



# Agenda

## Mangum City Hospital Authority

### August 25, 2026 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on August 25, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### CALL TO ORDER

#### ROLL CALL AND DECLARATION OF A QUORUM

#### CONSENT AGENDA

*The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.*

1. Approve July 28, 2026, regular meeting minutes as present
2. Approve July 2026 Medical Staff Meeting Minutes
3. Approve July 2026 Clinic Report
4. Approve July 2026 CCO Report
5. Approve July 2026 CEO Report
6. Discussion over Mangum Regional Medical Center 340B report

#### FURTHER DISCUSSION

#### REMARKS

*Remarks or inquiries by the audience not pertaining to any item on the agenda.*

#### REPORTS

7. Financial Report for July 2026

#### OTHER ITEMS

8. Discussion and Possible Action to Approve the MRMC and OSDH NSSP Participation Agreement for the National Syndromic Surveillance Program.
9. Discussion and Possible Action to Approve the MRMC and BioSense User Code of Conduct
10. Discussion and Possible Action to Approve the MRMC and BioSense Onboarding Process Facility Acknowledgment

- [11.](#) Discussion and Possible Action to Approve the MRMC and Syndromic Surveillance Registration Form
- [12.](#) Discussion and Possible Action to Approve the MRMC and the SYS Multiple Facility Form
- [13.](#) Discussion and Possible Action to Approve the MRMC and Sysmex XN-550 Hematology Analyzer quote.
- [14.](#) Discussion and Possible Action to Approve the MRMC and Sysmex Service Agreement Quotation for the Sysmex XN-550 Hematology Analyzer.
- [15.](#) Discussion and Possible Action to Approve the MRMC and Culligan equipment quote for a facility wide Water Softener with installation
- [16.](#) Discussion and Possible Action to Approve over Equipment lease with Tecumseh Oxygen & Medical Supply and MRMC for the Ultramist wound therapy system for wound healing
- [17.](#) Discussion and Possible Action to Approve the MRMC and WellLink Group Purchasing Agreement.
- [18.](#) Discussion and Possible Action to Approve the MRMC Family clinic internet service provider quote.
- [19.](#) Discussion and possible action authorizing the Mangum Regional Medical Center to reimburse the City of Mangum in the amount of \$25,684.00 for the final payment to Coontz Roofing for reroofing the hospital. The amount of reimbursement is the balance owing after application of all insurance proceeds received on behalf of the reroofing project.

## **EXECUTIVE SESSION**

20. Discussion and possible action to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):
  - Credentialing
    - Michael Robinson, MD- Courtesy Privileges-Family Medicine, Emergency Medicine
    - Approve the 8/5/2026 DIA Schedule 1 list of Providers

## **OPEN SESSION**

21. Discussion and possible action in regard to executive session.

## **STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, Hospital CEO, City Attorney or Hospital Employees*

## **NEW BUSINESS**

*Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)*

**ADJOURN***Motion to Adjourn*

Duly filed and posted at 2:00 p.m. on the 21st day of August 2026, by the Secretary of the Mangum City Hospital Authority.

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*Brittany McClintock, Secretary*



# Minutes

## Mangum City Hospital Authority Session

### July 28, 2026 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on July 28, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### CALL TO ORDER

Chairman Vanzant called the meeting to order at 5:30 p.m.

#### ROLL CALL AND DECLARATION OF A QUORUM

##### PRESENT

Trustee Cheryl Lively  
Trustee Michelle Ford  
Trustee Carson VanZant  
Trustee Ronnie Webb

##### ABSENT

Trustee Lisa Hopper

#### CONSENT AGENDA

*The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.*

Motion to approve as presented.

Motion made by Trustee VanZant, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

1. Approve June 23, 2026, regular meeting minutes as present.
2. Approve June 2026 Medical Staff Meeting Minutes
3. Approve June 2026 Clinic Report
4. Approve June 2026 Quality Meeting Minutes
5. Approve June 2026 CCO Report
6. Approve June 2026 CEO Report

7. Approve the following forms, policies, appointments, and procedures previously approved on 07/16/2026 by Quality Committee and on 7/23/2026 by Medical Staff

Discussion and Possible Action to Approve the Policy and Procedure: MRMC-EHP-004  
Bloodborne Pathogens Exposure Control Plan

Discussion and Possible Action to Approve the Policy and Procedure: MRMC-FMEH-008-  
Blood and Body Fluid Exposure Guide and Report Form and Protocol

Discussion and Possible Action to Approve the Policy and Procedure: MRMC-NUR-011-  
Critical Lab Value and Diagnostic Imaging Test Reporting

Discussion and Possible Action to Approve the Policy and Procedure: MRMC-NUR-026-  
Medication Administration

Discussion and Possible Action to Approve the Policy and Procedure: MRMC-RAD-013-  
Radiologic Equipment Maintenance

Discussion and Possible Action to Approve the Policy and Procedure: MRMC- RDPR-001-  
IV Contrast Administration for Computerized Tomography Protocol

8. Discussion related to HIM Delinquencies-none to report

## **FURTHER DISCUSSION**

No further discussion.

## **REMARKS**

*Remarks or inquiries by the audience not pertaining to any item on the agenda.*

No remarks.

## **REPORTS**

9. Financial Report for June 2026

The average daily census for the month was 11.8. This is down 1 day from May and even with the year-to-date monthly average. The acute payer mix for June was 76% for Medicare and Medicare Managed Care with the prior month being 47%. The swing bed payer mix for June was 87% for Medicare and 11% for Medicare Managed care. The year-to-date for Medicare is 83% and Medicare Managed Care is 16%. The operating margin was \$4,000, that is down \$100,000 from May. The year-to-date operating margin is \$452,000. Net patient revenue was \$1.65 million for the month, a decrease of \$58,000 from last month and an increase of \$14,000 from the year-to-date monthly average. 340B revenue was \$8,000 for June and expenses were \$8,000. Operating expenses were at \$1.67 million, that's up \$55,000 from the prior month and up \$86,000 from the year-to-date monthly average. Patient days for May were at 354. That's down 35 days from April. Cash receipts for the month were \$2.15 million. That's an increase of \$419,000 from the year-to-date monthly average and a increase of \$85,000 from May. Cash disbursements were at \$1.83 million. Cash balance at month end was \$687,000, giving 12.3 days of cash on hand. The clinic average daily visits were 13. The year-to-date revenue for the clinic is \$459,000. Operating expenses were \$572,000, with a year-to-date net loss of \$113,000.

## **OTHER ITEMS**

10. Discussion and Possible Action to Approve the MRMC and Oklahoma Blood Institute Agreement for the procurement of blood, blood components, and related services.

Motion to approve.

Motion made by Trustee VanZant, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

11. Discussion and Possible Action to Approve the MRMC and Southwest Technology Center agreement for MRMC to be a clinical site for students.

Motion to approve.

Motion made by Trustee Lively, Seconded by Trustee VanZant.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

12. Discussion and Possible Action to Approve the MRMC and Fox Radio Network Sports Sponsorship Agreement for the 2026-2027 sports year.

Motion to approve.

Motion made by Trustee Ford, Seconded by Trustee VanZant.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

13. Discussion and Possible Action to Approve the MRMC and Knowbe4 quote for phishing education.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

14. Discussion and Possible Action to Approve the MRMC and TruBridge unidirectional interface-Syndromic Surveillance agreement.

Motion to approve.

Motion made by Trustee VanZant, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

15. Discussion and Possible Action to Approve the MRMC and TruBridge Interface Performance Expectations for the Third-Party System: State Syndromic Surveillance

Motion to approve.

Motion made by Trustee Ford, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

16. Discussion and possible action authorizing the Mangum Regional Medical Center to reimburse the City of Mangum in the amount of \$25,684.00 for the final payment to Coontz Roofing for reroofing the hospital. The amount of reimbursement is the balance owing after application of all insurance proceeds received on behalf of the reroofing project.

It was asked what the contract says between the hospital and the city. Is the hospital responsible for the upkeep?

It was asked if the hospital authority signed anything that said they would pay \$25,000?

It was stated no, but it was presented to the city that in order to replace the roof it would be paid out of all insurance proceeds. It was then stated by CEO Martinez that they did receive enough money to do the entire roof, but the city elected to hire an architect so that's where the \$28,000 comes in. It was then stated by attorney Kendall that the architect was statutorily required.

It was questioned if there were funds to pay this? It was stated that they could make it work. Dennis with Cohesive spoke on the different options regarding payment.

Motion to agree to reimburse the City of Mangum \$25,684.00.

Motion made by Trustee VanZant, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee VanZant

Voting Nay: Trustee Ford, Trustee Webb

Motion does not carry.

Motion to look at the computation to see the impact on the hospital's financials and revisit next month.

Motion made by Trustee Ford, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

## EXECUTIVE SESSION

17. Discussion and possible action to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):

- Contract- Dr. Michael Robinson, MD
- Credentialing
  - Michael Robinson, MD- Temp Courtesy Privileges-Family Medicine, Emergency Medicine
  - Approve the 6/26/2026 DIA Schedule 1 list of Providers
- Re-Credentialing
  - Kimbo Sanda, MD- Courtesy Privileges-Family Medicine

Motion to enter into executive session at 6:07 p.m.

Motion made by Trustee Webb, Seconded by Trustee Ford.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

## OPEN SESSION

Motion to enter into open session at 6:16 p.m.

Motion made by Trustee VanZant, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

18. Discussion and possible action in regard to executive session.

Motion to approve contract with Dr. Michael Robinson, MD

Motion made by Trustee VanZant, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

Motion to credentialing, DIA Schedule, and Re-Credential.

Motion made by Trustee Webb, Seconded by Trustee VanZant.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

## **STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, City Manager, City Attorney or City Employees*

Secretary McClintock stated that Chairman Vanzant's term is up and asked if he would like to stay for another term. Vanzant stated that if the City Council chooses to keep him, he will stay.

CEO Martinez brought up that the 340B is not profiting as they thought it would and there are months that they are breaking even or losing money with this program.

## **NEW BUSINESS**

*Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)*

CEO Martinez stated that Cohesive is wanting the hospital to get their own credit card. The options, pros, and cons were discussed.

Item was tabled.

Martinez stated that the big refrigerator in the kitchen is either broken or in the process of breaking. The food had to be moved because it was going out of temperature range.

Motion to authorize up to \$14,000.00 to purchase a new refrigerator if unrepairable in an emergency situation.

Motion made by Trustee VanZant, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

## **ADJOURN**

*Motion to Adjourn*

Motion to adjourn at 6:33 p.m.

Motion made by Trustee VanZant, Seconded by Trustee Webb.

Voting Yea: Trustee Lively, Trustee Ford, Trustee VanZant, Trustee Webb

Duly filed and posted at 4:30 p.m. on the 24th day of July 2026, by the Secretary of the Mangum City Hospital Authority.

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*Carson Vanzant, Chairman*

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*Brittany McClintock, Secretary*

Mangum Regional Medical Center  
Medical Staff Meeting  
Thursday  
July 23 2026

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director  
Laura Gilmore, MD  
Absent:  
Guest:

ALLIED HEALTH PROVIDER PRESENT

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO  
Nick Walker, RN, CCO  
Chelsea Church, PharmD  
Megan Smith, RN – Quality  
Ellen Scott, RN – Utilization Review  
Karly Banker, LPN – Drug Tech  
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
  - a. The meeting was called to order at 12:10 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the June 18, 2026, Medical Staff Meeting were reviewed.  
**i.Action:** Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
  - a. None.
4. Report from the Chief Executive Officer
  - o Operations Overview - We have received confirmation from the State That our Lab renovation plan has been approved. We look forward to Beginning work in July or the first of August.
  - o Facility painting has begun and looks good at this time only two halls Remain to be painted and then we will go back to updating patient rooms.

- We continue to do patient rounds 3 times a week and administration continues patient rounds, and we continue to get positive feedback from patients and family.
- We continue to promote all our service lines at the hospital and at the clinic.
- Upfront collections for the hospital were at \$1,197.00 for the month of June.
- Upfront clinic collections for the Clinic were at \$855.36 for the month of June.
- The lab building is completed.
- We continue to provide transportation for our patients when needed.
  - 2-strong mind
  - 2-Physical Therapy pick up and drop off
  - 4- in patient transports to specialty clinic
  - 6- discharged patient transports home
- We are actively reviewing all grant opportunities for the Hospital.

Written report remains in the minutes.

## 5. Committee / Departmental Reports

### a. Medical Records – No Report for June, 2026

1. – ER – ER Notes needed out of – Completed  
 OBS – out of  
 Acute – H&P – Completed  
 ER – ER Note Needs to be H&P – Corrected  
 DC – DC Summary – Completed  
 SWB - out of 2 H&P - Completed

### 2. Old Business

No report in the minutes for the Month of June, 2026

### b. Nursing

#### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Nurse meeting held May 6<sup>th</sup> with the next meeting scheduled for July 15<sup>th</sup>.
- MRMC Emergency Department reports 0 patient Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).

- MRMC Infection Prevention reports 2 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 4 HAI, for the month of June, 2026.

#### Client Service

- Total Patient Days for June 2026 were 493. This represents an average daily census of 16.
- All open positions are currently filled.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

#### c. Infection Control –

- Old Business
  - a N/A
- New Business
  -
- Data:
  - a, N/A
- Policy & Procedures Review:
  - a. Corporate IP and all IPs in the Cohesive system are reviewing 5 IC policies per week.
  - b. Plan to have the IC manual review and updates completed by June 2026 to present to the IC committee, Quality, med Staff and Governing Board.
  - c. The Employee Health policies were revised to ensure that members who are treated and managed as patients due to a workplace injury or illness in the Hospital shall receive the same protections of their health information as any other patient the Hospital treats in accordance with HIPPA regulations.
- Education/In Services
  - a. Nursing Education
- Updates: None at this time.
- N95 Fit Tests –

Annual Items:

- a. Construction Risk Assessment - ICRA presented to IC committee for approval during May meeting. IC committee approved as written. Plan forwarded to Quality, Med Staff, and Governing Board for approval.  
IP to follow up with documents as soon as signed.
- b. Linen Services – Annual site visit will be scheduled for September, 2026.

There wasn't a report for June, 2026.

- d. Environment of Care and Safety Report
  - i. Evaluation and Approval of Annual Plan
    - i.i. Old Business - -
      - a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.—Talked to contractor 10-4-2025 about cover for hopper – contractor measured and is making quote for cover. – Contractor backed out on making cover - - Will check on repairing hopper.
      - b.ER Provider office flooring needing replaced. Tile is onsite.- Remodel is postponed.
      - c. Damaged ceiling in OR2 due to leaking roof. - - Pending August Repairs.
      - d. New Hope Roof – Leak in Physical Therapy office after hail storm – City approved vendor to repair.-Roof replaced 1-15-2026 Will get contractor to quote ceiling repair. Contractor will be here 3-10-2026.
      - e. Front wall of lab building damaged from vehicle – Waiting on start date from contractor for repairs – repairs started 4-28-2026. Waiting on door and windows to complete.
      - f. Vacuum pump issues – Pump 2 quit 4-28-2026 – Pump 1 quit 5-7-2026 – Currently relying on portables – waiting on ETA for parts to make repairs—depending on parts availability – Repairs Made 6-8-2026. – Complete.
      - g. Refrigerator in Pharmacy quit 5-7-2026 – Replacement ordered 5-8-2026. Complete 5-15-2026.
      - h. Approve 2026 HVA Assessment – Complete 5-12-2026
      - i. Floor needs replaced in room 19, linen room and Pharmacy.
    - i.i.i. New Business
      - a. North door alarm not working properly-complete 5-12-2026
      - b. Ceiling tile by business office needs replaced-complete 5-13-2026.
      - c. Trim needs replaced in Radiology  
Written report remains in minutes.
- e. Laboratory
  - i. Tissue Report – Approved
  - i.i. Transfusion Report – No -Transfusion report for June, 2026  
Written report remains in minutes.
- f. Radiology

- i. There was a total of – 218 X-Rays/CT/US
  - i.i. Matters for approval
    - Nothing up for approval
  - i.i.i. Updates:
    - No Updates

Written report remains in minutes.
- g. Pharmacy
  - i. Verbal Report by Clinical Pharmacist
  - i.i. P & T Committee Meeting –
 

The P&T Committee Meeting was held in June, 2026.
  - i.i.i. Azithromycin injectable still on backorder but we were able to get an allocation. IV contrast is on backorder.
 

Demerol IV is unavailable. Morphine is on back order.
  - i.v. List of meds recommended for standing order are tums, voltaren gel, nystatin powder, nystatin swish and swallow, and melatonin.
  - i.v. Reviewing Policies & Procedures to be presented at a later date.
 

Written report remains in the minutes.
- h. Physical Therapy
  - i. No report.
- i. Emergency Department
  - i. No report
- j. Quality Assessment Performance Improvement
  - Risk Management
    - Grievance – 0
    - Fall with no injury – 1
    - Fall with minor injury – 1
    - Fall with major injury – 1
    - Death – 1
    - AMA/LWBS – 0-In Pt – 0- ER - AMA - 0-OBS – SWB
  - Quality – Minutes are in the minutes of Medical Staff Meeting.
  - HIM – ED discharge instructions - Compliance
 

100% - D/C Note Compliance

100% - Progress Notes

100% - ED DC Instructions

100% - ED Provider Dx
  - Med event – 1
  - After hours access was –

Written report remains in the minutes.
- k. Utilization Review

- i. Total Patient days for
  - i.i. Total Medicare days for
  - i.i.i. Total Medicaid days for
  - iv. Total Swing Bed days for
  - v. Total Medicare Swing Bed days for
- Minutes for June Meeting remain in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve  
Committee Reports for June, 2026.

## 6. New Business

- a. Review & Consideration of Approval of the Policy & Procedure: MRMC EHP BBB Exposure Control Plan
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC EHP BBB Exposure Control Plan.
- b. Review & Consideration of Approval of the Policy & Procedure: MRMC FMEH-008 BB Pathogens Guide
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC FMEH-008 BB Pathogens Guide.
- c. Review & Discussion of Approval of the Policy & Procedure: MRMC NUR-001 Critical Lab Value and Diagnostic Imaging Testing Reporting
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC NUR-001 Critical Lab Value and Diagnostic Imaging Testing Reporting.
- d. Review & Discussion of Approval of the Policy & Procedure: MRMC NUR-026 Medical Administration
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC NUR-026 Medication Administration.
- e. Review & Consideration of Approval of Policy & Procedure: MRMC Radiologic Equipment Maintenance
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC Radiologic Equipment Maintenance.
- f. Review & Consideration of Approval of Policy & Procedure: MRMC RDPR-001 IV Contrast Administration for CT Protocol
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC RDPR-001 IV Contrast Administration for CT Protocol.
- g. Review & Discussion on Admit, Discharge and Transfer Orders -  
Kelley Martinez, CEO, led in the discussion on Admit, Discharge and Transfer Orders.
- h. Review & Discussion on Physical Assessments  
Kelley Martinez, CEO, led in the discussion on Physical Assessments.

## 7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:28 pm.

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Medical Director/Chief of Staff

Date





# Clinic Operations Report

Mangum Family Clinic

July 2026

| Monthly Stats | July 2025 | July 2026 |
|---------------|-----------|-----------|
| Total Visits  | 177       | 191       |
| Provider Prod | 179       | 196       |
| RHC Visits    | 153       | 168       |
| Nurse Visits  | 2         | 0         |
| Televisit     | 0         | 0         |
| Swingbed      | 5         | 28        |
|               |           |           |

| Provider Numbers | RHC |
|------------------|-----|
| Ogembo           | 162 |
| Dr. Sanda        | 29  |
|                  |     |
|                  |     |

| Payor Mix |    |
|-----------|----|
| Medicare  | 46 |
| Medicaid  | 74 |
| Self      | 19 |
| Private   | 52 |

| Visits per Geography |     |
|----------------------|-----|
| Mangum               | 150 |
| Granite              | 16  |
| Altus                | 10  |
| Other                | 15  |

| Month  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Visits | 167 | 169 | 193 | 189 | 135 | 160 | 191 |     |     |     |     |     |       |

### Clinic Operations:

- Clinic was closed on July 3<sup>rd</sup> in observance of July 4<sup>th</sup>.

### Quality Report:

| Improvement Measure  | Actual | Goal | Comments                      |
|----------------------|--------|------|-------------------------------|
| Reg Deficiencies     | 0      | 0    | Excellent                     |
| Patient Satisfaction | 0      | 5    | 0 surveys returned this month |
| New Patients         | 24     | 10   | Excellent                     |
| No Show              | 7.96%  | <12% | 24 no shows for the month     |
| Expired Medications  | 0      | 0    | None noted.                   |

### Outreach:

We've recently implemented Facebook Reels as part of our social media strategy, and the response has already been incredibly positive. This new content format is driving higher engagement, increasing our reach, and helping us connect with both existing and potential patients in a more dynamic way.

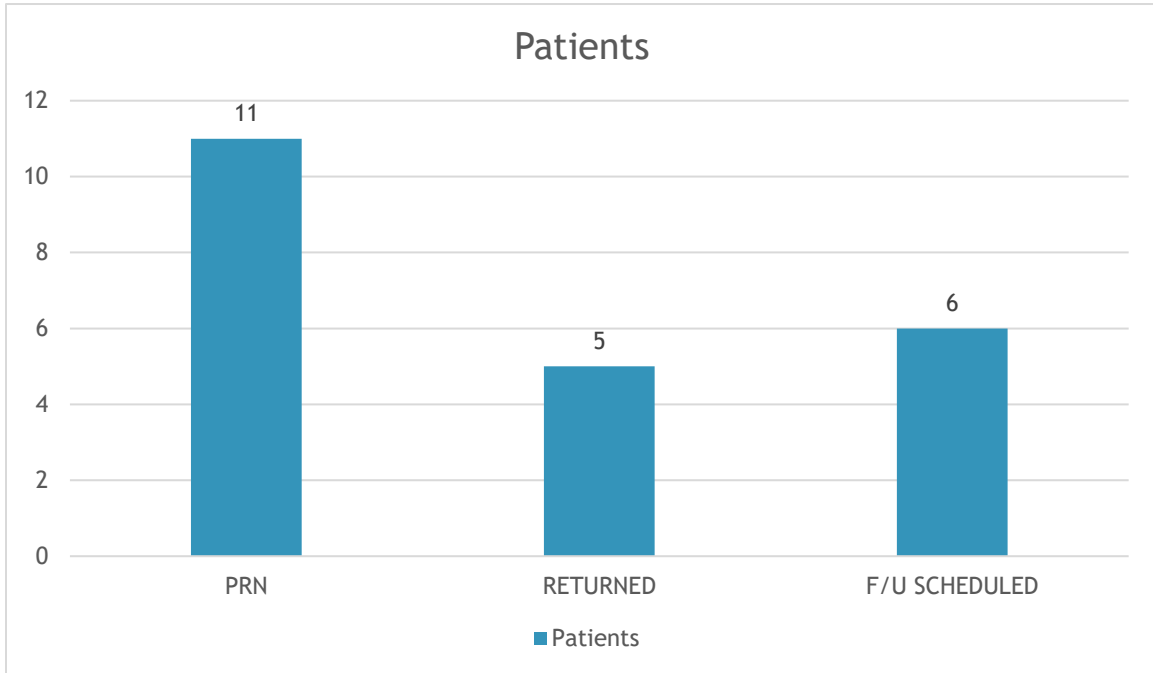
### Summary :

Mangum Family Clinic continues to support and provide quality care to Mangum and surrounding communities.

