred to as the "Parties" or individually as a "Party."

### RECITALS

WHEREAS, Provider offers a medically supervised GLP-1 Weight Management Program (the "Program"); and

WHEREAS, Participant desires to enroll in the Program subject to the terms and conditions set forth herein; and

WHEREAS, Provider prescribes compounded GLP-1 medications prepared by licensed compounding pharmacies pursuant to valid prescriptions;

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the Parties agree as follows:

### 1. SCOPE OF SERVICES

1.1 Provider agrees to provide medical evaluation, prescribing oversight, and clinical follow-up under the Program.

1.2 Participant acknowledges that compounded GLP-1 medications are not FDA-approved and are prescribed based upon medical necessity.

1.3 Provider reserves the right to discontinue services if medically indicated.

### 2. PAYMENT TERMS

2.1 Program Fees The program offers two medication options, with fees structured as follows (administration fees are included in the pricing below):

#### **Compounded Semaglutide or Tirzepatide:**

Galveston County will be billed \$250.00 per member per month.

The member will pay \$100.00 per month directly to the provider.

2.2 Billing to Galveston County: The County will receive monthly invoices for all members who have utilized the program during the billing period.

2.3 Member Payments: Member payments are due in advance and must be received by the provider prior to dispensing any medication.

2.4 Refund Policy: All payments—both to Galveston County and from members—are non-refundable once medication has been dispensed.

### **3. TERM AND TERMINATION**

3.1 This Agreement shall commence on the date first written above and shall continue for a period of one (1) year.

3.2 Either Party may terminate this Agreement for any reason upon thirty (30) days written notice.

3.3 Provider may terminate immediately if treatment is deemed medically unsafe or payment obligations are not met.

3.4 This Agreement shall automatically renew for successive one-year terms unless either Party provides written notice of non-renewal at least thirty (30) days prior to expiration.

### **4. REPORTING**

4.1 Provider agrees to provide a monthly participation roster by drug and visits.

4.2 Provider agrees to provide a monthly aggregate weight loss report.

### **5. CONFIDENTIALITY AND HIPAA**

5.1 The Parties agree to comply with all applicable laws governing confidentiality, including HIPAA and applicable Texas privacy laws.

5.2 Provider shall maintain appropriate safeguards to protect Participant's Protected Health Information ("PHI").

5.3 Participant acknowledges receipt of Provider's Notice of Privacy Practices.

## **6. GOVERNING LAW**

6.1 This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, regardless of choice of law principles.

6.2 Exclusive venue for any dispute arising under or relating to this Agreement shall lie in the state courts located in Galveston County, Texas.

## **7. AMENDMENTS**

7.1 This Agreement may only be amended or modified in writing signed by both Parties.

## **8. ENTIRE AGREEMENT**

8.1 This Agreement constitutes the entire agreement between the Parties and supersedes all prior negotiations and understandings relating to the subject matter hereof.

## **9. SEVERABILITY**

9.1 If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

## **10. NOTICES**

10.1 Any notice required under this Agreement shall be in writing and delivered personally or by certified mail, return receipt requested to the address set forth below or such other address as either party may designate by written notice.

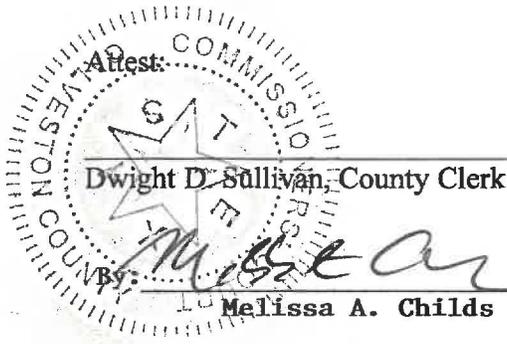
If to the County: Galveston County  
722 Moody Ave, 2<sup>nd</sup> Floor  
Galveston, TX 77550  
Attn: Mark Henry, County Judge  
Email: mark.henry@co.galveston.tx.us

If to the Provider: TFPR Friendswood INC d/b/a Dr. T Med Spa  
2111 W. Parkwood Avenue, Suite 113  
Friendswood, Texas 77546  
Attn: Suchmor Thomas MD  
Email: suchmor@yahoo.com

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first above written.

**GALVESTON COUNTY**

By:  Date: March 2, 2026  
Mark Henry, County Judge

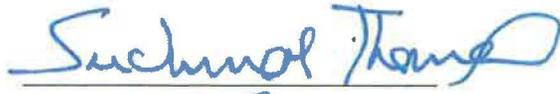


Date: March 2, 2026

Dwight D. Sullivan, County Clerk

By:  Deputy  
Melissa A. Childs

**TFPR FRIENDSWOOD INC.  
DBA : DR. T MEDSPA**

By:  Date: 02-18-2026  
Suchmor Thomas, MD  
Medical Director