# MANGUM FAMILY CLINIC

## NEW PATIENT TRACKING

JULY 2026





## Chief Clinical Officer Report July 2026

### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Nurse meeting held July 15<sup>th</sup>.
- MRMC Emergency Department reports that there are 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 3 HAI for the month of July.

### Client Service

- Total Patient Days for July 2026 were 264. This represents an average daily census of 13.

| Mangum Regional Medical Center |      |      |      |       |      |      |      |     |      |     |     |     |
|--------------------------------|------|------|------|-------|------|------|------|-----|------|-----|-----|-----|
| Monthly Census Comparison      |      |      |      |       |      |      |      |     |      |     |     |     |
|                                | Jan  | Feb  | Mar  | April | May  | June | July | Aug | Sept | Oct | Nov | Dec |
| Inpatient acute                | 14   | 12   | 11   | 5     | 9    | 10   | 10   |     |      |     |     |     |
| Swing Bed                      | 17   | 9    | 14   | 18    | 9    | 9    | 10   |     |      |     |     |     |
| Observation                    | 3    | 1    | 2    | 1     | 3    | 7    | 5    |     |      |     |     |     |
| Emergency Room                 | 130  | 122  | 129  | 144   | 164  | 156  | 144  |     |      |     |     |     |
| Lab Completed                  | 2018 | 1973 | 2447 | 2732  | 1998 | 2071 | 1983 |     |      |     |     |     |
| Rad Completed                  | 205  | 193  | 237  | 223   | 202  | 218  | 221  |     |      |     |     |     |
| Ventilator Days                | 0    | 0    | 0    | 0     | 0    | 0    | 0    |     |      |     |     |     |

### Preserve Rural Jobs and Culture Development

- All positions are currently filled.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.



## Chief Executive Officer Report July 2026

### Operations Overview

- We have received the plans from the architect regarding the lab relocation. These plans have been shared with the electrician, and we are awaiting a start date from them.
- Facility painting is mostly completed currently we lack a small area in the dietary hallway.
- We continue to promote all our service lines at the hospital and at the clinic.
- Upfront collections for the hospital were at \$1,400.93.00 for the month of July.
- Upfront clinic collections for the clinic were at \$709.51 for the month of July.
- We continue to provide transportation for our patients when needed.
  - 3- strong mind
  - 9- Physical Therapy pick up and drop off
  - 1- inpatient transports to a specialty clinic
  - 6- discharged patient transports home
  - 1- Radiology Appointment
  - 1- Wound Care appointment at the hospital
- We are actively reviewing all grant opportunities for the Hospital
- Hospital Provider Credentialing is going well.

## Mangum Regional 340B Summary YTD

### Prescription Capture Criteria:

1. Brand name prescriptions only
2. Winners only model (i.e. profitable for both covered entity and the contract pharmacy)

### Prescription Exclusion:

1. Generic medications
2. Medicaid patients
3. CII Prescriptions (cannot be refilled) and Orphan Drugs

### 340B Prescription Capture YTD

| January | February | March | April | May | June |
|---------|----------|-------|-------|-----|------|
| 30      | 21       | 25    | 21    | 15  | 16   |

| July | August | September | October | November | December |
|------|--------|-----------|---------|----------|----------|
| 21   |        |           |         |          |          |

340B Net Profit = Insurance Payment – (340B Purchase Price + Dispense Fee)

| January      | February    | March       | April       | May         | June        |
|--------------|-------------|-------------|-------------|-------------|-------------|
| \$ 11,319.82 | \$ 4,383.30 | \$ 6,229.30 | \$ 5,265.32 | \$ 3,813.86 | \$ 5,018.10 |

| July        | August | September | October | November | December |
|-------------|--------|-----------|---------|----------|----------|
| \$ 5,327.25 |        |           |         |          |          |

### Challenging trends with 340B Savings/Profits going forward:

1. Several medications have had an increase in the 340B acquisition cost effective July 1<sup>st</sup>, 2026 (340B prices are recalculated on a quarterly basis).
2. New CMS Maximum Fair Price (MFP) program allows CMS to negotiate directly with manufacturers on select Brand name prescriptions on a yearly basis. The net benefit lowers consumer prices of these medications but compresses the 340B profit margin of some commonly prescribed medications (e.g. Eliquis and Xarelto).
3. GLP1 Bridge program offers Medicare patients a fixed price of \$50 per month for select GLP1 medications prescribed for weight loss. The CMS reimbursement price to pharmacies varies depending on the medication prescribed. The 340B profit margin of Zepbound prescriptions is negative effective July 1<sup>st</sup>. As a result, Zepbound prescriptions will be carved out of the 340B program going forward (previously the covered entity made over \$200 per Zepbound prescription filled at the contract pharmacy).

# Mangum Board Meeting Financial Reports

## July 31, 2026

|    | REPORT TITLE                             |
|----|------------------------------------------|
| 1  | Financial Summary (Overview)             |
| 2  | Cash Receipts - Cash Disbursements - NET |
| 3  | Financial Update (page 1)                |
| 4  | Financial Update (page 2)                |
| 5  | Stats                                    |
| 6  | Balance Sheet Trend                      |
| 7  | Cash Collections Trend                   |
| 8  | Medicare Payables (Receivables)          |
| 9  | Current Month Income Statement           |
| 10 | Income Statement Trend                   |
| 11 | RHC YTD Income Statement                 |
| 12 | AP Aging Summary                         |

Mangum Regional Medical Center  
Financial Summary  
July 31, 2026

|                                                           | Current<br>Month | Jul-26<br>Year-to-Date | Mthly Avg<br>Prior Year | Variance     |
|-----------------------------------------------------------|------------------|------------------------|-------------------------|--------------|
| <b>ADC (Average Daily Census)</b>                         | <b>7.32</b>      | <b>11.15</b>           | <b>9.73</b>             | <b>-2.40</b> |
| Payer Mix % (Acute):                                      |                  |                        |                         |              |
| MCR                                                       | 57.14%           | 54.30%                 | 54.62%                  | 2.52%        |
| MCR Mgd Care                                              | 25.00%           | 23.98%                 | 22.34%                  | 2.66%        |
| All Others                                                | 17.86%           | 21.72%                 | 23.04%                  | -5.18%       |
| Total                                                     | 100.00%          | 100.00%                | 100.00%                 | 0.00%        |
| Payer Mix % (SWB):                                        |                  |                        |                         |              |
| MCR                                                       | 73.37%           | 82.45%                 | 79.71%                  | -6.34%       |
| MCR Mgd Care                                              | 26.63%           | 16.90%                 | 19.35%                  | 7.28%        |
| All Others                                                | 0.00%            | 0.65%                  | 0.94%                   | -0.94%       |
| Total                                                     | 100.00%          | 100.00%                | 100.00%                 | 0.00%        |
| Operating margin                                          | 94,170           | 546,320                | (435,422)               |              |
| Operating Margin (monthly average)                        | 94,170           | 78,046                 | (36,285)                | 114,331      |
| NPR (Net Patient Revenue)                                 | 1,597,827        | 11,439,281             | 17,161,266              |              |
| NPR (monthly average)                                     | 1,597,827        | 1,634,183              | 1,430,106               | 204,078      |
| Operating Expenses                                        | 1,520,435        | 11,044,407             | 17,902,547              |              |
| Operating Expense (monthly average)                       | 1,520,435        | 1,577,772              | 1,491,879               | 85,893       |
| NPR % of Oper Exp                                         | 105.1%           | 103.6%                 | 95.9%                   |              |
| Patient Days                                              | 227              | 2,363                  | 3,550                   | (3,323)      |
| Oper Exp / PPD                                            | \$ 6,698         | \$ 4,674               | \$ 5,043                | \$ (369)     |
| # of Months                                               | 1                | 7                      | 12                      |              |
| Cash Receipts (rnd)                                       | 1,918,806        | 12,324,553             | 19,097,911              |              |
| Cash Receipts (monthly average)                           | 1,918,806        | 1,760,650              | 1,591,493               | 169,158      |
| Cash as a % of NPR (s/b 100% min)                         | 120.1%           | 107.7%                 | 111.3%                  |              |
| <b>Days Cash-On-Hand (Net of MCR Pay / Restrictions):</b> |                  |                        |                         |              |
| Calendar Days                                             | 31               | 212                    | 365                     |              |
| Operating Exp / Day                                       | \$ 49,046        | \$ 52,096              | \$ 49,048               | \$ (2)       |
| Cash - (unrestricted)                                     | 1,800,721        | 1,800,721              | 1,161,872               | 638,850      |
| Days Cash-On-Hand                                         | 36.7             | 34.6                   | 23.7                    | 10.9         |
| Cash - (Net MCR Payable)                                  | 1,263,920        | 1,263,920              | 1,161,872               |              |
| Days Cash-On-Hand                                         | 25.8             | 24.3                   | 23.7                    |              |
| Days Cash-On-Hand: Minimum during month                   | 5.0              | 5.0                    | 12.6                    | (7.6)        |
| MCR Rec (Pay) - "as stated - but to be adjusted"          | (536,801)        | (536,801)              | 92,857                  | (629,658)    |
| AP & Accrued Liab                                         | 15,651,921       | 15,651,921             | 16,244,681              | (592,761)    |
| Accounts Receivable (at net)                              | 1,268,498        | 1,268,498              | 1,192,826               | 75,671       |
| Per AP aging schedule (incl. accruals)                    | Jul-26           | Jul-26                 | Prior FYE               | Net Change   |
| Account Payable - Cohesive                                | 13,326,319       | 13,326,319             | 14,084,830              | (758,511)    |
| Account Payable - Other                                   | 1,432,878        | 1,432,878              | 1,267,128               | 165,751      |
| Total                                                     | 14,759,197       | 14,759,197             | 15,351,958              | (592,761)    |
| Cohesive Loan                                             | 4,311,329        | 4,311,329              | 4,528,447               | (217,117)    |

Mangum Regional Medical Center  
Cash Receipts - Cash Disbursements Summary  
7/31/26

|                    | Current Month | COVID | Total Less COVID |
|--------------------|---------------|-------|------------------|
| Cash Receipts      | \$ 1,918,806  | \$ -  | \$ 1,918,806     |
| Cash Disbursements | \$ 1,603,582  | \$ -  | \$ 1,603,582     |
| NET                | \$ 315,224    | \$ -  | \$ 315,224       |

| Year-To-Date  | COVID | Year-To-Date Less COVID |
|---------------|-------|-------------------------|
| \$ 12,324,553 | \$ -  | \$ 12,324,553           |
| \$ 11,689,313 | \$ -  | \$ 11,689,313           |
| \$ 635,240    | \$ -  | \$ 635,240              |

|                    | Prior Month  | COVID | Total Less COVID |
|--------------------|--------------|-------|------------------|
| Cash Receipts      | \$ 2,153,640 | \$ -  | \$ 2,153,640     |
| Cash Disbursements | \$ 2,443,348 | \$ -  | \$ 2,443,348     |
| NET                | \$ (289,708) | \$ -  | \$ (289,708)     |

| Prior Month YTD | COVID | Prior Month YTD Less COVID |
|-----------------|-------|----------------------------|
| \$ 10,405,747   | \$ -  | \$ 10,405,747              |
| \$ 10,085,731   | \$ -  | \$ 10,085,731              |
| \$ 320,016      | \$ -  | \$ 320,016                 |



**Board of Directors  
Mangum Regional Medical Center**

August 25, 2026

July 2026 Financial Statement Overview

- Statistics
  - The average daily census (ADC) for July 2026 was **7.32**– (PY fiscal year end of **9.73**).
  - Year-To-Date Acute payer mix was approximately **78%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **82%** MCR & **17%** MCR Managed Care. For the prior year end those percentages were **80% & 20%**, respectively.
- Balance Sheet Highlights
  - The cash balance as of July 31, 2026, inclusive of both operating & reserves, was **\$1.26M**. This increased **\$577K** from June 30, 2026.
  - Days cash on hand, inclusive of reserves, was **25** based on July expenses.
  - Net AR decreased by **\$377K** from June.
  - Payments of approximately **\$1.6M** were made on AP (prior 3-month avg was **\$1.88M**).
  - Cash receipts were **\$235K** less than in the previous month (**\$2.15M vs \$1.92M**).
  - The Medicare principal balance was completely paid off in the month of August 2024.

- Income Statement Highlights



- Net patient revenue for July 2026 was **\$1.60M**, which is approximately a decrease of **\$56K** from the prior month.
  - Operating expenses, exclusive of interest & depreciation, were **\$1.52M**.
  - 340B revenue was **\$14K** in July, this is an increase of **\$6K** from the prior month.
- 
- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):
    - Current month's average visits per day = **13.0**
    - YTD Operating revenues = **\$527K**
    - YTD Operating expenses = **\$660K**
    - YTD Operating loss = **-\$133K**

**MANGUM REGIONAL MEDICAL CENTER****Admissions, Discharges & Days of Care****Fiscal Year 2026****12/31/2026**

|                     | January | February | March | April | May   | June  | July | YTD   |
|---------------------|---------|----------|-------|-------|-------|-------|------|-------|
| <b>Admissions</b>   |         |          |       |       |       |       |      |       |
| Inpatient           | 14      | 12       | 11    | 7     | 9     | 11    | 13   | 77    |
| Swingbed            | 17      | 9        | 14    | 18    | 9     | 9     | 8    | 84    |
| Observation         | 4       | 1        | 2     | 2     | 3     | 7     | 5    | 24    |
|                     | 35      | 22       | 27    | 27    | 21    | 27    | 26   | 185   |
| <b>Discharges</b>   |         |          |       |       |       |       |      |       |
| Inpatient           | 13      | 11       | 11    | 10    | 8     | 10    | 11   | 74    |
| Swingbed            | 18      | 9        | 12    | 14    | 12    | 15    | 10   | 90    |
| Observation         | 4       | 1        | 2     | 2     | 3     | 7     | 4    | 23    |
|                     | 35      | 21       | 25    | 26    | 23    | 32    | 25   | 187   |
| <b>Days of Care</b> |         |          |       |       |       |       |      |       |
| Inpatient-Medicare  | 17      | 24       | 29    | 9     | 6     | 19    | 16   | 120   |
| Inpatient-Other     | 18      | 13       | 5     | 24    | 15    | 14    | 12   | 101   |
| Swingbed-Medicare   | 196     | 188      | 254   | 387   | 315   | 280   | 146  | 1,766 |
| Swingbed-Other      | 95      | 39       | 60    | 35    | 53    | 41    | 53   | 376   |
| Observation         | 6       | 2        | 6     | 2     | 4     | 9     | 7    | 36    |
|                     | 332     | 266      | 354   | 457   | 393   | 363   | 234  | 2,399 |
| Calendar days       | 31      | 28       | 31    | 30    | 31    | 30    | 31   | 212   |
| ADC - (incl OBS)    | 10.71   | 9.50     | 11.42 | 15.23 | 12.68 | 12.10 | 7.55 | 11.32 |
| ADC                 | 10.52   | 9.43     | 11.23 | 15.17 | 12.55 | 11.80 | 7.32 | 11.15 |
| ER                  | 132     | 121      | 126   | 144   | 164   | 155   | 143  | 985   |
| Outpatient          | 293     | 292      | 306   | 336   | 358   | 347   | 364  | 2,296 |
| RHC                 | 291     | 253      | 321   | 367   | 277   | 287   | 279  | 2,075 |

# MANGUM REGIONAL MEDICAL CENTER

## Comparative Balance Sheet - Unaudited

Fiscal Year 2026

Item 7.

|                                         | January           | February          | March             | April             | May               | June              | July              | 12/31/25          |
|-----------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| <b>Cash And Cash Equivalents</b>        | <b>1,019,825</b>  | <b>1,242,632</b>  | <b>693,252</b>    | <b>1,539,653</b>  | <b>1,774,168</b>  | <b>1,484,986</b>  | <b>1,800,721</b>  | 1,161,872         |
| <b>Patient Accounts Receivable, Net</b> | <b>1,551,232</b>  | <b>1,518,902</b>  | <b>2,021,275</b>  | <b>2,098,047</b>  | <b>2,158,695</b>  | <b>1,645,401</b>  | <b>1,268,498</b>  | 1,192,826         |
| <b>Due From Medicare</b>                | <b>123,029</b>    | <b>187,043</b>    | <b>139,266</b>    | <b>92,538</b>     | <b>18,167</b>     | <b>101,098</b>    | <b>101,098</b>    | 92,538            |
| Inventory                               | 233,694           | 236,070           | 233,479           | 250,989           | 267,207           | 267,723           | 267,155           | 230,865           |
| Prepays And Other Assets                | 1,554,966         | 1,535,715         | 1,534,910         | 1,513,284         | 1,524,497         | 1,538,202         | 1,543,449         | 1,570,019         |
| Capital Assets, Net                     | 1,449,909         | 1,421,726         | 1,393,748         | 1,365,771         | 1,357,794         | 1,337,213         | 1,289,632         | 1,454,496         |
| <b>Total Assets</b>                     | <b>5,932,655</b>  | <b>6,142,086</b>  | <b>6,015,930</b>  | <b>6,860,283</b>  | <b>7,100,528</b>  | <b>6,374,623</b>  | <b>6,270,554</b>  | <b>5,702,615</b>  |
| Accounts Payable                        | 15,461,240        | 15,550,680        | 15,458,474        | 15,775,440        | 15,642,460        | 14,862,782        | 14,759,197        | 15,351,958        |
| AHSO Related AP                         | 892,724           | 892,724           | 892,724           | 892,724           | 892,724           | 892,724           | 892,724           | 892,724           |
| Deferred Revenue                        | 141,879           | 108,872           | -                 | 80,317            | 77,237            | -                 | 198,640           | 0                 |
| <b>Due To Medicare</b>                  | <b>(319)</b>      | <b>(319)</b>      | <b>(319)</b>      | <b>435,225</b>    | <b>771,883</b>    | <b>899,581</b>    | <b>637,899</b>    | (319)             |
| Covid Grant Funds                       | -                 | -                 | -                 | -                 | -                 | -                 | -                 | 0                 |
| Due To Cohesive - PPP Loans             | -                 | -                 | -                 | -                 | -                 | -                 | -                 | 0                 |
| Notes Payable - Cohesive                | 4,497,430         | 4,466,413         | 4,435,396         | 4,404,380         | 4,342,346         | 4,342,346         | 4,311,329         | 4,528,447         |
| Notes Payable - Other                   | 17,948            | 17,948            | 17,948            | 17,948            | 17,948            | 17,948            | 17,948            | 17,948            |
| Alliantz Line Of Credit                 | -                 | -                 | -                 | -                 | -                 | -                 | -                 | 0                 |
| Leases Payable                          | 250,514           | 249,937           | 249,356           | 248,771           | 246,913           | 246,321           | 245,725           | 251,087           |
| <b>Total Liabilities</b>                | <b>21,261,416</b> | <b>21,286,254</b> | <b>21,053,579</b> | <b>21,854,805</b> | <b>21,991,511</b> | <b>21,261,702</b> | <b>21,063,463</b> | <b>21,041,844</b> |
| Net Assets                              | (15,328,762)      | (15,144,168)      | (15,037,650)      | (14,994,522)      | (14,890,983)      | (14,887,079)      | (14,792,909)      | (15,339,229)      |
| <b>Total Liabilities and Net Assets</b> | <b>5,932,655</b>  | <b>6,142,086</b>  | <b>6,015,930</b>  | <b>6,860,283</b>  | <b>7,100,528</b>  | <b>6,374,623</b>  | <b>6,270,554</b>  | <b>5,702,615</b>  |

**Mangum Regional Medical Center**  
**Cash Receipts & Disbursements by Month**

| 2024             |                          |               | 2025             |                          |               | 2026             |                          |               |
|------------------|--------------------------|---------------|------------------|--------------------------|---------------|------------------|--------------------------|---------------|
| Month            | Receipts                 | Disbursements | Month            | Receipts                 | Disbursements | Month            | Receipts                 | Disbursements |
| Jan-24           | 1,187,504                | 1,150,522     | Jan-25           | 1,105,099                | 996,372       | Jan-26           | 1,348,412                | 1,491,009     |
| Feb-24           | 708,816                  | 995,157       | Feb-25           | 1,184,447                | 1,231,249     | Feb-26           | 1,530,505                | 1,308,184     |
| Mar-24           | 1,236,158                | 1,073,824     | Mar-25           | 1,289,275                | 1,250,266     | Mar-26           | 1,108,976                | 1,658,903     |
| Apr-24           | 1,645,373                | 1,483,022     | Apr-25           | 1,225,184                | 1,060,130     | Apr-26           | 2,195,681                | 1,349,793     |
| May-24           | 1,273,007                | 1,062,762     | May-25           | 1,481,774                | 1,044,123     | May-26           | 2,068,532                | 1,834,494     |
| Jun-24           | 950,928                  | 1,216,556     | Jun-25           | 1,530,626                | 1,607,511     | Jun-26           | 2,153,640                | 2,443,348     |
| Jul-24           | 1,344,607                | 1,562,407     | Jul-25           | 2,452,132                | 1,209,562     | Jul-26           | 1,918,806                | 1,603,582     |
| Aug-24           | 2,089,281                | 2,176,381     | Aug-25           | 1,271,486                | 2,373,927     | Aug-26           |                          |               |
| Sep-24           | 1,183,508                | 1,322,228     | Sep-25           | 1,837,975                | 2,032,771     | Sep-26           |                          |               |
| Oct-24           | 1,779,690                | 1,154,658     | Oct-25           | 2,266,799                | 1,772,799     | Oct-26           |                          |               |
| Nov-24           | 770,820                  | 1,370,620     | Nov-25           | 2,045,662                | 1,298,783     | Nov-26           |                          |               |
| Dec-24           | 888,776                  | 1,027,058     | Dec-25           | 1,407,450                | 2,482,755     | Dec-26           |                          |               |
|                  | <u>15,058,468</u>        |               |                  | <u>19,097,911</u>        |               |                  | <u>12,324,553</u>        |               |
| Subtotal FY 2024 | <u><u>15,058,468</u></u> |               | Subtotal FY 2025 | <u><u>19,097,911</u></u> |               | Subtotal FY 2026 | <u><u>12,324,553</u></u> |               |

**Mangum Regional Medical Center  
Medicare Payables by Year**

|                                       | Original Balance    | Balance as of<br>07/31/26 | Total Interest<br>Paid as of<br>07/31/26 |
|---------------------------------------|---------------------|---------------------------|------------------------------------------|
| 2016 C/R Settlement                   | 1,397,906.00        | -                         | 205,415.96                               |
| 2017 Interim Rate Review - 1st        | 723,483.00          | -                         | 149,425.59                               |
| 2017 Interim Rate Review - 2nd        | 122,295.00          | -                         | 20,332.88                                |
| 2017 6/30/17-C/R Settlement           | 1,614,760.00        | -                         | 7,053.79                                 |
| 2017 12/31/17-C/R Settlement          | (535,974.00)        | (318.61)                  | 269,191.14                               |
| 2017 C/R Settlement Overpayment       | 3,539,982.21        | -                         | -                                        |
| 2018 C/R Settlement                   | 1,870,870.00        | -                         | 241,040.31                               |
| 2019 Interim Rate Review - 1st        | 323,765.00          | -                         | 5,637.03                                 |
| 2019 Interim Rate Review - 2nd        | - 1,802,867.00      | -                         | 277,488.75                               |
| 2019 C/R Settlement                   | (967,967.00)        | -                         | -                                        |
| 2020 C/R Settlement                   | (3,145,438.00)      | -                         | -                                        |
| FY21 MCR pay (rec) estimate           | (1,631,036.00)      | -                         | -                                        |
| FY22 MCR pay (rec) estimate           | (318,445.36)        | -                         | -                                        |
| 2016 C/R Audit - Bad Debt Adj         | 348,895.00          | -                         | 16,927.31                                |
| 2018 MCR pay (rec) estimate           | - (34,322.00)       | -                         | -                                        |
| 2019 MCR pay (rec) Audit est.         | (40,612.00)         | -                         | -                                        |
| 2020 MCR pay (rec) Audit              | (74,956.00)         | -                         | -                                        |
| FY23 (8-month IRR) estimate           | - 95,225.46         | -                         | 7,038.71                                 |
| FY23 (8-month IRR) L4315599           | 1,918,398.00        | -                         | 155,799.09                               |
| FY23 MCR pay (rec) remaining estimate | -                   | -                         | -                                        |
| FY24 MCR pay (rec) estimate           | -                   | (91,323.00)               |                                          |
| FY25 MCR pay (rec) estimate           | -                   | (9,775.00)                |                                          |
| FY26 MCR pay (rec) estimate           | -                   | 638,218.00                |                                          |
| <b>Total</b>                          | <b>7,009,696.31</b> | <b>536,801.39</b>         | <b>1,355,350.56</b>                      |

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended July 31, 2026**  
**Unaudited**

Item 7.

| MTD              |                  |                  |              |                                              | YTD               |                   |                  |              |
|------------------|------------------|------------------|--------------|----------------------------------------------|-------------------|-------------------|------------------|--------------|
| Actual           | Budget           | Variance         | % Change     |                                              | Actual            | Budget            | Variance         | % Change     |
| 168,862          | 305,426          | (136,564)        | -45%         | Inpatient revenue                            | 1,512,571         | 2,111,985         | (599,414)        | -28%         |
| 1,079,708        | 1,150,704        | (70,997)         | -6%          | Swing Bed revenue                            | 10,040,558        | 7,871,354         | 2,169,204        | 28%          |
| 775,229          | 710,915          | 64,314           | 9%           | Outpatient revenue                           | 5,165,375         | 4,854,545         | 310,830          | 6%           |
| 130,727          | 177,441          | (46,714)         | -26%         | Professional revenue                         | 1,035,988         | 1,213,454         | (177,465)        | -15%         |
| <u>2,154,526</u> | <u>2,344,486</u> | <u>(189,960)</u> | <u>-8%</u>   | Total patient revenue                        | <u>17,754,493</u> | <u>16,051,338</u> | <u>1,703,155</u> | <u>11%</u>   |
| 854,224          | 718,000          | 136,224          | 19%          | Contractual adjustments                      | 6,126,650         | 4,792,003         | 1,334,647        | 28%          |
| (261,682)        | -                | (261,682)        | #DIV/0!      | Contractual adjustments: MCR Settlement      | 638,218           | -                 | 638,218          | #DIV/0!      |
| (99,320)         | (93,473)         | (5,848)          | 6%           | SHOPP revenue                                | (752,549)         | (654,308)         | (98,241)         | 15%          |
| 63,477           | 54,611           | 8,866            | 16%          | Bad debts                                    | 302,893           | 382,276           | (79,383)         | -21%         |
| <u>556,699</u>   | <u>866,084</u>   | <u>(122,439)</u> | <u>-14%</u>  | Total deductions from revenue                | <u>6,315,212</u>  | <u>5,828,587</u>  | <u>1,795,241</u> | <u>31%</u>   |
| 1,597,827        | 1,478,403        | 119,424          | 8%           | Net patient revenue                          | 11,439,281        | 10,222,751        | 1,216,530        | 12%          |
| 2,550            | 5,475            | (2,925)          | -53%         | Other operating revenue                      | 64,463            | 38,233            | 26,230           | 69%          |
| 14,228           | 23,182           | (8,954)          | -39%         | 340B REVENUES                                | 86,982            | 153,707           | (66,725)         | -43%         |
| <u>1,614,605</u> | <u>1,507,059</u> | <u>107,546</u>   | <u>7%</u>    | Total operating revenue                      | <u>11,590,727</u> | <u>10,414,691</u> | <u>1,176,036</u> | <u>11%</u>   |
|                  |                  |                  |              | Expenses                                     |                   |                   |                  |              |
| 482,584          | 450,879          | 31,705           | 7%           | Salaries and benefits                        | 3,309,195         | 3,094,646         | 214,549          | 7%           |
| 76,339           | 84,838           | (8,499)          | -10%         | Professional Fees                            | 526,255           | 589,932           | (63,676)         | -11%         |
| 406,437          | 443,574          | (37,137)         | -8%          | Contract labor                               | 3,203,138         | 3,041,349         | 161,790          | 5%           |
| 143,737          | 124,421          | 19,315           | 16%          | Purchased/Contract services                  | 1,007,297         | 870,877           | 136,420          | 16%          |
| 225,000          | 225,000          | -                | 0%           | Management expense                           | 1,575,000         | 1,575,000         | -                | 0%           |
| 61,040           | 81,170           | (20,130)         | -25%         | Supplies expense                             | 599,447           | 564,593           | 34,854           | 6%           |
| 11,307           | 15,527           | (4,220)          | -27%         | Rental expense                               | 124,339           | 113,067           | 11,272           | 10%          |
| 13,525           | 13,139           | 386              | 3%           | Utilities                                    | 82,657            | 91,972            | (9,316)          | -10%         |
| 2,219            | 1,304            | 915              | 70%          | Travel & Meals                               | 10,123            | 9,099             | 1,024            | 11%          |
| 29,858           | 13,460           | 16,398           | 122%         | Repairs and Maintenance                      | 128,007           | 94,222            | 33,785           | 36%          |
| 17,885           | 13,720           | 4,165            | 30%          | Insurance expense                            | 119,365           | 96,042            | 23,322           | 24%          |
| 10,328           | 13,266           | (2,937)          | -22%         | Other Expense                                | 89,020            | 92,855            | (3,835)          | -4%          |
| 12,556           | 15,961           | (3,405)          | -21%         | 340B EXPENSES                                | 73,520            | 109,449           | (35,928)         | -33%         |
| <u>1,492,814</u> | <u>1,496,259</u> | <u>(3,445)</u>   | <u>0%</u>    | Total expense                                | <u>10,847,364</u> | <u>10,343,103</u> | <u>504,261</u>   | <u>5%</u>    |
| <u>121,791</u>   | <u>10,800</u>    | <u>110,991</u>   | <u>1028%</u> | EBIDA                                        | <u>743,363</u>    | <u>71,588</u>     | <u>671,774</u>   | <u>938%</u>  |
| <u>7.5%</u>      | <u>0.7%</u>      | <u>6.83%</u>     |              | EBIDA as percent of net revenue              | <u>6.4%</u>       | <u>0.7%</u>       | <u>5.73%</u>     |              |
| 40               | 100              | (60)             | -60%         | Interest                                     | 519               | 100               | 419              | 417%         |
| 27,581           | 28,257           | (676)            | -2%          | Depreciation                                 | 196,524           | 28,257            | 168,267          | 595%         |
| <u>94,170</u>    | <u>(17,557)</u>  | <u>111,727</u>   | <u>-636%</u> | Operating margin                             | <u>546,320</u>    | <u>43,231</u>     | <u>503,089</u>   | <u>1164%</u> |
| -                | -                | -                |              | Other                                        | -                 | -                 | -                |              |
| -                | -                | -                |              | Total other nonoperating income              | -                 | -                 | -                |              |
| <u>94,170</u>    | <u>(17,557)</u>  | <u>111,727</u>   | <u>-636%</u> | Excess (Deficiency) of Revenue Over Expenses | <u>546,320</u>    | <u>43,231</u>     | <u>503,089</u>   | <u>1164%</u> |
| <u>5.83%</u>     | <u>-1.17%</u>    | <u>7.00%</u>     |              | Operating Margin %                           | <u>4.71%</u>      | <u>0.42%</u>      | <u>4.30%</u>     |              |

**MANGUM REGIONAL MEDICAL CENTER**
**Statement of Revenue and Expense Trend - Unaudited**
**Fiscal Year 2026**

Item 7.

|                                              | January   | February   | March      | April     | May        | June      | July       | YTD        |
|----------------------------------------------|-----------|------------|------------|-----------|------------|-----------|------------|------------|
| Inpatient revenue                            | 233,308   | 235,271    | 265,042    | 233,353   | 154,630    | 222,104   | 168,862    | 1,512,571  |
| Swing Bed revenue                            | 1,240,427 | 1,132,789  | 1,503,209  | 1,833,081 | 1,646,464  | 1,604,881 | 1,079,708  | 10,040,558 |
| Outpatient revenue                           | 630,118   | 606,237    | 756,922    | 780,822   | 761,990    | 854,056   | 775,229    | 5,165,375  |
| Professional revenue                         | 145,592   | 125,414    | 166,712    | 154,191   | 159,101    | 154,252   | 130,727    | 1,035,988  |
| Total patient revenue                        | 2,249,445 | 2,099,711  | 2,691,884  | 3,001,448 | 2,722,186  | 2,835,293 | 2,154,526  | 17,754,493 |
| Contractual adjustments                      | 827,609   | 658,651    | 1,135,029  | 777,595   | 757,681    | 1,115,861 | 854,224    | 6,126,650  |
| Contractual adjustments: MCR Settlement      | (30,491)  | (64,014)   | 47,777     | 482,272   | 336,658    | 127,698   | (261,682)  | 638,218    |
| SHOPP Revenue                                | (108,872) | (108,872)  | (108,872)  | (90,920)  | (158,457)  | (77,237)  | (99,320)   | (752,549)  |
| Bad debts                                    | (11,068)  | 37,583     | (40,798)   | 163,755   | 74,732     | 15,210    | 63,477     | 302,893    |
| Total deductions from revenue                | 677,178   | 523,349    | 1,033,137  | 1,332,702 | 1,010,615  | 1,181,532 | 556,699    | 6,315,212  |
| Net patient revenue                          | 1,572,267 | 1,576,362  | 1,658,748  | 1,668,745 | 1,711,571  | 1,653,761 | 1,597,827  | 11,439,281 |
| Other operating revenue                      | 3,872     | 3,245      | 6,120      | 30,719    | 2,619      | 15,339    | 2,550      | 64,463     |
| 340B REVENUES                                | 21,609    | 10,205     | 14,719     | 10,114    | 7,677      | 8,429     | 14,228     | 86,982     |
| Total operating revenue                      | 1,597,748 | 1,589,812  | 1,679,587  | 1,709,578 | 1,721,866  | 1,677,530 | 1,614,605  | 11,590,727 |
|                                              | 99.1%     | 112.2%     | 105.4%     | 100.1%    | 105.8%     | 98.8%     | 105.1%     | 103.6%     |
| Expenses                                     |           |            |            |           |            |           |            |            |
| Salaries and benefits                        | 459,105   | 400,592    | 468,239    | 479,517   | 531,620    | 487,538   | 482,584    | 3,309,195  |
| Professional Fees                            | 71,745    | 83,267     | 75,744     | 71,119    | 77,724     | 70,317    | 76,339     | 526,255    |
| Contract labor                               | 524,512   | 404,584    | 448,343    | 482,533   | 452,386    | 484,343   | 406,437    | 3,203,138  |
| Purchased/Contract services                  | 107,537   | 118,752    | 125,198    | 200,521   | 147,671    | 163,881   | 143,737    | 1,007,297  |
| Management expense                           | 225,000   | 225,000    | 225,000    | 225,000   | 225,000    | 225,000   | 225,000    | 1,575,000  |
| Supplies expense                             | 83,971    | 66,482     | 104,211    | 95,924    | 79,102     | 108,718   | 61,040     | 599,447    |
| Rental expense                               | 19,350    | 18,104     | 18,205     | 19,284    | 17,730     | 20,360    | 11,307     | 124,339    |
| Utilities                                    | 14,051    | 11,001     | 10,994     | 10,627    | 10,774     | 11,685    | 13,525     | 82,657     |
| Travel & Meals                               | 328       | 891        | 1,267      | 2,255     | 1,828      | 1,336     | 2,219      | 10,123     |
| Repairs and Maintenance                      | 8,128     | 9,273      | 26,832     | 15,211    | 8,481      | 30,224    | 29,858     | 128,007    |
| Insurance expense                            | 16,664    | 19,509     | 13,449     | 13,449    | 18,756     | 19,652    | 17,885     | 119,365    |
| Other                                        | 13,863    | 10,320     | 15,647     | 12,306    | 12,382     | 14,174    | 10,328     | 89,020     |
| 340B EXPENSES                                | 13,660    | 9,193      | 11,844     | 10,677    | 6,827      | 8,764     | 12,556     | 73,520     |
| Total expense                                | 1,557,914 | 1,376,967  | 1,544,972  | 1,638,424 | 1,590,282  | 1,645,990 | 1,492,814  | 10,847,364 |
| EBIDA                                        | \$ 39,834 | \$ 212,846 | \$ 134,614 | \$ 71,154 | \$ 131,584 | \$ 31,540 | \$ 121,791 | \$ 743,363 |
| EBIDA as percent of net revenue              | 2.5%      | 13.4%      | 8.0%       | 4.2%      | 7.6%       | 1.9%      | 7.5%       | 6.4%       |
| Interest                                     | 119       | 69         | 119        | 50        | 68         | 55        | 40         | 519        |
| Depreciation                                 | 29,247    | 28,183     | 27,977     | 27,977    | 27,977     | 27,581    | 27,581     | 196,524    |
| Operating margin                             | \$ 10,467 | \$ 184,594 | \$ 106,518 | \$ 43,128 | \$ 103,539 | \$ 3,904  | \$ 94,170  | \$ 546,320 |
| Other                                        | -         | -          | -          | -         | -          | -         | -          | -          |
| Total other nonoperating income              | \$ -      | \$ -       | \$ -       | \$ -      | \$ -       | \$ -      | \$ -       | \$ -       |
| Excess (Deficiency) of Revenue Over Expenses | 10,467    | 184,594    | 106,518    | 43,128    | 103,539    | 3,904     | 94,170     | 546,320    |

Mangum Family Clinic  
For the Month Ended and Year To Date July 31, 2026

|                             | Current         |                  |                    | Last FYE         | Net Change    |
|-----------------------------|-----------------|------------------|--------------------|------------------|---------------|
|                             | Month           | Year-To-Date     | 12-Month Projected |                  |               |
| Gross Patient Revenue       | 37,082          | 270,701          | 464,059            | 342,640          | 121,419       |
| Less: Revenue deductions    | 31,194          | 256,092          | 439,015            | 254,389          | 184,626       |
| Net Patient Revenue         | 68,275          | 526,793          | 903,074            | 597,028          | 306,045       |
| Other Income (if any)       | -               | -                | -                  | -                | -             |
| Operating revenue           | 68,275          | 526,793          | 903,074            | 597,028          | 306,045       |
| <b>Operating Expenses:</b>  |                 |                  |                    |                  |               |
| Leased Salaries             | 41,767          | 271,091          | 464,727            | 238,089          | 226,638       |
| Contract labor              | -               | 17,671           | 30,294             | 1,969            | 28,325        |
| Benefits                    | 1,684           | 27,382           | 46,941             | 44,085           | 2,856         |
| Provider Fees               | -               | 26,015           | 44,597             | 88,636           | (44,038)      |
| Purchased/Contract services | 5,536           | 42,743           | 73,273             | 67,107           | 6,166         |
| Management expense          | 11,250          | 78,750           | 135,000            | 135,000          | -             |
| Supplies expense            | 315             | 4,261            | 7,305              | 7,708            | (403)         |
| Rental expense              | 1,801           | 12,520           | 21,463             | 21,444           | 19            |
| Utilities                   | 767             | 4,421            | 7,580              | 7,335            | 244           |
| Repairs and Maintenance     | -               | 583              | 1,000              | 868              | 132           |
| Insurance expense           | 248             | 1,733            | 2,971              | 2,845            | 126           |
| Other expense               | 488             | 3,552            | 6,089              | 4,591            | 1,498         |
| CAH Overhead Allocation     | 24,154          | 169,077          | 289,846            | 289,847          | (1)           |
| Total Operating Expenses    | 88,009          | 659,800          | 1,131,086          | 910,335          | 220,751       |
| <b>Net Income (loss)</b>    | <b>(19,734)</b> | <b>(133,007)</b> | <b>(228,013)</b>   | <b>(313,307)</b> | <b>85,294</b> |

**340B**

|                                    |                 |                  |                  |                  |                 |
|------------------------------------|-----------------|------------------|------------------|------------------|-----------------|
| Gross revenues                     | 14,228.28       | 86,982           | 149,112          | 234,025          | (84,913)        |
| Operating expenses                 | 12,555.73       | 73,520           | 126,035          | 156,577          | (30,542)        |
| Profit (loss)                      | <b>1,673</b>    | <b>13,462</b>    | <b>23,078</b>    | <b>77,448</b>    | <b>(54,371)</b> |
| <b>Net Income (loss) with 340B</b> | <b>(18,061)</b> | <b>(119,545)</b> | <b>(204,935)</b> | <b>(235,859)</b> | <b>30,924</b>   |

**Stats**

|                               |     |      |       |       |       |
|-------------------------------|-----|------|-------|-------|-------|
| Onsite Visits                 | 189 | 1214 | 2,081 | 2,268 | (187) |
| Swing Bed Visits              | 90  | 861  | 1,476 | 379   | 1,097 |
| Telehealth, CCM, Nurse Visits | 0   | 0    | -     | -     | -     |
| Total Visits                  | 279 | 2075 | 3557  | 2647  | 910   |

## Payor Mix based on Total Visits

|                             |      |      |      |      |
|-----------------------------|------|------|------|------|
| Medicare                    | 45%  | 45%  | 34%  | 12%  |
| Managed Medicare            | 15%  | 15%  | 6%   | 8%   |
| Medicaid / Managed Medicaid | 19%  | 19%  | 23%  | -4%  |
| Commercial/Other            | 21%  | 21%  | 37%  | -16% |
| Total                       | 100% | 100% | 100% | 0%   |

|                       |    |     |     |     |   |
|-----------------------|----|-----|-----|-----|---|
| Clinic Days           | 22 | 149 | 255 | 255 | - |
| Average Visit Per Day | 13 | 14  | 14  | 10  | 4 |

|                    |           |           |           |           |            |
|--------------------|-----------|-----------|-----------|-----------|------------|
| Cost Per Visit     | \$ 315.44 | \$ 317.98 | \$ 317.98 | \$ 343.91 | \$ (25.94) |
| Medicare Visit Cap |           | \$ 292.54 | \$ 292.54 | \$ 282.65 |            |
| Over (Under) Cap   |           | \$ 25.44  | \$ 25.44  | \$ 61.26  |            |

| VENDOR NAME                    | DESCRIPTION                    | 0-30 Days  | 31-60 Days | 61-90 Days   | OVER 90 Days | 7/31/2026     | 6/30/2026     | 5/31/2026     | 4/30/2026     | 3/31/2026     |
|--------------------------------|--------------------------------|------------|------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|
| ACCUTEK LAB                    | Lab Supplies                   | -          | 120.00     | -            | -            | 120.00        | -             | -             | -             | -             |
| AMERISOURCE RECEIVABLES (ARFC) | Pharmacy Supplies              | 6,113.70   | -          | -            | -            | 6,113.70      | 2,865.99      | 9,771.67      | 7,188.61      | 10,756.85     |
| APEX MEDICAL GAS SYSTEMS, INC  | Supplies                       | -          | -          | -            | -            | -             | 4,822.71      | -             | -             | -             |
| AT&T                           | Fax Service                    | 1,112.21   | -          | -            | -            | 1,112.21      | -             | 2,008.37      | -             | -             |
| BIO-RAD LABORATORIES INC       | Lab Supplies                   | 465.88     | -          | -            | -            | 465.88        | -             | 483.84        | 465.88        | -             |
| BLUE CARDINAL CHEMICAL, LLC    | Patient Supplies               | -          | -          | -            | -            | -             | 323.43        | -             | -             | -             |
| BRIAN SHIDELER                 | Repairs/maintenance            | -          | -          | -            | -            | -             | -             | -             | 1,370.00      | -             |
| CARDINAL HEALTH 110, LLC       | Patient Supplies               | -          | -          | -            | (144.30)     | (144.30)      | (144.30)      | (144.30)      | (144.30)      | (144.30)      |
| CAREFUSION                     | Rental Equipment               | -          | -          | -            | -            | -             | -             | -             | 4,449.00      | 4,449.00      |
| CARLOS MENDOZA                 | Education/Training             | -          | -          | -            | -            | -             | 1,050.00      | -             | -             | -             |
| CARRIER CORP                   | Shipping                       | -          | -          | -            | -            | -             | -             | -             | -             | 3,673.40      |
| CASAD COMPANY INC              | Supplies                       | -          | -          | -            | -            | -             | -             | -             | 282.50        | -             |
| CITY OF MANGUM                 | Utilities                      | 9,094.72   | -          | -            | -            | 9,094.72      | 7,027.05      | -             | 6,021.31      | -             |
| CLEAN THE UNIFORM HOLDING COMP | Linen Services                 | 4,066.95   | -          | -            | -            | 4,066.95      | 4,050.07      | 4,466.93      | 4,256.17      | 3,012.78      |
| COHESIVE HEALTHCARE MGMT       | Mgmt Fees                      | 225,000.00 | 4,766.66   | -            | 2,291,050.33 | 2,520,816.99  | 2,521,289.49  | 3,011,668.73  | 2,996,971.13  | 2,992,204.47  |
| COHESIVE STAFFING SOLUTIONS    | Agency Staffing Service        | 540,546.32 | 902,885.15 | 1,092,378.48 | 8,269,691.71 | 10,805,501.66 | 10,768,711.75 | 11,164,020.68 | 11,560,574.47 | 10,941,186.41 |
| CONVATEC, INC                  | Patient Supplies               | 1,199.00   | 3,597.00   | -            | -            | 4,796.00      | 4,796.00      | 1,407.00      | -             | 1,133.00      |
| CORRY KENDALL, ATTORNEY AT LAW | Legal Fees                     | -          | -          | -            | -            | -             | -             | -             | -             | 2,000.00      |
| DAN'S HEATING & AIR CONDITIONI | Repairs/maintenance            | -          | -          | -            | -            | -             | 5,000.00      | -             | 2,650.00      | 295.44        |
| DELL FINANCIAL SERVICES LLC    | Server Lease                   | -          | -          | -            | -            | -             | -             | 1,270.62      | -             | -             |
| DIAGNOSTIC IMAGING ASSOCIATES  | Radiology Purch Svs            | 2,150.00   | -          | -            | -            | 2,150.00      | 2,150.00      | 2,150.00      | 2,150.00      | 2,150.00      |
| DIRECTV                        | Cable service                  | 317.35     | -          | -            | -            | 317.35        | 297.60        | 297.60        | 297.60        | -             |
| DP MEDICAL SERVICES            | Rental                         | 1,750.00   | -          | -            | -            | 1,750.00      | -             | -             | 1,750.00      | -             |
| DTG MEDICAL ELECTRONICS        | Patient Supplies               | -          | -          | -            | -            | -             | 146.60        | -             | 1,999.64      | -             |
| DYNAMIC ACCESS                 | Vascular Consultant            | 1,966.90   | -          | -            | -            | 1,966.90      | 2,387.04      | 1,193.52      | 3,713.17      | 1,591.36      |
| eCLINICAL WORKS, LLC           | RHC EHR                        | 181.74     | -          | -            | -            | 181.74        | -             | -             | -             | -             |
| EMD MILLIPORE CORPORATION      | Lab Supplies                   | -          | 7,140.48   | -            | -            | 7,140.48      | -             | -             | -             | -             |
| ENTRUSTED TRANSPORT, LLC       | Patient Transportation Service | -          | -          | -            | -            | -             | -             | -             | 678.75        | -             |
| FEDEX                          | Shipping                       | 17.96      | -          | -            | -            | 17.96         | 18.25         | 54.42         | 18.75         | -             |
| FOX BUILDING SUPPLY            | Repairs/maintenance            | 410.90     | -          | -            | -            | 410.90        | 465.85        | -             | -             | -             |
| FUCHA RADIO, LLC               | Advertising                    | -          | -          | -            | -            | -             | 110.00        | -             | 110.00        | 110.00        |
| GEORGE BROS TERMITE & PEST CON | Pest Control Service           | 200.00     | -          | -            | -            | 200.00        | 200.00        | -             | -             | 200.00        |
| GRAINGER                       | Maintenance Supplies           | -          | -          | -            | -            | -             | 1,350.76      | 330.59        | -             | 256.32        |
| GREER COUNTY TREASURER         | Insurance                      | -          | -          | -            | -            | -             | -             | -             | -             | 4,680.00      |
| HAC INC                        | Dietary Supplies               | 100.17     | -          | -            | -            | 100.17        | 21.86         | 152.96        | 102.91        | 6.49          |
| HEWLETT-PACKARD FINANCIAL SERV | Computer Services              | 307.10     | -          | -            | -            | 307.10        | 307.10        | 307.10        | 307.10        | 307.10        |
| INMAR RX SOLUTIONS INC.        | Pharmacy Supplies              | -          | -          | -            | -            | -             | -             | 3,780.00      | -             | -             |
| INTEGO SOFTWARE, LLC           | Software license               | -          | -          | -            | -            | -             | -             | -             | -             | 481.36        |
| KIRKS EMERGENCY MEDICAL SERVIC | Patient Transportation Service | -          | -          | -            | -            | -             | -             | -             | 19,632.00     | -             |
| LOCKE SUPPLY                   | Plant Ops supplies             | -          | -          | -            | -            | -             | -             | -             | 99.10         | 156.08        |
| MARK CHAPMAN                   | Employee Reimbursement         | -          | -          | -            | -            | -             | 882.73        | -             | -             | -             |
| MCKESSON - 340 B               | Pharmacy Supplies              | -          | -          | -            | -            | -             | 35.72         | -             | 464.83        | -             |
| MCKESSON / PSS - DALLAS        | Patient Care/Lab Supplies      | 1,066.77   | 196.87     | -            | -            | 1,263.64      | 3,943.70      | 1,441.71      | -             | -             |
| MEDLINE INDUSTRIES             | Patient Care/Lab Supplies      | 9,341.33   | 1,219.01   | -            | -            | 10,560.34     | 16,935.76     | 28,137.58     | 27,530.87     | 11,666.81     |
| MYHEALTH ACCESS NETWORK, INC   | Compliance purch svcs          | 758.95     | -          | -            | -            | 758.95        | 758.95        | 758.95        | 758.95        | 758.95        |
| NICHOLAS WALKER                | Expense Reimbursement          | -          | -          | -            | -            | -             | -             | 175.00        | -             | -             |
| NUANCE COMMUNICATIONS INC      | RHC purch svcs                 | -          | -          | -            | -            | -             | 123.00        | -             | 123.00        | -             |
| OFMQ                           | Quality purch svcs             | -          | -          | -            | -            | -             | -             | 360.00        | 360.00        | 360.00        |
| OKLAHOMA DEPARTMENT OF LABOR   | License                        | -          | -          | -            | -            | -             | -             | -             | 50.00         | -             |
| ORGANOGENESIS INC              | Patient Care/Lab Supplies      | 255.00     | -          | -            | -            | 255.00        | -             | -             | -             | -             |
| PAWHUSKA HOSPITAL, INC.        | Contract Labor                 | 1,443.19   | -          | -            | -            | 1,443.19      | -             | -             | -             | -             |
| PHARMACY CONSULTANTS, INC.     | PHARMACY CONSULTANTS, INC.     | 3,196.99   | -          | -            | -            | 3,196.99      | -             | 2,770.00      | 3,777.67      | 2,770.00      |
| PITNEY BOWES GLOBAL FINANCIAL  | Postage rental                 | -          | -          | -            | -            | -             | -             | -             | 29.34         | -             |

| VENDOR NAME                    | DESCRIPTION                              | 0-30 Days         | 31-60 Days        | 61-90 Days          | OVER 90 Days         | 7/31/2026            | 6/30/2026            | 5/31/2026            | 4/30/2026            | 3/31/2026            |
|--------------------------------|------------------------------------------|-------------------|-------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PORT53 TECHNOLOGIES, INC.      | Software license                         | -                 | -                 | -                   | 9,266.40             | 9,266.40             | -                    | -                    | -                    | -                    |
| REYES ELECTRIC LLC             | COVID Capital                            | -                 | -                 | -                   | -                    | -                    | -                    | -                    | 775.00               | -                    |
| RUSSELL ELECTRIC & SECURITY    | Repair and Maintenance                   | 35.00             | -                 | -                   | -                    | 35.00                | -                    | 35.00                | -                    | -                    |
| SIEMENS HEALTHCARE DIAGNOSTICS | Service Contract                         | 6,633.20          | -                 | -                   | -                    | 6,633.20             | -                    | 3,163.63             | 5,149.53             | 872.57               |
| SMAART MEDICAL SYSTEMS INC     | Radiology interface/Radiologist provider | 1,735.00          | -                 | -                   | -                    | 1,735.00             | 1,735.00             | 1,735.00             | 1,735.00             | 1,735.00             |
| SPACELABS HEALTHCARE LLC       | Telemetry Supplies                       | 2,942.47          | -                 | -                   | (67.50)              | 2,874.97             | 635.00               | -                    | -                    | -                    |
| SPARKLIGHT BUSINESS            | Cable service                            | 125.43            | -                 | -                   | -                    | 125.43               | 122.15               | 383.01               | 141.43               | 129.43               |
| STANDLEY SYSTEMS LLC           | Printer lease                            | 2,638.09          | -                 | -                   | -                    | 2,638.09             | 2,465.50             | 2,509.69             | 2,345.50             | 2,345.50             |
| STAPLES, INC.                  | Office Supplies                          | 403.88            | -                 | -                   | -                    | 403.88               | 1,685.35             | 3,966.57             | 635.99               | 1,296.68             |
| STERICYCLE INC                 | Waste Disposal Service                   | 1,848.57          | -                 | -                   | -                    | 1,848.57             | 1,856.16             | 1,079.17             | -                    | 1,553.28             |
| SUMMIT UTILITIES               | Utilities                                | 1,355.87          | -                 | -                   | -                    | 1,355.87             | 1,273.74             | 1,369.88             | 1,357.81             | 2,131.46             |
| TECUMSEH OXYGEN & MEDICAL SUPP | Patient Supplies                         | -                 | -                 | -                   | -                    | -                    | -                    | 4,222.00             | 4,598.23             | -                    |
| TEJASMEX LLC                   | Carport                                  | -                 | -                 | -                   | -                    | -                    | -                    | -                    | -                    | 4,348.72             |
| TRIOSE INC                     | Freight                                  | 238.91            | -                 | -                   | -                    | 238.91               | 208.70               | 246.75               | 114.92               | -                    |
| ULINE                          | Patient Supplies                         | -                 | -                 | -                   | -                    | -                    | 595.30               | -                    | -                    | -                    |
| US FOODSERVICE-OKLAHOMA CITY   | Food and supplies                        | 2,325.99          | -                 | -                   | -                    | 2,325.99             | 5,131.01             | 3,312.13             | 7,655.08             | 4,857.85             |
| <b>Grand Total</b>             |                                          | <b>831,345.54</b> | <b>919,925.17</b> | <b>1,092,378.48</b> | <b>10,569,796.64</b> | <b>13,413,445.83</b> | <b>13,365,635.02</b> | <b>14,258,885.80</b> | <b>14,672,546.94</b> | <b>14,003,332.01</b> |
|                                |                                          |                   |                   |                     | Conversion Variance  | 13,340.32            | 13,340.32            | 13,340.32            | 13,340.32            | 13,340.32            |
|                                |                                          |                   |                   |                     | AP Control           | 13,759,076.17        | 13,710,722.24        | 14,604,516.14        | 15,018,177.28        | 14,348,962.35        |
|                                |                                          |                   |                   |                     | Accrued AP           | 1,892,844.51         | 2,044,783.65         | 1,930,667.29         | 1,649,986.02         | 2,002,235.17         |
|                                |                                          |                   |                   |                     | AHSO Related AP      | (892,723.76)         | (892,723.76)         | (892,723.76)         | (892,723.76)         | (892,723.76)         |
|                                |                                          |                   |                   |                     | <b>TOTAL AP</b>      | <b>14,759,196.92</b> | <b>14,862,782.13</b> | <b>15,642,459.67</b> | <b>15,775,439.54</b> | <b>15,458,473.76</b> |
|                                |                                          |                   |                   |                     |                      | 14,759,196.92        | 14,862,782.13        | 15,642,459.67        | 15,775,439.54        | 15,458,473.76        |

**Hospital Vendor Contract Summary Sheet**

1.     ☐ Existing Vendor                      ☒ New Vendor
2.     **Name of Contract:** NSSP Facility Participation Agreement
3.     **Contract Parties:** OSDH/National Syndromic Surveillance Program /MRMC
4.     **Contract Type Services:** Data Use Agreement
5.     **Impacted Hospital Departments:** Hospital
6.     **Contract Summary:** This agreement allows MRMC to participate in the CDC's National Syndromic Surveillance Program for surveillance to assist in detection of unusual levels of illness to determine whether a response is warranted. This agreement describes what data will be collected.
7.     **Cost:** \$0
8.     **Prior Cost:** \$0
9.     **Term:**
10.    **Termination Clause:**
11.    **Other:**

### NSSP Facility Participation Agreement

The Oklahoma State Department of Health (“OSDH”) has signed a Data Use Agreement with the CDC (“Core DUA”) that includes an addendum for the National Syndromic Surveillance Program (“NSSP”). \_\_\_\_\_ (“Facility”) agrees to voluntarily participate in the CDC’s NSSP.

As a voluntarily participant:

- 1) The Facility is aware of the allowable uses and users of syndromic surveillance data as described in the FAQ (see Attachment A) and memorialized in the Core DUA and NSSP addendum.
- 2) The Facility is aware that OSDH, as an NSSP site administrator, will serve as a liaison to the Facility, which includes assisting the Facility with the BioSense onboarding process.
- 3) The Facility is aware that OSDH, as an NSSP site administrator, may control access to data on the BioSense Platform on an individual or group level. Although it may be modified, the default setting is to allow a facility, upon request, to view the facility-level data it submits to the BioSense platform.
- 4) The Facility is aware that it is the Facility’s responsibility to avoid or reduce sending personally identifying information (“PII”) when submitting Data Elements. Page 30 of the New Facility Onboarding guide lists the information that is considered PII (See Table 10 in Attachment B).
- 5) The Facility is aware that at any time it may elect to withdraw its participation from NSSP.
- 6) The Facility agrees that it has signed or will sign the BioSense Platform Onboarding Process Facility Acknowledgement.
- 7) The Facility agrees that it has signed or will sign the BioSense Platform Code of Conduct.
- 8) The Facility agrees to submit Priority 1 and 2 Data Elements described in the Syndromic Data Element Prioritization (see Attachment C).
- 9) The Facility authorizes OSDH to grant CDC access to the submitted Data Elements.

Agreed and acknowledged by official authorized representatives of the parties:

Oklahoma State Department of Health  
(OSDH)

\_\_\_\_\_ (Facility)

Name:

Name:

Title:

Title:

Date:

Date:

Signature:

Signature:

## FAQs of Syndromic Surveillance

**What is Syndromic Surveillance?** Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients—before a diagnosis is confirmed—public health can detect unusual levels of illness to determine whether a response is warranted. Such responses may be for illness, injuries, drug-related overdoses, outbreaks, or foodborne illnesses.

**What is BioSense?** BioSense and its platform is a product of CDC. It is a secure integrated electronic health information system built on NSSP's commitment to data interoperability. The cloud-based detection and monitoring system also includes web-based tools for advanced analytics and visualizations, data sharing and integration by and for the public health community.

**Are there certain facilities or departments that should participate?** Emergency departments, urgent care, ambulatory care, and inpatient settings, and laboratories are mentioned by the CDC.

**How Do You Submit the Data?** A facility will need to onboard as a New Facility. [NSSP New Facility Onboarding Guide for the BioSense Platform \(cdc.gov\)](#). OSDH staff will help guide your facility through the onboarding process. The link also describes the efforts BioSense and CDC have made to ensure that data remains secure including a code of conduct that all facilities must sign during the onboarding process.

**What uses of the data are allowed?** Based on a Data Modernization Initiative, the CDC has proposed a new Core DUA that will be used by public health authorities – including OSDH. In addition to other types of provisions, the proposed Core DUA allows for:

1. Analyzing and visualizing the Covered Data to provide an ongoing understanding of the nation's health at the federal and appropriate jurisdictional level, supporting local and regional public health practice at the jurisdictional level, and facilitating a seamless transition into response operations, when necessary;
2. Analyzing and visualizing the Covered Data to inform and improve distribution of HHS, CDC, and other federal resources and other assets;
3. Analyzing and visualizing the Covered Data to improve detecting, characterizing, monitoring, responding to, and recovering from cases and incidence of disease, conditions, and outbreaks;
4. Analyzing and visualizing the Covered Data to improve the monitoring of routine and response-related vaccination and vaccine-related activities, including vaccine safety and assessment of vaccine effectiveness;
5. Analyzing and visualizing the Covered Data to improve the monitoring of routine and response-related testing and diagnostic-related activities, including testing and diagnostic safety and assessment of testing and diagnostic effectiveness;
6. Sharing the Covered Data and analyses thereof with official federal, state, local, tribal, and territorial governmental health agencies, or entities collaborating with them in the execution of their public health role and their outbreak response responsibilities, consistent with applicable federal law and their own statutory authorities;
7. Developing analytic methods using the Covered Data to identify immediate public health events or concerns at the federal, state, local, tribal, and territorial level that warrant further public health investigation or immediate public health intervention actions;

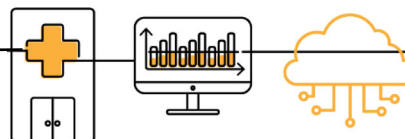
8. Enabling public health and outbreak response officials, and other appropriate authorized users, to query the Covered Data within CDC or CDC-designated secure data platforms as may be necessary to carry out critical public health functions;
9. Publishing findings and conclusions in accordance with the DA; and
10. In case of public health emergencies uses may be expanded.

**Are there additional Security and Privacy Settings?** In addition to the security and privacy efforts already stated, the CDC has also proposed an addendum to the Core DUA that is specific to the NSSP which mentions:

1. Establishing principles and norms that prescribed how CDC may use NSSP data voluntarily submitted and ensure those are monitored and maintained;
2. Limiting CDC staff will have access to patient record-level data;
3. All Platform users will have access to non-record level data that is aggregated to present minimal risk of re-identification; users can collaborate; and
4. All platform users may develop products so long as it is in accordance with the CDC Policy and Governance.

**What does OSDH need from a participating facility?** Overall, OSDH is not seeking any additional data elements from those already requested by the CDC to allow for a streamlined direct submission approach to BioSense and is of the opinion that the CDC has implemented sufficient privacy and security safeguards. However, OSDH must still memorialize that facilities are submitting the data through OSDH's authority. This is why OSDH is considering a Participation Agreement rather than a prototypical data sharing agreement (DSA).

## 5 DATA INTEGRATION



Building a valid data set for syndromic surveillance is the most time-consuming aspect of the onboarding process. Careful and deliberate planning should be exercised.

### 5.1 Syndromic Surveillance HL7 Implementation Guide

The BioSense Platform is based on the [PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings](#). During HL7 message development, pay careful attention to include all required data elements.

### 5.2 Excluded Data Elements Containing PII

While not emphasized well in the [PHIN Messaging Guide for Syndromic Surveillance](#), be cautious and **limit sending personally identifiable information (PII) to the BioSense Platform**. Table 10 lists the data elements to **exclude** from HL7 messages that will be sent to the BioSense Platform.

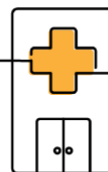
| Table 10. Personally Identifiable Information (PII) to EXCLUDE from HL7 Messages |                                                                                |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| HL7 Segment/Field                                                                | HL7 Description                                                                |
| PID.5.1-6                                                                        | Patient Name                                                                   |
| PID.5.8-12                                                                       | Patient Name                                                                   |
| PID.6                                                                            | Mother's Maiden Name                                                           |
| PID.9                                                                            | Patient Alias                                                                  |
| PID.11.1-2                                                                       | Patient Address ( <b>Note:</b> Patient ZIP, County, and City are required.)    |
| PID.11.8                                                                         | Patient Address ( <b>Note:</b> Patient ZIP, County, and City are required.)    |
| PID.13-17                                                                        | Patient Phone Number                                                           |
| PID.19-21                                                                        | Social Security Number (SSN), Driver's License Number, Mother's Identification |
| PID.23-28                                                                        | Birth Information                                                              |
| PID.30.2                                                                         | Patient Death Indicator                                                        |
| NK Segments                                                                      | Next of Kin                                                                    |
| MRG.7                                                                            | Merge Patient Information                                                      |
| IN1.16                                                                           | Name of Insured                                                                |
| IN1.19                                                                           | Address of Insured                                                             |
| GT1.3-6                                                                          | Guarantor Name, Address, Phone                                                 |
| GT1.12                                                                           | Guarantor SSN                                                                  |
| GT1.19                                                                           | Guarantor Employee ID Number                                                   |

### 5.3 Facility Mapping Considerations

Follow the guidelines below to make sure data are ready to validate.

- Specify the Sending Facility ID in MSH-4.2.
- Specify the Treating/Event Facility ID in EVN-7.2.
- Make sure the MFT lists every facility that will transmit HL7 messages for the site. If the facility is not listed, its data cannot be processed.

## NSSP Job Aid New Facility Onboarding Series



# SYNDROMIC DATA ELEMENT PRIORITIZATION

The National Syndromic Surveillance Program (NSSP), in collaboration with the syndromic surveillance community, has assigned *priority levels* to data elements within syndromic HL7 messages. Data elements are described in detail in the [PHIN Messaging Guide for Syndromic Surveillance 2.0](#). Processing details for each element can be found in the [NSSP Data Dictionary](#). Priority levels help guarantee data quality in the production environment and are used when onboarding new facilities or re-onboarding existing facilities. Priority levels are included in the NSSP [New Site Onboarding](#) and [New Facility Onboarding](#) guides.

**Priority 1 data elements** are the *minimum required* to perform surveillance activities. Shown below are the required fields for maintaining a minimum level of completeness and validity so that a facility can achieve and maintain production status.

| Priority 1 Data Elements |          |          |                             |
|--------------------------|----------|----------|-----------------------------|
| Processed Column         | Priority | Required | HL7                         |
| Admit_Date_Time          | 1        | R        | PV1-44.1                    |
| Admit_Reason_Description | 1        | RE       | PV2-3.2, PV2-3              |
| C_Chief_Complaint        | 1        | CRE      | OBX or PV2-3                |
| C_Death                  | 1        | CRE      | PID.30.1                    |
| C_Facility_ID            | 1        | CR       | EVN-7.2, MSH-4.2 or MSH-4.1 |
| C_FacType_Patient_Class  | 1        | CR       | OBX-2,3,5                   |
| C_Patient_Age            | 1        | CRE      | OBX-2,3,5                   |
| C_Patient_Age_Years      | 1        | CRE      | OBX-2,3,5                   |
| C_Patient_Class          | 1        | CR       | PV1.2.1 or calculate        |
| C_Unique_Patient_ID      | 1        | CR       | PID.3.1                     |
| Chief_Complaint_Text     | 1        | RE       | OBX-2,3,5                   |
| Diagnosis_Code           | 1        | RE       | DG1-3.1, DG1-3.4            |
| Diagnosis_Description    | 1        | RE       | DG1-3.2, DG1-3.5            |
| Facility_Type_Code       | 1        | R        | OBX-2,3,5                   |
| Patient_Class_Code       | 1        | R        | PV1.2.1                     |
| Patient_Zip              | 1        | RE       | PID.11.5                    |
| Processing_ID            | 1        | R        | MSH.11.1                    |
| Sending_Facility_ID      | 1        | R        | MSH-4.2 or MSH-4.1          |
| Treating_Facility_ID     | 1        | R        | EVN.7.2                     |
| Trigger_Event            | 1        | R        | MSH.9.2                     |
| Visit_ID                 | 1        | R        | PV1.19.1                    |



**Priority 2 data elements** are also useful for surveillance activities and may be required by sites before a facility can move to production. NSSP requires these data elements meet minimum standards of completeness and validity within 12 months of a facility achieving production status.

| Priority 2 Data Elements   |          |          |                |
|----------------------------|----------|----------|----------------|
| Processed Column           | Priority | Required | HL7            |
| First_Patient_ID           | 2        | R        | PID-3.1        |
| Medical_Record_Number      | 2        | R        | PID.3.1        |
| Sending_Facility_ID_Source | 2        | R        | MSH-4.1        |
| Message_Date_Time          | 2        | R        | MSH.7.1        |
| Recorded_Date_Time         | 2        | R        | EVN.2.1        |
| Discharge_Disposition      | 2        | RE       | PV1.36.1       |
| Discharge_Date_Time        | 2        | RE       | PV1.45.1       |
| Administrative_Sex         | 2        | RE       | PID.8.1        |
| Age_Reported               | 2        | RE       | OBX.5.1        |
| Age_Units_Reported         | 2        | RE       | OBX.6.2        |
| C_Patient_Age_Units        | 2        | C        | OBX.6.2        |
| Race_Code                  | 2        | RE       | PID-10.1       |
| Ethnicity_Code             | 2        | RE       | PID-22.1       |
| Ethnicity_Description      | 2        | RE       | PID-22.2       |
| Patient_City               | 2        | RE       | PID.11.3       |
| Patient_State              | 2        | RE       | PID.11.4       |
| C_Patient_County           | 2        | CRE      | PID-11.9       |
| Patient_Country            | 2        | RE       | PID.11.6       |
| Admit_Reason_Code          | 2        | RE       | PV2-3.1, PV2-3 |
| Chief_Complaint_Code       | 2        | RE       | OBX-2,3,5      |
| Diagnosis_Type             | 2        | RE       | DG1.6.1        |
| Version_ID                 | 2        | R        | MSH.12.1       |

**Priority 3 data elements** are mostly Optional data elements; still useful for surveillance activities, but not required by most sites. Currently, the NSSP does not require that these fields be populated in incoming data.

| Priority 3 Data Elements                  |          |          |           |
|-------------------------------------------|----------|----------|-----------|
| Processed Column                          | Priority | Required | HL7       |
| First_Patient_ID_Type_Code                | 3        | O        | PID-3.5   |
| First_Patient_ID_Assigning_Authority      | 3        | O        | PID-3.4   |
| First_Patient_ID_Assigning_Facility       | 3        | O        | PID-3.6   |
| Medical_Record_Number_Assigning_Authority | 3        | O        | PID.3.1   |
| Medical_Record_Number_Assigning_Facility  | 3        | O        | PID.3.1   |
| Visit_ID_Assigning_Authority              | 3        | O        | PV1.19.4  |
| Visit_ID_Assigning_Facility               | 3        | O        | PV1.19.6  |
| Patient_Account_Number                    | 3        | O        | PID.18.1  |
| Alternate_Visit_ID                        | 3        | O        | PV1.50    |
| Facility_Type_Description                 | 3        | O        | OBX-2,3,5 |
| Receiving_Facility                        | 3        | O        | MSH.6.1   |

| Priority 3 Data Elements                        |          |          |           |
|-------------------------------------------------|----------|----------|-----------|
| Processed Column                                | Priority | Required | HL7       |
| Diagnosis_Date_Time                             | 3        | O        | DG1.5.1   |
| Procedure_Date_Time                             | 3        | O        | PR1.5     |
| Observation_Date_Time                           | 3        | O        | OBX.14.1  |
| Onset_Date                                      | 3        | O        | OBX.5.1   |
| Patient_Death_Indicator                         | 3        | O        | PID.30.1  |
| Death_Date_Time                                 | 3        | O        | PID.29.1  |
| Admission_Type                                  | 3        | O        | PV1.4     |
| Admit_Source                                    | 3        | O        | PV1.14    |
| Ambulatory_Status                               | 3        | O        | PV1.15    |
| Hospital_Service                                | 3        | O        | PV1.10    |
| Insurance_Company_ID                            | 3        | O        | IN1-3     |
| Insurance_Coverage                              | 3        | O        | IN1-15    |
| Previous_Hospital_Unit                          | 3        | O        | PV1-6     |
| Provider_Type_Code                              | 3        | O        | OBX-2,3,5 |
| Provider_Type_Combo                             | 3        | O        | OBX-2,3,5 |
| Provider_Type_Description                       | 3        | O        | OBX-2,3,5 |
| Unique_Physician_Identifier                     | 3        | O        | PV1-7.1   |
| Unique_Physician_Identifier_Assigning_Authority | 3        | O        | PV1-7.9   |
| Hospital_Unit_Code                              | 3        | O        | OBX-2,3,5 |
| Hospital_Unit_Description                       | 3        | O        | OBX-2,3,5 |
| Age_Calculated                                  | 3        | RE       | OBX.5.1   |
| Age_Units_Calculated                            | 3        | RE       | OBX.6.2   |
| Birth_Date_Time                                 | 3        | O        | PID.7.1   |
| Race_Description                                | 3        | O        | PID-10.2  |
| Triage_Notes                                    | 3        | O        | OBX.5.1   |
| Diagnosis_Priority                              | 3        | O        | DG1.15    |
| Event_Type_Code                                 | 3        | O        | EVN.1.1   |
| Procedure_Code                                  | 3        | O        | PR1.3.3   |
| Procedure_Description                           | 3        | O        | PR1.3.2   |
| Clinical_Impression                             | 3        | O        | OBX-2,3,5 |
| Initial_Acuity_Code                             | 3        | O        | OBX.5.1   |
| Initial_Acuity_Description                      | 3        | O        | OBX.5.1   |
| Initial_Evaluation_Note                         | 3        | O        | OBX-2,3,5 |
| Medication_Code                                 | 3        | O        | OBX.5.1   |
| Medication_Description                          | 3        | O        | OBX.5.1   |
| Medication_List                                 | 3        | O        | OBX.5.1   |
| Problem_List_Code                               | 3        | O        | OBX.5.1   |
| Problem_List_Description                        | 3        | O        | OBX.5.1   |
| Travel_History                                  | 3        | O        | OBX-2,3,5 |

| Priority 3 Data Elements                |          |          |           |
|-----------------------------------------|----------|----------|-----------|
| Processed Column                        | Priority | Required | HL7       |
| Initial_Temp                            | 3        | O        | OBX-5     |
| Initial_Temp_Units                      | 3        | O        | OBX-6     |
| Initial_Pulse_Oximetry                  | 3        | O        | OBX-5     |
| Initial_Pulse_Oximetry_Units            | 3        | O        | OBX-6     |
| Diastolic_Blood_Pressure                | 3        | O        | OBX-5     |
| Diastolic_Blood_Pressure_Units          | 3        | O        | OBX-6     |
| Str_Diastolic_Blood_Pressure            | 3        | O        | OBX-5     |
| Systolic_Diastolic_Blood_Pressure       | 3        | O        | OBX-5     |
| Systolic_Diastolic_Blood_Pressure_Units | 3        | O        | OBX-6     |
| Systolic_Blood_Pressure                 | 3        | O        | OBX-5     |
| Systolic_Blood_Pressure_Units           | 3        | O        | OBX-6     |
| Pregnancy_Status_Code                   | 3        | O        | OBX-2,3,5 |
| Pregnancy_Status_Description            | 3        | O        | OBX-2,3,5 |
| Smoking_Status_Code                     | 3        | RE       | OBX-2,3,5 |
| Smoking_Status_Description              | 3        | RE       | OBX-2,3,5 |
| Body_Mass_Index                         | 3        | O        | OBX-5     |
| Height                                  | 3        | RE       | OBX-5     |
| Height_Units                            | 3        | RE       | OBX-6     |
| Weight                                  | 3        | RE       | OBX-5     |
| Weight_Units                            | 3        | RE       | OBX-6     |
| Assigned_Patient_Location               | 3        | O        | PV1-3     |
| Time_Zone                               | 3        | O        | MSH-7.1   |

## RESOURCES

*PHIN Messaging Guide for Syndromic Surveillance 2.0*

[https://www.cdc.gov/nssp/documents/guides/syndrsurvmessaguide2\\_messagingguide\\_phn.pdf](https://www.cdc.gov/nssp/documents/guides/syndrsurvmessaguide2_messagingguide_phn.pdf)

*NSSP Data Dictionary*

<https://www.cdc.gov/nssp/biosense/docs/NSSP-Data-Dictionary-508.xlsx>

*NSSP New Site Onboarding Guide for the BioSense Platform*

<https://www.cdc.gov/nssp/biosense/onboarding-guide/pdf/New-Site-OG-508.pdf>

*NSSP New Facility Onboarding Guide for the BioSense Platform*

<https://www.cdc.gov/nssp/biosense/onboarding-guide/pdf/New-Facility-OG-508.pdf>

## FOR MORE INFORMATION

Visit the NSSP website, Onboarding, at <https://www.cdc.gov/nssp/biosense/onboarding.html>.

**Hospital Vendor Contract Summary Sheet**

1.     ☐ Existing Vendor                      ☒ New Vendor
2.     **Name of Contract:** BioSense
3.     **Contract Parties:** BioSense /MRMC
4.     **Contract Type Services:** Data Use Agreement
5.     **Impacted Hospital Departments:** Hospital
6.     **Contract Summary:** This agreement informs MRMC that an user that uses the BioSense system will be monitored to ensure protection against unauthorized access or use.
7.     **Cost:** \$0
8.     **Prior Cost:** \$0
9.     **Term:**
10.    **Termination Clause:**
11.    **Other:** Goes with our Syndromic Surveillance Program

# BioSense Platform Code of Conduct

Item 9.

**System Monitoring** —As an authorized user, you understand and acknowledge that your use of this system will be monitored for system management and to ensure protection against unauthorized access or use. Unauthorized access or use may subject a user to administrative, civil, criminal, or other adverse action, to the extent allowed by law.

**Warnings, Alerts, and Anomalies** —Syndromic surveillance systems emphasize the use of statistical alerting algorithms to help users determine where to focus additional attention. Time series visualization and statistical alerts alone are generally *insufficient* for issuing public alerts or warnings. Users typically “drill down” to these data to assess the distribution of affected emergency department (ED) visits (or other events captured by the syndromic surveillance system) and may use additional variables such as person, place, or time and other clinical assessments. Analyses may include quality checks to confirm data are complete and accurate.

To that end, users are expected to respect the role of state and local jurisdictions and their respective authority related to public health matters within their jurisdiction by

- Consulting a jurisdiction whose data you intend to access and use (including jurisdictions within your own) to discuss a finding or interpretation of these data before issuing a public statement or warning, taking public health action, or seeking further information from data providers within the other jurisdiction when that action includes disclosure of information derived in part or in whole from the other jurisdiction’s data.
- Informing those who use your data about significant anomalies already understood or under investigation to prevent duplication of effort and unnecessary queries. This includes anomalies due to artifacts (like exercises or batched data) and those due to real local events.

**Data Sharing** —The design of the BioSense Platform ensures that all sites contribute data toward national syndromic surveillance (with limited details at aggregate levels) while also allowing jurisdictions to control whether and how much data are shared at local and state levels. Users are expected to act responsibly by

- Assuming the risk and liability of any of their use or misuse of the BioSense Platform or data produced, including use that complies with third-party rights (i.e., downstream Data Use Agreements).
- Sharing data with other authorized users in accord with applicable agreements and laws.
- Ensuring that the use of these data is in accord with acceptable practices for ensuring the protection, confidentiality, and integrity of contents.
- Making NO attempt to identify individuals represented in these data or data sources except as part of an authorized public health investigation follow-up and to the extent allowed by applicable law.
- Making NO attempt to use these data where prohibited by local, state, or federal law or regulation.
- Keeping usernames and passwords confidential; this system is intended for authorized users only.

Violation of Code of Conduct may result in CDC disallowing access to the BioSense Platform and associated data and tools within. By accepting this code of conduct, you acknowledge that you are an authorized user of the BioSense Platform and have read and understand the BioSense Platform Code of Conduct.

Signature

Title

Date

**Hospital Vendor Contract Summary Sheet**

1.     ☐ Existing Vendor                      ☒ New Vendor
2.     **Name of Contract:** BioSense
3.     **Contract Parties:** BioSense /MRMC
4.     **Contract Type Services:** Facility Onboarding
5.     **Impacted Hospital Departments:** Hospital
6.     **Contract Summary:** This form is an acknowledgment form for the onboarding process.
7.     **Cost:** \$0
8.     **Prior Cost:** \$0
9.     **Term:**
10.    **Termination Clause:**
11.    **Other:** Goes with our Syndromic Surveillance Program

## BioSense Platform Onboarding Process Facility Acknowledgment

Facility Technical Engineer Lead Name: \_\_\_\_\_

I acknowledge the following BioSense Platform onboarding processes and principles as a best effort attempt to adhere to the *PHIN Messaging Guide for Syndromic Surveillance*, which is the basis for the Office of the National Coordinator for Health Information Technology Vendor Certification:

- ☐ The BioSense Platform gives highest priority to emergency and urgent care facilities; ambulatory and inpatient onboarding are performed on a “best effort” basis.
- ☐ My local site administrator has authority to establish additional requirements for onboarding.
- ☐ My local site administrator has final approval authority for onboarding a facility onto the BioSense Platform.
- ☐ My local site administrator has authority to recommend disconnection for a facility from the BioSense Platform.
- ☐ Effective syndromic surveillance relies on continuous improvement of the quality and content of data submitted for syndromic surveillance; meeting the minimum requirements for production should only be a first step.
- ☐ My organization may be given *contingent* (temporary) approval to send data to production if we do not meet the minimum requirements.
- ☐ Expiration of *contingent* approval may result in disconnection from the BioSense Platform.
- ☐ Updates to the *PHIN Messaging Guide for Syndromic Surveillance* may result in requests to meet updated guidelines.

### Acknowledgment of Receipt of Latest Documentation

| Initials | Acknowledgment Description                                                                                                                                                                                                              |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | I have reviewed the <b>latest</b> copy of the <i>PHIN Messaging Guide for Syndromic Surveillance</i> , located at <a href="http://www.cdc.gov/phinf/resources/PHINguides.html">http://www.cdc.gov/phinf/resources/PHINguides.html</a> . |
|          | I have reviewed the Facility Onboarding Checklist on the BioSense Platform Onboarding Website: <a href="http://www.syndromicsurveillance.org/onboarding">http://www.syndromicsurveillance.org/onboarding</a> .                          |
|          | I have distributed a copy of this acknowledgment document among all members of the data integration team for this facility.                                                                                                             |
|          | I will provide a list of facilities (FacilityID_UUID, Facility Name, Facility City, Facility Zip Code, and Facility State) for whose data integration I am responsible to the BioSense Platform Onboarding Team.                        |

Name and Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Print Form

Save Form

Disclaimer: This document is not legally binding. It is intended to ensure all sites and facilities submitting data to the National Syndromic Surveillance Program are aware of the onboarding process.

**Hospital Vendor Contract Summary Sheet**

1.     ☐ Existing Vendor                      ☒ New Vendor
2.     **Name of Contract:** BioSense
3.     **Contract Parties:** BioSense /MRMC
4.     **Contract Type Services:** Facility Onboarding
5.     **Impacted Hospital Departments:** Hospital
6.     **Contract Summary:** This form is an registration form
7.     **Cost:** \$0
8.     **Prior Cost:** \$0
9.     **Term:**
10.    **Termination Clause:**
11.    **Other:** Goes with our Syndromic Surveillance Program

## Syndromic Surveillance Registration Form

Item 11.

Syndromic Surveillance onboarding is a collaborative effort involving site and facility staff, the NSSP team, the Oklahoma State Department of Health (OSDH), and electronic health record (EHR) vendors. This process ensures the successful transmission of syndromic surveillance data from internal medical record systems to the NSSP BioSense Platform. To initiate onboarding with OSDH, please complete the registration form.

**Primary Facility Name:**

**Facility Phone:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Primary Project Contact (Name, Phone, Email, Title):**

**Technical Project Contact (Name, Phone, Email, Title):**

**Event Facility ID:**

*(NPI Preferred) it must match the value transmitted in EVN-7.2 of the messages*

**Facility NPI:**

**Facility AHA ID (ED only):**

**Primary Facility Type:**

**EHR Vendor:**

**EHR Vendor Software:**

**EHR Software Version:**

**Would you like to include inpatient practice data as well as your emergency care data? If yes, please also complete the SyS Multiple Facility Form file.**

**Will more than one facility be included in the data feed? If so, please complete and return the SyS Multiple Facility Form file.**

**When will your team be ready to begin onboarding?**

Input your facilities into the following template beginning at row 6 of this document. The grey italicized example entries for a hospital that is choosing to transmit both ED and inpatient visits are provided in [blue](#).

Please note that you do not need to include outpatient clinics, rehabilitation facilities, or same-day surgery centers.

Once all facilities have been added, save the file and return to the OSDH Informatics Program via email.

| <b><i>Primary_Facility_Name</i></b> | <b><i>Primary_Facility_Address</i></b> |                      |                       |
|-------------------------------------|----------------------------------------|----------------------|-----------------------|
| <b>Primary_Facility_Name</b>        | <b>Street Address</b>                  | <b>City</b>          | <b>State</b>          |
| <i>Facility Name</i>                | <i>Facility Street Address</i>         | <i>Facility City</i> | <i>Facility State</i> |
| <i>OSDH Hospital A</i>              | <i>123 Robert S Kerr</i>               | <i>Oklahoma City</i> | <i>OK</i>             |
| <i>OSDH Hospital A</i>              | <i>123 Robert S Kerr</i>               | <i>Oklahoma City</i> | <i>OK</i>             |

ed text provides some general guidance on completing each field.  
[blue](#) for reference.

rgery centers.

il to [electronicreporting@health.ok.gov](mailto:electronicreporting@health.ok.gov).

|                          |                          | <i>Primary Facility</i>                                                        |                                                    |
|--------------------------|--------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|
| County                   | ZIP_Code                 | Facility_Phone_Number                                                          | Facility_NPI                                       |
| <i>Facility County</i>   | <i>Facility Zip Code</i> | <i>10 numbers with an optional 1 in front. Don't use add () or - manually.</i> | <i>Facility National Provider Identifier (NPI)</i> |
| <a href="#">Oklahoma</a> | <a href="#">73102</a>    | <a href="#">4054268710</a>                                                     | <a href="#">1962375402</a>                         |
| <a href="#">Oklahoma</a> | <a href="#">73102</a>    | <a href="#">4054268710</a>                                                     | <a href="#">1962375402</a>                         |

| Facility Identifiers                                                 |                                                                |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| Event_FacilityID                                                     | Facility_AHAID_(ED_only)                                       |
| Should reflect the value transmitted in EVN-7.2 of the ADT messages. | America Hospital Association (AHA) Hospital Identifier (AHAID) |

1962375402A 999999  
1962375402B

| <b>Primary Facility Type</b>                                                                                                              | <b>Facility Status</b>  |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Primary_Facility_Type</b>                                                                                                              | <b>Site_Comments</b>    |
| Please select a value from the dropdown values.(Emergency Care, Inpatient Practice Setting, Urgent Care, Medical Specialty, Primary Care) | Any additional comments |

[Emergency Care](#)

[Inpatient Practice Setting](#)

[Entry Example 1](#)

[Entry Example 2](#)

### Hospital Vendor Contract Summary Sheet

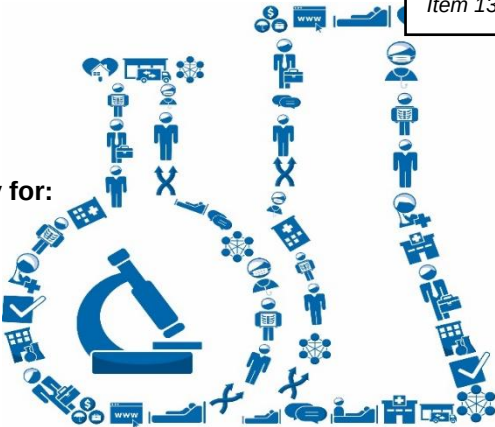
1.     ☒ Existing Vendor                                     ☐ New Vendor
2.     **Name of Contract:** Sysmex XN-550 purchase quote
3.     **Contract Parties:** Sysmex /MRMC
4.     **Contract Type Services:** Purchasing Agreement
5.     **Impacted Hospital Departments:** Lab
6.     **Contract Summary:** This agreement is a purchase agreement between MRMC and Sysmex for a new Sysmex XN-550 hematology analyzer.
7.     **Cost:** \$45,000.00 + \$6,329.25/year service agreement locked in year 2-7. No service agreement required year 1
8.     **Prior Cost:** \$45,000 + \$9,282.90 per year service agreement
9.     **Term:** 7 year service agreement
10.    **Termination Clause:** If default (30) days prior written notice to cure default
11.    **Other:** Savings:
  - First year savings:** \$9,282.90 (free service agreement)
  - Annual savings for the following six years:** \$2,953.65 per year
  - Six-year service savings:** \$17,721.90
  - Total service agreement savings over seven years:** \$27,004.80

# Proposal

Prepared by McKesson Medical-Surgical Government Solutions LLC exclusively for:

## MANGUM CITY HOSPITAL AUTHORITY

ATTN: RECEIVING  
ONE WICKERSHAM DR,  
MANGUM, OK 73554



McKesson Medical-Surgical Government Solutions LLC. is an affiliate of the McKesson Corporation. McKesson Corporation, currently ranked 9th on the FORTUNE 500, is a global leader in healthcare supply chain management solutions, retail pharmacy, community oncology and specialty care, and healthcare information technology

McKesson Medical-Surgical Government Solutions LLC works with labs, health systems, physician offices, extended care providers, in-home patients, payers and others across the spectrum of care to build healthier organizations that deliver better care to patients in every setting. McKesson Medical-Surgical Government Solutions LLC helps its customers improve their financial, operational and clinical performance with solutions that include pharmaceutical and medical-surgical supply management, healthcare information technology and business and clinical services.

For more information, visit [mms.mckesson.com](https://mms.mckesson.com).

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McKesson Medical Surgical Government Solutions LLC  
9954 Mayland Drive, Suite 5176 ,Richmond, VA  
mms.mckesson.com

MANGUM CITY HOSPITAL AUTHORITY

ATTN: RECEIVING  
ONE WICKERSHAM DR,  
MANGUM, OK 73554

Prepared by: Eric Dulaney  
Prepared Especially for: Tonya Bowen  
Date Prepared: 6/24/2026  
Quote Number: Q-6845032

Hematology - Sysmex

| Quantity                  | UOM | Description                                                                      | Unit Price   | Extended Price |
|---------------------------|-----|----------------------------------------------------------------------------------|--------------|----------------|
| 1                         | EA  | Hematology Analyzer XN-550 CLIA Non-Waived                                       | \$53,500.00  | \$53,500.00    |
| 1                         | EA  | McKesson Competitive Discount                                                    | \$(8,500.00) | \$(8,500.00)   |
| 1                         | EA  | Shipping - \$0                                                                   | \$0.00       | \$0.00         |
| 1                         | EA  | XN-550, Service Type: Warranty, Level: Beyond Care, Start year: 1, # of years: 1 | \$0.00       | \$0.00         |
| Hematology - Sysmex Total |     |                                                                                  |              | \$45,000.00    |
| Grand Total               |     |                                                                                  |              | \$45,000.00    |

This LAB EQUIPMENT SUPPLY AGREEMENT ("**Agreement**"), effective as of the date of execution by Buyer ("**Effective Date**"), is by and between McKesson Medical-Surgical Government Solutions LLC, having its principal place of business at 9954 Mayland Drive, Suite 5176, Richmond, Virginia 23233 ("**Seller**"), and the Buyer listed below, having its principal place of business at the address listed below ("**Buyer**").

1. **Term and Termination.** This Agreement shall commence on the Effective Date and shall remain in effect for the term specified in Attachment A or until terminated by either party if the other party defaults in the performance of this Agreement, on thirty (30) days' prior written notice to the other, specifying the nature of the default, unless such other party cures that default within the thirty (30) day period.
2. **Equipment.**
  - 2.1. **Pricing.** Seller agrees to sell and Buyer agrees to purchase, itself or through a leasing arrangement, at the Quoted Price Per Unit the equipment listed on each Product Order Form ("**Equipment**") attached to this Agreement. Seller's prices do not include sales, use, excise, or similar taxes. The form Product Order Form is attached hereto as Attachment A (Product Order Form). All payments by credit cards are subject to a surcharge.
  - 2.2. **Payment Terms.** The payment terms for Equipment are listed on the Product Order Form. If no payment term is listed, Seller's standard payment terms as listed in its Terms of Sale referenced on its invoice shall apply.
  - 2.3. **Delivery Date.** Delivery and completion schedules provided by Seller are approximate only and are based on conditions at the time of acceptance of Buyer's order.
  - 2.4. **Delay in Acceptance of Delivery.** Should the agreed delivery date of Equipment be postponed by Buyer, Seller shall have the right to deliver Equipment to a storage area at Buyer's risk and expense, and payments due upon delivery shall become due when Seller is ready to deliver to such storage area.
  - 2.5. **Escalation.** Unless otherwise agreed to in writing, except for Equipment to be delivered within ninety (90) days of Seller's acceptance of Buyer's order, Seller reserves the right to increase its prices to those in effect at the time of shipment.
  - 2.6. **Security Interest.** In the event the equipment is purchased through financing with McKesson, Buyer hereby grants to McKesson Corporation, a Delaware corporation, for itself and as collateral agent for each of its affiliates, including but not limited to, McKesson Medical-Surgical Government Solutions LLC. and McKesson Medical-Surgical Minnesota Supply Inc. ("McKesson"), a security interest in and lien on all of Buyer's right, title, and interest in and to the Equipment and all products and proceeds thereof, as security for Buyer's payment obligations hereunder. Buyer hereby authorizes McKesson to file any UCC financing statement or amendment that McKesson considers necessary to perfect or protect such security interest. If Buyer defaults under this Agreement, Seller has all rights and remedies under applicable law for enforcement of its security interest, which may include the right to self-help repossession of the Equipment.
  - 2.7. **Changes, Cancellation, And Return.**
    - 2.7.1. Orders for Equipment accepted by Seller are not subject to change, except upon written agreement.
    - 2.7.2. Orders for Equipment accepted by Seller are non-cancellable by Buyer except upon Seller's written consent and payment by Buyer of Seller's cancellation charges of up to twenty-five percent (25%) of the price of the affected Equipment, plus any shipping, insurance, inspection and refurbishment charges. In no event can an order be cancelled by Buyer or Equipment be returned to Seller after shipment has been made from the supplier of such Equipment.
  - 2.8. **Installation – Additional Charges**
    - 2.8.1. Installation by Seller: The following applies if Seller or its authorized subcontractor installs Equipment: Subject to fulfillment of the obligations set forth in Section 2.8.3 (Buyer's Obligations) below, Seller or the authorized subcontractor shall install Equipment covered hereby and connect same to the requisite safety switches and power lines to be installed by Buyer. Except as otherwise specified below, if such installation and connection are performed by Seller or the authorized subcontractor's technical personnel, prices shown include the cost thereof, provided that the installation and connection can be performed within the continental United States and during normal business hours. Any overtime charges or other special expenses shall be additional charges to the prices shown and the responsibility of Buyer.
    - 2.8.2. Trade Unions: If a trade union, or unions, prevent Seller or its authorized subcontractor from performing the above work, Buyer shall make all required arrangements with the trade union, or unions, to permit Seller or the authorized subcontractor's completion of said work. Moreover, any additional cost related to such labor disputes shall be paid by Buyer and Seller or its authorized subcontractor's obligations under such circumstances will be limited to providing engineering supervision of installation and connection of the Products to existing wiring.
    - 2.8.3. Buyer's Obligations: Buyer shall at its expense, provide all necessary labor and materials for plumbing service, carpentry work, conduit wiring, and other preparations required for such installation and connection. All such labor and materials shall be completed and available at the time of delivery of Equipment. Additionally, Buyer shall provide free access to the premises of installation, and if necessary, safe space thereon for storage of products and equipment prior to installation by Seller or its authorized subcontractor. If any special work of any type must be performed in order to comply with requirements of any governmental authority, including procurement of special certificates, the same shall be performed or procured by Buyer at Buyer's expense. In the event that Seller or its authorized subcontractor is requested to supervise the installation, it remains Buyer's responsibility to comply with local regulations. Seller, or its

authorized subcontractor, is not an architect and all drawings furnished by Seller or its authorized subcontractor shall be construction drawings.

- 2.8.4. **Regulatory Reporting:** In the event that any regulatory activity is performed by other than Seller authorized personnel, Buyer shall be responsible for fulfilling any and all reporting requirements. Seller shall only report activity performed by its authorized personnel.
- 2.8.5. **Completion of Installation:** Installation shall be complete upon the conclusion of final calibration and checkout under Seller standard procedures. Notwithstanding the foregoing, first use of the products by Buyer, its agents or employees for any purpose after delivery, without the express written approval of Seller, shall constitute completion of installation.

3. **Consumables and Reagents.**

- 3.1. **Purchase Commitment and Pricing.** Buyer will purchase any and all of the items, including reagents, needed to operate the Equipment ("**Consumable Products**") from Seller, including those Consumable Products submitted by Buyer on a Product Order Form, as provided in this Section 3.

- 3.1.1. Seller agrees to provide such Consumable Products to Buyer for the term of the agreement at the prices listed on the Product Order Form, provided that such pricing is subject to adjustment in the event supplier costs increase. Buyer agrees to purchase Consumable Products in the quantities listed on the Product Order Form within the time periods listed on the Product Order Form. Seller will review Buyer's compliance with this purchase commitment on a quarterly basis, and reserves the right to ship to Buyer and invoice Buyer for any Consumable Products that have not been ordered in compliance with this purchase commitment before the end of each quarter.

- 3.2. **Reagent Discounts.** Seller will provide Buyer with the discount(s) listed on the Purchase Order Form, as applicable. These discounts are in addition to any discounts included in the pricing reflected in the Product Order Form. Buyer agrees that the applicable system or construction is integral to Buyer's meaningful use of the Equipment with Buyer's health information technology systems or that the applicable discounted Consumable Products are necessary to test and validate the Equipment prior to Buyer's use. If required by the manufacturer or otherwise, Buyer must provide Seller with a paid invoice evidencing Buyer's purchase of the applicable system or construction.

4. **Other Terms.** If the parties agree to other and/or different terms than as stated herein, such terms and conditions shall be described in the Product Order form as "**Other Terms**".

5. **Compliance With Laws.** Nothing in this Agreement will be construed as requiring Seller to perform any obligations hereunder or engage in any action or omission that Seller reasonably determines as violating any applicable laws or putting Seller in jeopardy of violating any applicable laws. Seller will have the right, within its sole and absolute discretion, to immediately terminate this Agreement, in whole or in part, without liability if continued performance of any part of this Agreement would violate any laws or put Seller in jeopardy of violating any laws. Buyer will comply with all applicable laws in any way relating to the transactions to be performed under this Agreement or to the maintenance of Buyer's records relating thereto.

In the event that one or more provisions contained herein shall be held by a court of competent jurisdiction to be invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions contained herein shall remain in full force and effect. In the event that the Customer is a government agency or instrumentality thereof, and one or more provisions contained herein directly conflict with applicable federal law, state, or local law, and is thus deemed to be invalid, illegal or unenforceable against the government agency or instrumentality thereof, the validity, legality and enforceability of the remaining provisions contained herein shall remain in full force and effect.

6. **Waiver.** Any failure of a party to exercise or enforce any of its rights under this Agreement will not act as a waiver of such rights.

7. **Entire Agreement.** Seller's Terms of Sale referenced on its invoice shall apply to all purchases of Consumable Products under this Agreement, unless Buyer is participating in a group purchasing program for which Seller has executed a group purchasing agreement with the applicable GPO, in which case the documents will control in the following order: this Agreement, the applicable group purchasing agreement, and then the terms of sale referenced on Seller's invoice. This Agreement may not be modified, supplemented or extended except by a writing signed by both parties. This Agreement supersedes any and all prior Seller agreements and discount plans in which Buyer may currently be participating

IN WITNESS WHEREOF, the parties have signed and dated this Agreement in the spaces below.

**BUYER: MANGUM CITY HOSPITAL AUTHORITY**

By: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Bill To Address: ONE WICKERSHAM DR MANGUM, OK 73554  
 \_\_\_\_\_  
 Bill To #: 56998358

**MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC**

By: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Account Manager's Name: Eric Dulaney

**Attachment A: Product Order Form**

- ☐ Please check here if you would like to be contacted about having a standing order for the Consumable Products.

ATTACHMENT A

Product Order Form

This Product Order Form is attached to the Lab Equipment Supply Agreement between Buyer and McKesson Medical-Surgical Government Solutions LLC, and is governed by the terms and conditions contained therein.

Buyer: MANGUM CITY HOSPITAL AUTHORITY

Date: 6/24/2026

Location: ATTN: RECEIVING  
ONE WICKERSHAM DR,  
MANGUM, OK 73554

Quote Date: 6/23/2026

Bill To: 56998358

Ship To: 56998359

Quote Number: Q-00055131

Equipment Purchased:

| Equipment Description                      | MMS Item # | Catalog # | Quantity | List Price Per Unit | Quoted Price Per Unit | Extended Price |
|--------------------------------------------|------------|-----------|----------|---------------------|-----------------------|----------------|
| Hematology Analyzer XN-550 CLIA Non-Waived | 1065538    | XN-550    | 1        | \$53,500.00         | \$53,500.00           | \$53,500.00    |

Equipment Subtotal: \$53,500.00

Returned Equipment: \$0.00

McKesson Competitive Discount: \$(8,500.00)

Equipment Shipping & Handling: \$0.00

Equipment Total Price: \$45,000.00

Term of Product Order Form: 84

GPO: Vizient

Payment Terms for Equipment Listed: Net 30

| <b>Service:</b><br>Provided for reference only; Service (if any) is provided by the manufacturer of the Equipment, not Seller. | Equipment Serviced | Service Type     | Service Level | Quantity | Service Duration | Start Year/Month | Number of years/Month | Service Price (Annual) |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|---------------|----------|------------------|------------------|-----------------------|------------------------|
|                                                                                                                                | XN-550             | Warranty         | Beyond Care   | 1        | Years            | 1                | 1                     | \$0.00                 |
|                                                                                                                                | XN-550             | Extended Service | Beyond Care   | 1        | Years            | 2                | 6                     | \$6,329.25             |

| <b>Consumable Products:</b> | MMS Item # | Catalog # | Description                                                                                    | Unit of Measure | Annual Patient Volume (For Reagents Only) | Total Tests/ Year (For Reagents Only) | Price/ Test (For Reagents Only) | Total Kits/ Year | Price/ Kit | Total Annual Spend |
|-----------------------------|------------|-----------|------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------|---------------------------------------|---------------------------------|------------------|------------|--------------------|
|                             | 1057982    | CF57959 5 | Hematology System Reagent Cellclean" Auto Cleaner For XN-Series Automated Hematology Analyzers | BX              |                                           |                                       |                                 | 3                | \$24.48    | \$73.44            |

|  |         |           |                                                                                                           |    |  |  |  |    |          |            |          |
|--|---------|-----------|-----------------------------------------------------------------------------------------------------------|----|--|--|--|----|----------|------------|----------|
|  | 953155  | DCL-310A  | Hematology Reagent Diluent Cellpack® DCL Not Test Specific For XN-Series Automated Hematology Analyzers   | EA |  |  |  | 25 | \$26.66  | \$666.50   | Item 13. |
|  | 841042  | CV37755 2 | Hematology Reagent Fluorocell" WDF White Blood Cell Count (WBC) For Sysmex Automated Hematology Analyzers | EA |  |  |  | 3  | \$470.55 | \$1,411.65 |          |
|  | 942801  | ZA90000 1 | Hematology Reagent Lysercell® WDF Lyse                                                                    | EA |  |  |  | 7  | \$27.77  | \$194.39   |          |
|  | 1192822 | BJ35097 1 | Hematology Reagent Sulfolyser" Hemoglobin (Hb) For Sysmex Automated Hematology Analyzers                  | BX |  |  |  | 4  | \$137.39 | \$549.56   |          |
|  | 1066131 | 213569    | Assayed Control Set XN-L" Check BCQM" Hematology Level 1, 2, 3 3 X 4 X 3 mL                               | EA |  |  |  | 8  | \$390.00 | \$3,120.00 |          |

Total Annual Spend: \$6,015.54

Other Terms:

- Total Annual Commitment: \$0.00
- Prices for Consumable Products not yet commercially available will be determined at the time of introduction and are not covered by this Product Order form.
- All payments by credit cards are subject to a surcharge.
- Seller reserves the right to withdraw this Product Order Form if it is not executed within such thirty (30) days.
- Promotional pricing is subject to promotional dates.
- Service pricing is provided by the manufacturer and is subject to change.

ACKNOWLEDGED AND AGREED BY BUYER:

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Capital Equipment Request

## Replacement of the Sysmex XN-550 Hematology Analyzer

### Purpose

The purpose of this request is to obtain approval for the purchase of a new Sysmex XN-550 Hematology Analyzer for the new laboratory facility. Replacing the current analyzer during the laboratory transition will improve reliability, reduce long-term operating costs, minimize downtime, and ensure continued compliance with CLIA regulations while providing uninterrupted patient care.

### Background

The current Sysmex XN-550 hematology analyzer was purchased in 2017 and has served the laboratory well over the past nine years. As the instrument continues to age, it has begun experiencing hardware failures and reliability concerns that increase the risk of unexpected downtime.

Recent issues with the current analyzer include:

- Replacement of the internal hard drive.
- Intermittent power failures, with the analyzer powering on and off unexpectedly.
- Monitor connectivity issues caused by failing cords and connections.
- Increasing likelihood of additional age-related hardware failures.

Although the analyzer remains operational, these recurring issues indicate that the instrument is approaching the point where repairs will become more frequent and more costly.

### Financial Considerations

The purchase price of the new Sysmex XN-550 is **\$45,000**, the same purchase price paid for the original analyzer in 2017.

The service agreement comparison demonstrates a significant long-term cost savings.

### Current Analyzer

- Annual Service Agreement: **\$9,282.90 per year**

### New Analyzer

- Year 1 Service Agreement: **No charge**
- Years 2-7 Service Agreement: **\$6,329.25 per year (locked in for six years)**

## Cost Savings

By replacing the analyzer, the laboratory will realize the following savings:

- **First year savings:** \$9,282.90 (free service agreement)
- **Annual savings for the following six years:** \$2,953.65 per year
- **Six-year service savings:** \$17,721.90
- **Total service agreement savings over seven years: \$27,004.80**

These savings alone offset a substantial portion of the purchase price while also reducing the financial risk associated with maintaining an aging analyzer.

## Benefits During Laboratory Transition

The timing of this purchase is particularly advantageous as the hospital prepares to transition into the new laboratory.

Installing a new analyzer before occupancy of the new laboratory will:

- Allow installation to occur during the laboratory move rather than relocating an aging instrument.
- Eliminate unnecessary disruption to patient testing.
- Provide a smoother and more efficient transition into the new facility.
- Reduce the likelihood of equipment failure during a critical operational transition.
- Ensure laboratory staff begin operations in the new facility using reliable, manufacturer-supported equipment.

## Regulatory and Validation Advantages

Introducing a new analyzer during the laboratory move also reduces the validation burden associated with relocating older instrumentation.

If the current analyzer is moved into the new laboratory, extensive installation qualification, operational verification, performance validation, and documentation would be required to demonstrate continued compliance with CLIA standards. This process often requires manufacturer field engineers and additional laboratory personnel time, increasing both costs and delays.

Installing a factory-new analyzer significantly streamlines this process because:

- Installation is completed by the manufacturer.
- Performance verification follows the manufacturer's installation protocol.
- Validation studies can be completed more efficiently.
- Engineering time required for troubleshooting an aging instrument is minimized.
- The laboratory can return to full operation more quickly while maintaining CLIA compliance.

## Operational Benefits

A new Sysmex XN-550 will provide:

- Improved reliability and system uptime.
- Reduced risk of unexpected instrument failure.
- Lower maintenance costs.
- Reduced dependence on emergency service calls.
- Continued manufacturer support.
- Improved confidence in uninterrupted patient testing.

Reliable hematology testing is essential for emergency department patients, inpatients, outpatient services, and physician clinics. Reducing the risk of downtime directly supports patient safety and timely clinical decision-making.

## Recommendation

Considering the age of the current analyzer, documented equipment failures, significant service agreement savings, elimination of first-year service costs, reduced validation expenses, and the opportunity to transition seamlessly into the new laboratory, replacing the current Sysmex XN-550 with a new instrument represents the most fiscally responsible and operationally sound decision.

This investment will reduce long-term operating expenses, minimize downtime, simplify the transition into the new laboratory, and position the laboratory to continue providing high-quality, CLIA-compliant patient testing for many years to come.

## Summary of Financial Impact

- Purchase Price: **\$45,000**
- Current Annual Service Agreement: **\$9,282.90**
- New Analyzer Service Agreement:
- Year 1: **\$0**
- Years 2–7: **\$6,329.25/year**
- Total Service Agreement Savings Over Seven Years: **\$27,004.80**

Approval of this request will provide both immediate and long-term financial savings while ensuring the laboratory enters the new facility with dependable, modern instrumentation capable of meeting the hospital's current and future patient care needs.

**Hospital Vendor Contract Summary Sheet**

1.     ☒ Existing Vendor                             ☐ New Vendor
2.     **Name of Contract:** Service Agreement Quotation
3.     **Contract Parties:** SYSMEX /MRMC
4.     **Contract Type Services:** BeyondCare Remote for XN-550 (Lab Analyzer)
5.     **Impacted Hospital Departments:** Laboratory (Hematology)
6.     **Contract Summary:** Total Coverage: Unlimited troubleshooting/repair visits during normal business hours (Monday - Friday, 8am - 5pm). All necessary spare parts replaced free of charge. BeyondCare Remote monitors all of our quality controls. We are also able to print and view reports from this program. If there are any issues with the Hematology analyzer it will alert service to come out.
7.     **Cost:** \$9,282.90 / YR
8.     **Prior Cost:** \$9,282.90
9.     **Term:** 11/17/2026 to 11/16/2027
10.    **Termination Clause:** Either Party may terminate this Agreement without cause at any time by submitting a fifteen (15) calendar day written termination notice.
11.    **Other:** We will need this approved if the new analyzer does not get approved.



Sysmex America, Inc., 577 Aptakisic Road, Lincolnshire, IL 60069  
Tel: 888.879.7639 Option 4, Email: [servicecontracts@sysmex.com](mailto:servicecontracts@sysmex.com)

## Service Agreement Quotation

|                                                                                                                         |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bill to: 2100036485 (2001010882)</b><br><br>MANGUM REGIONAL MEDICAL CENTER<br><br>PO BOX 280<br><br>Mangum, OK 73554 | <b>Ship to: 2004019079</b><br><b>Sales Region: MOUNTAIN WEST</b><br><br>MANGUM CITY HOSPITAL AUTHORITY<br><br>1 Wickersham St<br><br>Mangum, OK 73554 |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                        |                                                                 |
|----------------------------------------|-----------------------------------------------------------------|
| <b>Service Agreement #</b><br>51016281 | <b>Effective Dates of Coverage:</b><br>11/17/2026 to 11/16/2027 |
|----------------------------------------|-----------------------------------------------------------------|

Purchase Order #

Please enter PO# above

To confirm your acceptance of this Service Agreement, please return this quotation, along with a copy of your Purchase Order, to [ServiceContracts@sysmex.com](mailto:ServiceContracts@sysmex.com). Please provide a Purchase Order at least 1-2 business days prior to the effective date of coverage to allow time for processing.

### Billing Frequency Options

Please SELECT one of the following billing frequency options: \_\_\_\_Annual \_\_\_\_Quarterly \_\_\_\_Monthly \_\_\_\_Semi-annual

Note: If a billing frequency is not selected, billing will default to annual

### Covered Equipment

| Equipment Model | Serial Number | Effective Coverage Dates | Description of Service | Unit Price per Year | Term Price        |
|-----------------|---------------|--------------------------|------------------------|---------------------|-------------------|
| XN-550          | 13401         | 11/17/2026 to 11/16/2027 | BeyondCare Remote      | \$9,282.90          | \$9,282.90        |
|                 |               |                          |                        | <b>TOTAL:</b>       | <b>\$9,282.90</b> |

**Please return this quotation, along with a copy of your Purchase Order, to [servicecontracts@sysmex](mailto:servicecontracts@sysmex)**

**Sysmex America, Inc. ("Sysmex") reserves the right to withdraw the offer to provide Service at the rates contained herein and require an appointment on a time and materials basis to provide any Service necessary to the Equipment to meet Sysmex Equipment specifications prior to entering into any future agreement for Service. Sysmex has no obligation to offer an agreement for service or provide service of any kind for offerings that have been discontinued and/or when an end of life or end of support communication has been issued. Sysmex reserves the right to terminate any Service agreement for such offerings and provide Customer a prorated refund.**

**For Hematology and Hemostasis Equipment Only:**

Pricing for Service is based on Customer's equipment sales agreement, Master Agreement or Group Purchasing Organization ("GPO") Agreement. By submission of a purchase order, Customer agrees the terms and conditions of the agreement between Sysmex and Customer under which the applicable equipment was acquired (the "Equipment Sales Agreement") apply to this Service Agreement. In the event no Equipment Sales Agreement exists between Sysmex and Customer and a GPO Agreement or Federal Supply Schedule including terms for service is applicable to the parties, the GPO Agreement or Federal Supply Schedule terms and conditions for Service shall apply. In the event (i) there is no applicable Equipment Sales Agreement, GPO Agreement, and/or Federal Supply Schedule; or (ii) the Equipment Sales Agreement, GPO Agreement, and/or Federal Supply Schedule do not contain terms relating to Service, the Sysmex Terms and Conditions for Service at [www.sysmex.com/service\\_tnc\\_na\\_eng](http://www.sysmex.com/service_tnc_na_eng) shall apply. Notwithstanding the foregoing, by submission of a purchase order Customers that have acquired Sysmex equipment from a Sysmex authorized distributor ("Distributor Customers") agree the Terms and Conditions for Service at [www.sysmex.com/service\\_tnc\\_na\\_eng](http://www.sysmex.com/service_tnc_na_eng) including, but not limited to, the terms for Distributor Customers apply to this Service Agreement.

**For Urinalysis Equipment Only:**

By submission of a purchase order, Customer agrees the terms and conditions of the agreement between Sysmex and Customer under which the applicable equipment was acquired (the "Equipment Sales Agreement") apply to this Service Agreement. In the event no Equipment Sales Agreement exists between Sysmex and Customer, the Sysmex Terms and Conditions for Service at [www.sysmex.com/service\\_tnc\\_na\\_eng](http://www.sysmex.com/service_tnc_na_eng) or Federal Supply Schedule shall apply. Notwithstanding the foregoing, in the event an agreement for service is in place between Customer and a third party or Sysmex has accepted assignment of an agreement between Customer and a third party (each a "Third Party Agreement"), the terms and conditions of the Third Party Agreement shall apply until such Third Party Agreement is terminated, by expiration or otherwise. Customer acknowledges and agrees in no event will this Service Agreement Quotation extend the term of any Third Party Agreement, and upon termination of any Third Party Agreement Sysmex and Customer must mutually agree upon the terms and conditions of any agreement for Service.

**Optional Information:**

GPO-UF Name: PREMIER URINALYSIS PP-LA-735

GPO-Hema Name: PREMIER HEMATOLOGY PP-LA-625

**Hospital Vendor Contract Summary Sheet**

- ☒ **Existing Vendor** ☐ **New Vendor**
- **Name of Contract:** Culligan
- **Contract Parties:** Culligan/MRMC
- **Contract Type Services:** Equipment purchase
- **Impacted Hospital Departments:** Hospital Wide
- **Contract Summary:** Provides and installs water softener equipment throughout the hospital.
- **Cost:** \$20,868.41
- **Prior Cost:** None
- **Term:** until installed
- **Termination Clause:** none
- **Other:**

**Date:** July 15, 2026

**To:** MRMC Hospital Board of Directors

## Executive Summary

This proposal seeks approval for the installation of a centralized water softener system throughout the hospital facility. Hard water, characterized by elevated concentrations of calcium and magnesium minerals, contributes to scale buildup within plumbing systems, medical equipment, washers, sterilization equipment, and other water-dependent infrastructure. Over time, this buildup can significantly reduce equipment efficiency, increase maintenance costs, shorten equipment lifespan, and negatively impact cleaning effectiveness.

Implementation of a water softener system will help protect critical assets, support infection prevention efforts, improve environmental services outcomes, and promote patient safety. The investment aligns with the hospital's commitment to operational excellence, regulatory compliance, and high-quality patient care.

## Background

The hospital relies on numerous water-dependent systems and equipment to provide safe and effective patient care. Current hard water conditions contribute to mineral scale accumulation within:

- Ice machines
- Water heaters
- Plumbing infrastructure
- Environmental services cleaning equipment
- Boilers and HVAC systems
- Patient care areas including sinks and fixtures

As mineral deposits accumulate, equipment performance declines, maintenance requirements increase, and the effectiveness of cleaning and disinfecting agents may be reduced.

## Problem Statement

Hard water presents several operational and clinical challenges:

### Equipment Damage and Reduced Lifespan

Mineral scale deposits restrict water flow, reduce heat transfer efficiency, and accelerate wear on internal components. This can result in:

- Increased equipment downtime
- Premature replacement of high-cost assets
- Increased repair expenses
- Reduced energy efficiency

### Plumbing Infrastructure Deterioration

Scale accumulation within pipes and fixtures can lead to:

- Reduced water flow
- Increased maintenance needs
- Higher risk of plumbing failures

- Increased operating costs

## **Reduced Cleaning and Disinfection Effectiveness**

Hard water minerals can interfere with detergents, enzymatic cleaners, and disinfectants by reducing their ability to perform effectively. This may require:

- Higher chemical usage
- Additional cleaning cycles
- Increased labor resources

## **Microbial Biofilm and Bioburden Concerns**

Scale deposits create rough surfaces and protective niches where microorganisms can adhere and proliferate. Although a water softener is not a disinfection system, reducing mineral scale can help limit conditions that contribute to biofilm formation and microbial harborage within water systems and equipment. This supports broader infection prevention and water management initiatives.

## **Proposed Solution**

Install a hospital-grade water softener system designed to treat incoming water before distribution throughout the facility.

The system will:

- Remove hardness-causing minerals (calcium and magnesium)
- Reduce scale accumulation
- Improve efficiency of cleaning products and detergents
- Support optimal performance of sterilization and washing equipment
- Extend the lifespan of critical infrastructure
- Lower maintenance and energy costs

Routine monitoring and preventive maintenance will be incorporated into the hospital's facilities management program.

## **Expected Benefits**

### **1. Protection of Capital Equipment**

Reducing mineral buildup will extend the useful life of expensive equipment including:

- Boilers
- Ice machines
- Water heaters
- HVAC components

This will decrease replacement frequency and preserve capital investments.

### **2. Reduced Maintenance Costs**

Benefits include:

- Fewer service calls
- Reduced descaling requirements

- Less equipment downtime
- Lower repair costs

### 3. Improved Cleaning Effectiveness

Softened water improves the performance of:

- Detergents
- Enzymatic cleaners
- Surface cleaning agents

This supports more consistent cleaning outcomes while potentially reducing chemical consumption.

### 4. Enhanced Infection Prevention Efforts

While water softening alone does not eliminate microorganisms, reducing mineral deposits limits environmental conditions that support biofilm accumulation within equipment and plumbing systems.

This contributes to:

- Improved environmental hygiene
- Better equipment cleanliness
- Support for the facility water management program
- Stronger infection prevention practices

### 5. Increased Energy Efficiency

Scale buildup acts as insulation within heating equipment, requiring greater energy consumption. Water softening improves operational efficiency of:

- Boilers
- Water heaters
- Heat exchangers

Resulting in lower utility costs.

### 6. Improved Patient Experience

Reliable equipment operation and enhanced environmental cleanliness contribute to:

- Greater patient confidence
- Improved patient satisfaction
- Reduced risk of service interruptions

## CMS and ASHRAE Water Management Program Requirements

### CMS Requirements

The Centers for Medicare & Medicaid Services (CMS) requires hospitals, Critical Access Hospitals, and other Medicare-certified healthcare facilities to develop and maintain policies and procedures that reduce the risk of growth and transmission of *Legionella* and other waterborne pathogens within building water systems. Facilities must demonstrate implementation of a Water Management Program (WMP) that includes risk assessment, monitoring, corrective actions, and documentation. CMS expects healthcare organizations to align their

programs with ASHRAE Standard 188 and CDC guidance. Failure to maintain an effective water management program may result in regulatory citations during accreditation or CMS surveys.

### **ASHRAE Standard 188**

ANSI/ASHRAE Standard 188, *Legionellosis: Risk Management for Building Water Systems*, establishes the framework for preventing Legionnaires' disease associated with healthcare facility water systems. The standard requires healthcare facilities to:

- Establish a multidisciplinary Water Management Team.
- Describe and map all building water systems.
- Identify areas where hazardous conditions may occur.
- Establish control measures and control limits.
- Monitor system performance.
- Define corrective actions when control limits are not met.
- Verify and validate program effectiveness.
- Maintain documentation and records of all program activities.

### **ASHRAE Standard 514**

ANSI/ASHRAE Standard 514, *Risk Management for Building Water Systems: Physical, Chemical, and Microbial Hazards*, expands the water management approach beyond Legionella. While ASHRAE 188 focuses specifically on legionellosis prevention, Standard 514 addresses a broader range of water-related hazards, including:

- Microbial hazards (Legionella, Pseudomonas, nontuberculous mycobacteria, and other opportunistic pathogens).
- Chemical hazards (disinfectants, disinfection byproducts, corrosion products, and contaminants).
- Physical hazards (scalding, thermal injury, and other water system-related risks).

Standard 514 provides minimum requirements for a comprehensive risk management program covering system design, construction, operation, maintenance, renovation, monitoring, corrective actions, and program validation. It specifically includes guidance for healthcare facilities, recognizing the increased vulnerability of patients to waterborne pathogens. Compliance with ASHRAE 188 is required as part of implementing Standard 514.

## **Strategic Alignment**

Approval of a water softener system supports the hospital's strategic goals by:

### **Promoting Patient Safety**

Supports clean healthcare environments and reliable clinical operations.

### **Supporting Infection Control Initiatives**

Strengthens environmental and water management practices that contribute to infection prevention efforts.

### **Preserving Organizational Assets**

Protects expensive infrastructure and medical equipment investments.

## **Demonstrating Fiscal Responsibility**

Reduces long-term maintenance, repair, and replacement costs.

## **Enhancing Organizational Reputation**

Demonstrates the hospital's commitment to quality, safety, and proactive facility management.

## **Financial Considerations**

Although initial capital investment is required, expected cost savings include:

- Reduced equipment replacement costs
- Lower maintenance expenditures
- Reduced plumbing repair costs
- Lower energy consumption
- Potential reduction in cleaning chemical usage
- Decreased equipment downtime

Over the long term, these savings are expected to offset installation and maintenance costs while protecting valuable hospital assets.

## **Recommendation**

It is recommended that the Hospital Board approve funding for the purchase and installation of a centralized water softener system.

This initiative represents a proactive investment in patient safety, infection prevention, equipment preservation, and operational efficiency. By reducing hard water-related damage and supporting effective cleaning processes, the hospital will strengthen its commitment to high-quality care while protecting critical infrastructure and maintaining its reputation for excellence.

## **Requested Board Action**

**Approve the evaluation, procurement, and installation of a hospital-wide water softener system to support patient safety, infection prevention, equipment longevity, operational efficiency, and long-term financial stewardship.**

Respectfully submitted,

**April Summerlin, BSN, RN, CIC**

*Infection Preventionist*

*Mangum Regional Medical Center*



## The Culligan® Top Mount Series WATER SOFTENER SYSTEM

Superior Flow. Superior Savings. Superior Water for Commercial and Industrial Needs.

The Culligan® Top Mount (CTM) Series softener models use the latest control valve technology to offer superior flow rates and long-lasting performance for commercial and industrial applications. The top-mounted control minimizes the system's footprint and is constructed of a corrosion-resistant, heavy duty plastic tested in extreme operating conditions to service all types of problem water (high chloramines, heavy iron, etc.). The CTM valve and system also carry certification for testing and passing the highest drinking water standards. The CTM includes integrated vacuum breakers and pressure relief valves to protect the system in addition to possessing an integrated flow meter for highly accurate reporting. Each CTM operates with a Culligan® Smart Controller which provides users access to the Culligan® technology platform of intercommunicating systems, remote monitoring and water and energy saving accessories.

The CTM Softener Series forms part of the Culligan® Commercial and Industrial product portfolio that has been offering durable, high-quality equipment to the world for over 85 years. For those customers who need a more customized solution Culligan's application engineering and project management team will provide professional, technical expertise through the initial project scope to the expedited delivery and start-up process. Our expansive dealership network will provide aftermarket support and technical expertise and trusted service to users in every market. Contact Culligan® today to learn more about the CTM and other water treatment products.

### Markets Served:

Clinics  
Educational Facilities  
Energy / Power  
Food / Beverage Production  
Food Service / Restaurants  
Grocery  
Healthcare / Hospitals / Bio-Pharmaceutical  
Hospitality / Lodging  
Manufacturing  
Municipal Drinking Water  
Oil / Gas

### CULLIGAN® ADVANTAGES:

- Global Product Platform with Flexible Modular Configurations
- Simple Integration into Existing Systems
- Quick Delivery & Installation
- Exclusive Culligan Features
  - Universal Electronic Controller
  - Aqua-Sensor®, Progressive Flow and Other Operational Cost-Saving Technology
  - Remote Monitoring Capabilities with Multiple Alarm Recognitions
  - Cloud Storage for Historical Data
  - U.S. Standard and Metric Readings with Multiple Interface Languages for Programming Interface



# SYSTEM SPECIFICATIONS

Item 15.

## Warranty

Culligan's CTM Water Softeners are backed by a limited **3-year warranty** against defects in material, workmanship and corrosion. In addition, softener tanks are warranted for a period of 5 years.<sup>†</sup>

<sup>†</sup> See printed warranty for details. Culligan® will provide a copy of the warranty upon request.

Some localities have corrosive water. A softener cannot correct this condition, so its printed warranty disclaims liability for corrosion of plumbing lines, fixtures, or water-using equipment. If you suspect corrosion, your independently operated Culligan® dealer has equipment to help control the problem.

## System Specifications

| Specification                  | US                                                                                 | Metric            |
|--------------------------------|------------------------------------------------------------------------------------|-------------------|
| Operating Pressure for CTM     | 50 dynamic psi-125 psi                                                             | 345 - 862 kPa     |
| Operating Pressure for CTM 2.0 | 30 dynamic psi-125 psi                                                             | 207 - 862 kPa     |
| Power Voltage Frequency        | 120 Volts <sup>1</sup> 50/60Hz                                                     |                   |
| Feed Water Temperature         | 40–120° F                                                                          | 4–49° C           |
| Vacuum                         | None <sup>2</sup>                                                                  | None <sup>2</sup> |
| Turbidity Chlorine Iron        | 5 NTU, max. <sup>3</sup><br>1 mg/L, max. <sup>3</sup><br>5 mg/L, max. <sup>3</sup> |                   |

<sup>1</sup> 120 Volt/24 Volt cUL/UL listed Transformer Included.

<sup>2</sup> FRP tank warranty is void if subject to vacuum

<sup>3</sup> See media specification for details.

## Examples of Softener Applications

- Food and Beverage—Improved taste
- Educational Facilities—Boiler and cooling tower make-up water for scale reduction and improved energy costs
- Restaurants—For dishwashing, cleaning material savings, scale reduction
- RO / DI Pretreatment
- Car washes—Quality results, detergent and water heating savings, scale reduction
- Apartment buildings, assisted living facilities and hotels—Quality water for laundry, dishwashers, boilers
- Grocery / Retail—Quality water for aesthetics and help extend equipment life

- Light industry—For process and make-up water, boiler and cooling system pretreatment, general housekeeping
- Office buildings—For heating plant pretreatment, tenant convenience, general housekeeping

## Standard Features

- Single or Multiple Tank Configurations available for hardness removal capacities up to 600,000 grains per tank
- Continuous flow rates up to 82 gpm per tank. Peak flow rates up to 109 gpm per tank
- Corrosion-resistant control valve body certified to drinking water applications
- Integrated flow meter, vacuum breaker and pressure relief valve
- Downflow regeneration-type controllers available with your choice of initiation (time clock, meter or Aqua-Sensor® inputs)
- Telemetric data capabilities with remote monitoring

- No special tools required for servicing
- Robust piston-valve technology uses retained, radial seals in the body for improved longevity and reliability. Ideal for challenging water conditions
- Control complies with cUL, CE, UL

## Optional Features & Accessories

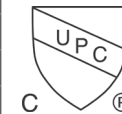
- 1.5" or 2" Flow adapters are available to provide every CTM unit the flexibility to use different inlet pipe sizes with minimal impact to flow rates
- Patented Progressive Flow—Culligan's Smart Controller can monitor flow demands bringing additional softening tanks on-line or offline as flows increase or decrease
- Brine Reclaim—reduces operating costs by recycling and making efficient use of brine during regeneration
- Aqua-Sensor® Control—initiates regeneration only when needed based upon water hardness, automatically adjusts to changes in raw water hardness and water consumptions

- Remote Display
- RS232, RS485, Modbus PLC Output, BacNET, Ethernet, Profinet
- ASME Code Tanks\*\*\*\*

## Culligan® Top Mount (CTM) Water Softener System

| CTM Family Group * | Media Qty.                 | Pipe Size** | Service Flow Rates                      |                                         | Tank Size*** |            |
|--------------------|----------------------------|-------------|-----------------------------------------|-----------------------------------------|--------------|------------|
|                    |                            |             | Continuous**                            | Peak**                                  | Softener     | Brine****  |
|                    | (ft <sup>3</sup> / liters) | (in / mm)   | gpm @ 15 psi drop<br>lpm @ 103 kPa drop | gpm @ 25 psi drop<br>lpm @ 172 kPa drop | (in / mm)    | (in / mm)  |
| CTM-60             | 2                          | 1.5" & 2"   | 51                                      | 69                                      | 14 x 47      | 24 x 40    |
|                    | 57                         | 25.4 & 50.8 | 193                                     | 261                                     | 356 x 1194   | 610 x 1016 |
| CTM-90             | 3                          | 1.5" & 2"   | 57                                      | 75                                      | 16 x 53      | 24 x 50    |
|                    | 85                         | 25.4 & 50.8 | 216                                     | 284                                     | 406 x 1346   | 610 x 1016 |
| CTM-120            | 4                          | 1.5" & 2"   | 55                                      | 72.5                                    | 16 x 65      | 24 x 50    |
|                    | 113                        | 25.4 & 50.8 | 208                                     | 274                                     | 406 x 1651   | 610 x 1270 |
| CTM-150            | 5                          | 1.5" & 2"   | 59                                      | 76                                      | 18 x 65      | 24 x 50    |
|                    | 142                        | 25.4 & 50.8 | 223                                     | 288                                     | 457 x 1651   | 610 x 1270 |
| CTM-210            | 7                          | 1.5" & 2"   | 65                                      | 85                                      | 21 x 62      | 24 x 50    |
|                    | 198                        | 25.4 & 50.8 | 246                                     | 322                                     | 553 x 1575   | 610 x 1270 |
| CTM-300            | 10                         | 1.5" & 2"   | 70                                      | 95                                      | 24 x 72      | 30 x 50    |
|                    | 283                        | 25.4 & 50.8 | 265                                     | 360                                     | 610 x 1829   | 762 x 1270 |
| CTM-450            | 15                         | 1.5" & 2"   | 76                                      | 104                                     | 30 x 72      | 30 x 50    |
|                    | 425                        | 25.4 & 50.8 | 288                                     | 394                                     | 762 x 1829   | 762 x 1270 |
| CTM-600            | 20                         | 1.5" & 2"   | 82                                      | 109                                     | 36 x 72      | 39 x 48    |
|                    | 567                        | 25.4 & 50.8 | 311                                     | 413                                     | 914 x 1829   | 991 x 1219 |

CTM 2.0 Water Softeners and CTM 2.0 Valves, not tested and certified by WQA for structural integrity (except CSA models) or contaminant reduction. Skid mounted systems not tested and certified by WQA. \*See [www.wqa.org](http://www.wqa.org) for select list of models that are CSA B483.1 certified.



CTM 2.0 Softeners, Carbon and Depth Filters, and Valves have been certified by IAPMO R&T against NSF/ANSI 372 and NSF/ANSI/CAN 61 for Material Safety Requirements. CTM 2.0 Ported 60K, 90K, 120K and all CTM 2.0 Non-Ported Softeners, Carbon and Depth Filters, and Valves are also certified to CSA B483.1. Not certified for Contaminant Reductions by IAPMO R&T. Skid mounted systems have not been certified by IAPMO R&T.

\*Each Family Group includes the following control type options:

- Downflow with hard water bypass
- Multi-tank with no hard water bypass

\*\* Depending on choice of 1.5" or 2" flow adapter. Flow rates shown are per tank using a 2" flow adapter. Flow rates may be slightly lower when using the 1.5" flow adapter. Low flow channelling (flow rates less than 0.5 gpm per cubic foot of resin) may cause hardness leakage into effluent

\*\*\* Dimensions are diameter by tank height

\*\*\*\* Brine Systems are optional. Size shown is size most commonly selected

\*\*\*\*\* Systems using ASME Code Tanks are not WQA or IAPMO Certified

For over 85 years, Culligan® has made better water. Our global network, comprised of 800+ dealers and international licensees in over 90 countries, is dedicated to addressing your water-related problems. As a worldwide leader in water treatment, our sales representatives and service technicians are familiar with the local water conditions in your area. Being global and local position us to deliver customized solutions to commercial and industrial water issues that affect your business and your bottom line.

All trademarks used herein are registered trademarks of Culligan International Company.

Products manufactured or marketed by Culligan® and its affiliates are protected by patents issued or pending in the United States and other countries.

Culligan® reserves the right to change the specifications referred to in this literature at any time, without prior notice.



Call Mike Laird  
417.337.1032  
mlaird@hallswater.com



Softener System Selected is: CTM-90-PF Multi-Tank System

The CTM will Provide (Each Unit):

|                                 |                    |
|---------------------------------|--------------------|
| Continuous Flow, gpm            | : 57 @ 15 psi loss |
| Peak Flow, gpm                  | : 75 @ 25 psi loss |
| Min. Recommended Flow, gpm      | : 3                |
| Resin Quantity, ft <sup>3</sup> | : 3                |
| Maximum Capacity, kgr           | : 90 @ 45 lbs Salt |
| Minimum Capacity, kgr           | : 60 @ 18 lbs Salt |
| Tank Size, in.                  | : 16x53            |
| Tank Area, ft <sup>2</sup>      | : 1.4              |
| Freeboard, in.                  | : 25               |



Regeneration Data Based on Recommended Brine System (Each Unit):

|                            |         |                           |       |
|----------------------------|---------|---------------------------|-------|
| Brine Tank Size, in.       | : 24x40 | Backwash Flow Req'd, gpm  | : 5   |
| Max. Salt Load, lbs        | : 600   | Recond. Water Req'd, gals | : 173 |
| Number of Regens/Salt Fill | : 13.33 | Total Regen Time, min.    | : 83  |
| Salt Usage, lbs/Regen      | : 45    |                           |       |

System Requirements:

|                            |                 |                 |                                |
|----------------------------|-----------------|-----------------|--------------------------------|
| Operating Press., psi      | : 35-125        | Voltage         | : 120 Volts AC, 50/60 Hz, 1 Ph |
| Operating Temp., °F        | : 40-120        | Full Load, Amps | : < 1                          |
| Pipe Conn, in NPT...       |                 |                 |                                |
| Inlet                      | : 2             |                 |                                |
| Outlet                     | : 2             |                 |                                |
| Drain                      | : 1.5           |                 |                                |
| Shipping Weight, lbs...    |                 |                 |                                |
| Duplex                     | : 719           |                 |                                |
| Triplex                    | : 1061          |                 |                                |
| Quad                       | : 1315          |                 |                                |
| Operating Weight, lbs...   |                 |                 |                                |
| Duplex                     | : 1650          |                 |                                |
| Triplex                    | : 2190          |                 |                                |
| Quad                       | : 2686          |                 |                                |
| Overall Dimensions, in.... |                 |                 |                                |
| Width x Height x Depth     |                 |                 |                                |
| Duplex                     | : 76 x 74 x 20  |                 |                                |
| Triplex                    | : 102 x 74 x 20 |                 |                                |
| Quad                       | : 128 x 74 x 20 |                 |                                |



## Culligan Top Mount Softener Engineer's Specification

### 1.0 SCOPE

- 1.1 Provide as indicated a vertical pressure type water softener system complete with pressure vessel, softening resin, control valve, brine maker and electronic controller. The system will be of an approved design as fabricated by a manufacturer regularly engaged in the production of water treatment equipment. All equipment and material will be supplied in compliance with the specifications as intended for a complete and operational system.
- 1.2 Qualified manufacturers of water softener equipment must be engaged in the manufacture of this type of equipment for a period of not less than fifty (50) years. Acceptable manufacturers are Culligan International Company or the Engineer's approved equal.
- 1.3 Qualified manufacturers will have the entire softener certified as a system to NSF/ANSI 61, NSF/ANSI 372, CSA 483.1, UL/CUL and CE.

### 2.0 GENERAL DESCRIPTION

- 2.1 The system specifications are based on Culligan International model CTM-90-PF Multi-tank System configured as with either a Timeclock, Water Meter or Aqua Sensor device.

The purpose of the Culligan International Culligan Top Mount automatic water softener will be to remove mineral hardness from a known water supply to a level not to exceed 17.1 mg/l, as determined by an accepted ASTM or EDTA test method, when the system is operated in accordance with the operating instructions.

The systems performance will be capable of a peak flow rate of 225 gpm for sustained periods of 90 minutes with a pressure drop of 25 psi.

### 3.0 PERFORMANCE AND DESIGN DATA

- 3.1 INFLUENT WATER ANALYSIS  
N/A

- 3.2 DESIGN PARAMETERS (Each Tank System)

|                                     |                                |
|-------------------------------------|--------------------------------|
| Normal System Flow & Pressure Drop  | : 57 gpm @ 15 psi              |
| Maximum System Flow & Pressure Drop | : 75 gpm @ 25 psi              |
| Backwash/Rinse Flow                 | : 5 gpm                        |
| Backwash Volume                     | : 173 gallons nominal          |
| Daily Water Usage                   | : 5000                         |
| Operating Temperature Range         | : 40-120 °F                    |
| Operating Pressure Range (System)   | : 35-125 psi                   |
| Electrical Requirements             | : 120 Volts AC, 50/60 Hz, 1 Ph |
| System Dimension (L x W x H)        | : 102x73.5x20                  |

- 3.3 EFFLUENT WATER QUALITY : < 1 GPG HARDNESS (ASTM soap test method)

## 4.0 EQUIPMENT SPECIFICATIONS

### 4.1 SOFTENER TANK(S)

Each softener tank shall be 16 in. in diameter. The overall tank height (less base) shall be 56 in., sufficient to allow for a proper freeboard space above the resin bed for adequate expansion of the resin during backwashing.

#### 4.1.1 Tank Construction

Tank(s) shall be manufactured of polyester reinforced by a continuous roving glass filament overwrap. The top opening will be 4"-8 UN threaded and the tank bottom will be supported on a molded structural base.

#### 4.1.2 Access Openings (Optional)

Each tank will be equipped with openings for mineral filling and periodic inspection.

## 4.2 INTERNAL DISTRIBUTION

4.2.1 The upper distribution system shall be of the single point diffuser type to dispense water laterally to avoid channeling within the resin bed.

4.2.2 The lower distribution system shall be of the single point distributor type, constructed of PVC pipe and a fine slotted strainer to provide even flow distribution through the resin bed. The distribution system shall be embedded in a two layer subfill of washed inorganic material to support the resin bed.

### 4.3 MAIN OPERATING VALVE

The main operating valve shall be of a top mount design constructed of thermoplastic resistant to attack by substances found in natural water supplies. Inlet and outlet connections to be 1.5" or 2 inch NPTE. The Cv (flow coefficient) of the main operating valve shall be equal to/greater than 32.

A vacuum breaker and pressure regulating valve shall be integrated in the design of the main operating valve.

The main operating valve will be of the motor driven, mechanically activated design with 5 positions to accomplish the regeneration steps of backwash, brine draw/rinse, fast rinse and brine refill in addition to the service position. The internal seals will be of a modular design for ease of replacement and service.

The main operating valve will be fitted with a fixed orifice eductor to control brine draw/slow rinse.

The main operating valve shall be designed by the same manufacturer as the water softener system and tested prior to shipment.

### 4.4 FLOW CONTROL

The backwash flow controller shall be a pressure-compensating orifice capable of providing and maintaining proper backwash flows over the entire listed operating pressure range of the system. The backwash flow controller shall be easily serviced without special tools and design so that service to the flow controller can be performed without disassembly of the valve body or the sequencing controller and without disconnecting existing inlet and outlet piping connections.

### 4.5. CONTROLS

A fully integrated programmable microprocessor driven electronic controller shall be provided to automatically cycle the main operating valve through the regeneration sequence. The electronic controller shall be designed and manufactured by the same manufacturer as the water treatment equipment.

The controller shall be capable of initiating a regeneration by accepting an internal signal from the controller time keeping device; an external Hall-Effect flow sensor, a Culligan Aqua-Sensor®, an external device such as a remote start push-button or any combination of these methods. The controller shall sequence all steps of an automatic regeneration and automatically return the softener to a service or stand-by mode. The initiating time and/or volume setpoints shall automatically reset upon completion of the regeneration sequence.

The controller shall include a sealed keypad, capable of programming all controller functions, located on the face of the controller. The controller display shall be a multi-line OLED display capable of full text readouts of operating status and codes. The firmware shall be capable of being updated to the latest version.

An audible alarm beeper capable of emitting a tone of ~70 dBA shall be available but capable of being disabled if so desired.

The controller shall allow for a manual initiation of the automatic regeneration sequence by utilizing a regeneration selection from the controller menu.

The controller shall operate on a low voltage electrical system. The system shall include a UL/CUL listed transformer. The entire electronic control package and its associated inputs/outputs shall require not more than 24 VAC @ 50VA. The control shall be rated for wet environments and certified to NEMA 3R.

The controller shall utilize EEPROM to save pertinent programmed data and statistical functions. The controller must retain all functionality for power interruptions of less than 72 hours. A battery backup shall be installed and capable of maintaining the time of day for a minimum of 5 years.

#### 4.5.1 System control options

One or a combination of below control options shall be available

**Timeclock** - An operator selected program of a time-initiated reconditioning for single units shall be available. The controller shall be capable of being entirely programmed in the field without additional interface devices. The operator shall be able to select reconditioning to occur after a specified number of hours or days or specific day of the week. The electronic controller shall indicate various data that includes number of reconditionings in the last 14 days, days since last reconditioning, total number of reconditionings for the life of the unit, current day of the week, time of day, and unit in reconditioning.

**Water Meter** - An operator selected volume based reconditioning for single units shall be available. A flow sensor package shall be provided consisting with an appropriately sized installation fitting. The operator shall be able to select reconditioning to occur after a specified number gallons. The electronic controller shall indicate various data that includes number of reconditionings in the last 14 days, days since last reconditioning, total number of reconditionings for the life of the unit, time of day, and unit in reconditioning.

**Culligan Aqua Sensor**- An operator selected program of immediate or delayed hardness initiated regeneration for single units shall be available. An Aqua-Sensor® control probe will be inserted into the resin bed and will sense the need for regeneration based on electrical impedance within the resin bed and will signal the circuit board to initiate regeneration after a continuous 6 minute increase in impedance ratio. The system will compensate for variations in water hardness and temperature and will require no field adjustments when operated within the normal temperature range of the softener. The controller shall be capable of being programmed in the field without additional interface devices. The controller shall indicate various data that includes number of regenerations in the last 14 days, days since the last regeneration, total number of regenerations for the life of the unit, last slow rinse time, time of day, and unit in regeneration.

#### 4.5.2 In addition the following functions shall be provided as part of the system controller:

The controller shall have the capability of providing communications with the following external devices:

- Serial Communications (RS-232 & RS-485)
- USB
- Modbus RTU
- Profibus Communications
- BACnet Communications
- Modem (cell modem or land-line modem)
- Dry Contact Alarm Relay
- Wireless Remote (local RF wireless remote, 200 ft range)

**Regeneration sequence timers:** The controller shall allow control customization of individual regeneration cycle times, each programmable from 1 - 99 minutes. The regeneration cycle and time of cycle remaining shall be displayed when in regeneration.

**Lockout function:** The controller shall include a lockout to prevent unauthorized personnel from altering program data.

Regeneration override: The controller shall include a function to direct pre-programmed regeneration after a user determined period of time (hours or 24 hour intervals) without an input signal from another regeneration initiation device.

Alarm status indicator: The controller shall monitor operation of internal functions. If a fault is identified, the need for operator intervention will be signaled visually within the controller display.

Two Auxiliary Outputs: Two Auxiliary Outputs shall be integral to the controller circuit board. Each Output shall be capable of being programmed to provide power to a "Normally Open" or "Normally Closed" contact (user choice). These 24VAC outputs shall be used only for the purpose of energizing a relay coil.

Flow rate indication: The controller shall be capable of indicating the flow rate of the treated water.

Totalizer: The controller shall include a totalizer function and a display capacity to 99,999,999 units before resetting to zero. The totalizer value shall be displayed through the controller display during operation.

The controller shall have the availability to be wall- or remote-mounted for greater accessibility.

#### 4.5.3 Flow Sensor(s)

Each softener will include a turbine-type Hall Effect flow sensor.

The sensor shall be integral to the control valve. A cable shall be provided for direct connection to the system controller.

The flow sensor package provided shall be functional within the flow range of 1.5 to 180.0 gpm.

The flow sensor shall have an accuracy of +/- 2% over the full range.

#### 4.5.4 Aqua-Sensor® Probe

A patented Aqua-Sensor® control probe will be inserted into the resin bed and will sense the need for regeneration based on an electrical imbalance within the resin bed and will signal the circuit board to initiate regeneration after a continuous 6 minute imbalance. The system will compensate for variations in water hardness and temperature and will require no field adjustments when operated within the normal temperature range of the softener. The controller shall be capable of being programmed in the field without additional interface devices. The Aqua-Sensor will also be capable of determining when the brine solution is rinsed from the resin bed during the Brine Draw /Slow Rinse cycle, triggering the control to move to Fast Rinse cycle.

#### 4.6 EXCHANGE RESIN

The ion exchange resin shall be virgin high capacity "standard mesh" of sulfonated polystyrene type stable over the entire pH range with good resistance to bead fracture from attrition or osmotic shock. Each cubic foot of resin will be capable of removing 30000.0 grains of hardness as calcium carbonate when regenerated with 15.0 pounds of salt. The resin shall be solid, of the proper particle size of 16x40 mesh, U.S. standard screen and will contain no agglomerates, shells, plates or other shapes that might interfere with the normal function of the water softener. The resin shall be manufactured to comply with the food additive regulation 21 CFR 173.25 as set forth by the USFDA.

The system shall include 3 cubic feet of exchange resin per vessel and a total of 9 cubic feet of resin for the system.

#### 4.7 BRINE SYSTEM

Provide a complete brine system consisting of a plastic tank, cover, salt platform, brine well, an automatic brine valve and all necessary fittings for operation with the water softening system. The system shall consist of a combined brine measuring and salt storage tank with salt platform. The system will include a total of one (1) brine tank(s).

The brine tank will be equipped with a float operated non-corrosive field serviceable brine float valve for automatic control of brine withdrawal and fresh water refill.

The brine valve will automatically open to admit brine to the resin tank during eduction and close automatically providing positive shut-off to prevent air from entering the system. The brine valve will also regulate the flow of

soft water into the brine tank during refill. The brine valve works with the timed fill feature of the main operating valve controls to admit the correct volume of fresh water to the brine tank in accordance with the refill time setting in the control program. The brine valve will include a float operated safety shut-off valve as a back up to the timed refill from the main operating valve control to prevent brine tank overflow.

#### 4.8 ACCESSORIES

#### 5.0 INSTRUCTIONS

One (1) complete sets of installation, operating and maintenance manuals shall be provided.

#### 6.0 FIELD SERVICE

The services of a factory authorized service representative can be made available to supervise, inspect and provide operator training as required for initial start-up and system operation. Contact your local Culligan dealer for service rates and scheduling.

#### 7.0 WARRANTY

A single written warranty must be provided from the manufacturer of the water softener system covering workmanship and materials.

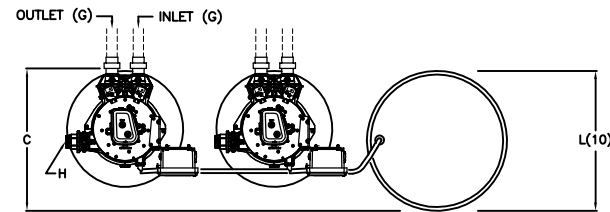
#### 8.0 CTM MANUAL REFERENCE

Installation Instructions : 01029401-A  
Smart Controller Communication: 01021512

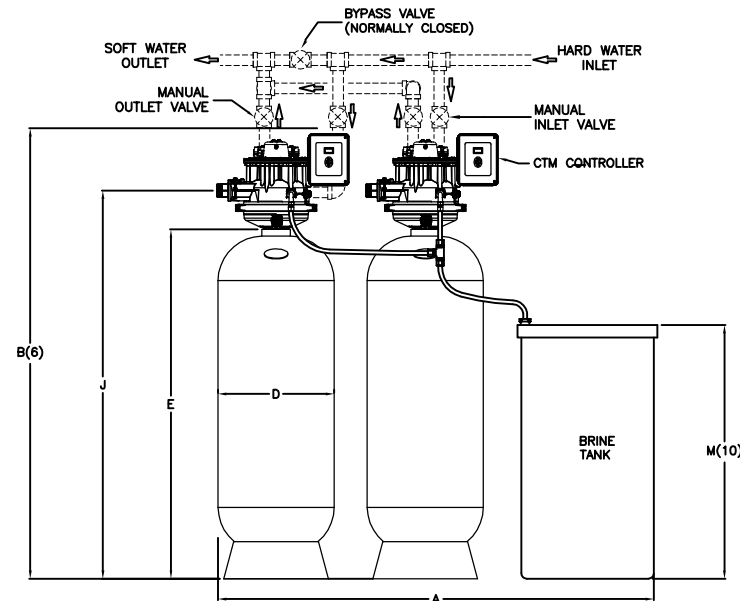
**NOTES:**

- (1) ITEMS SHOWN IN BROKEN LINES TO BE FURNISHED BY OTHERS.
- (2) ALL DIMENSIONS ARE  $\pm 1"$  (25mm) AND SUBJECT TO CHANGE WITHOUT NOTICE.
- (3) UNIONS SHOULD BE LOCATED ON INLET AND OUTLET CONNECTIONS OF CONTROL VALVE TO FACILITATE SERVICING.
- (4) THE USE OF DISSIMILAR METALS IN A PIPING SYSTEM IS NOT RECOMMENDED. WHERE DISSIMILAR METALS MUST BE CONNECTED IN A WATER SYSTEM, THE USE OF NONCONDUCTIVE (DIELECTRIC) FITTINGS MAY REDUCE GALVANIC CORROSION.
- (5) A TEN FOOT POWER CORD (LONGER LENGTHS AVAILABLE) AND WALL MOUNT TRANSFORMER ARE PROVIDED. THE CUSTOMER SHOULD PROVIDE A RECEPTACLE, PREFERABLE ONE NOT CONTROLLED BY A SWITCH THAT CAN BE TURNED OFF ACCIDENTALLY, OBSERVE THE LOCAL ELECTRICAL CODES.
- (6) ALLOW 6-12 INCHES BEHIND THE UNIT FOR PLUMBING AND DRAIN LINES AND 12 INCHES ABOVE OVERALL HEIGHT FOR SERVICE ACCESS AND FILLING THE SALT CONTAINER.
- (7) SYSTEM USES FRP TANKS WHICH MUST NOT BE SUBJECTED TO VACUUM. INSTALL SIPHON BREAK ON DRAIN LINE. INSTALL VACUUM BREAKER ON INLET PIPING IF THE SERVICE LINE IS SUBJECT TO A VACUUM.
- (8) TO PERMIT THE OBSERVATION OF THE DRAIN FLOW DO NOT MAKE A DIRECT CONNECTION TO THE DRAIN. PROVIDE AN AIR GAP OF AT LEAST TWO TIMES THE DIAMETER OF THE DRAIN PIPE OR CONFORM TO LOCAL SANITATION CODES.
- (9) BRINE TANK DIMENSIONS SHOWN ARE FOR THE BRINE TANK MOST COMMONLY SELECTED FOR USE WITH THIS SIZE SYSTEM.
- (10) SHIPPING AND OPERATING WEIGHTS SHOWN ON THIS DRAWING INCLUDE THE BRINE SYSTEM.

|           | DIMENSIONS (INCHES) |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  | UNIT DATA PER TANK                       |                                    |                                            |                                      |                      |                                |                             |                             |  | Item 13. |
|-----------|---------------------|----------------|------------|-------------------|---------------------|------------------------------------|------------------------------------|--------------------|------------------------|--------------------------------|----------------------------------|------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------------|----------------------|--------------------------------|-----------------------------|-----------------------------|--|----------|
| MODEL     | WIDTH<br>A          | HEIGHT<br>B(6) | DEPTH<br>C | TANK<br>DIA.<br>D | TANK<br>HEIGHT<br>E | INLET<br>OUTLET<br>PIPE SIZES<br>F | INLET<br>OUTLET<br>PIPE SIZES<br>G | DRAIN<br>SIZE<br>H | FLOOR TO<br>INLET<br>J | BRINE<br>TANK<br>DIA.<br>L(10) | BRINE<br>TANK<br>HEIGHT<br>M(10) | MAX.<br>CAPACITY<br>KGR @ SALT<br>DOSAGE | RESIN<br>VOLUME<br>ft <sup>3</sup> | CONTINUOUS<br>FLOW<br>gpm @ 15<br>psi drop | PEAK<br>FLOW<br>gpm @ 25<br>psi drop | DRAIN<br>FLOW<br>gpm | MIN. DRAIN<br>PIPE SIZE<br>IN. | DUPLEX<br>OPER. WT.<br>lbs. | DUPLEX<br>SHIP. WT.<br>lbs. |  |          |
| CTM-90-PF | 76                  | 73.5           | 19.6       | 16                | 55                  | 1.5                                | 2.0                                | 1.5                | 62                     | 24                             | 40                               | 90 @ 45                                  | 3                                  | 57                                         | 75                                   | 5                    | 1.0                            | 1650                        | 719                         |  |          |
|           |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                             |                             |  |          |
|           |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                             |                             |  |          |



TOP VIEW



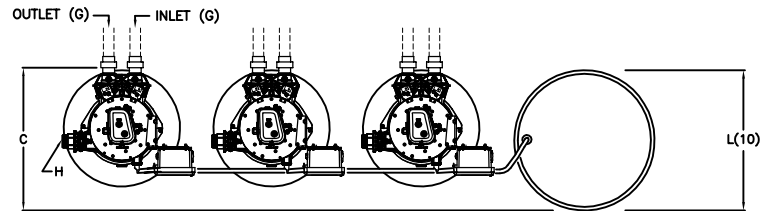
DUPLEX INSTALLATION

| DO NOT SCALE DRAWING<br>TOLERANCES: $\pm 1/8"$ UNLESS OTHERWISE NOTED                                                                                                                                                                                                                                                                                       |        |    |     |      | <b>Culligan®</b><br><b>ENGINEERED SYSTEMS</b><br>ROSEMONT, ILLINOIS<br>PRINT AND BILL OF MATERIAL ARE NOT<br>TO BE USED WITHOUT THE WRITTEN<br>CONSENT OF CULLIGAN INTERNATIONAL CO. |  | NAME CTM 2.0" |        | METERED DOWN FLOW AND UP FLOW<br>AUTOMATIC SOFTENER DUPLEX |     | 82 |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|-----|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--------|------------------------------------------------------------|-----|----|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------------------|
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| Let.                                                                                                                                                                                                                                                                                                                                                        | Change | By | App | Date |                                                                                                                                                                                      |  |               |        |                                                            |     |    |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                 |
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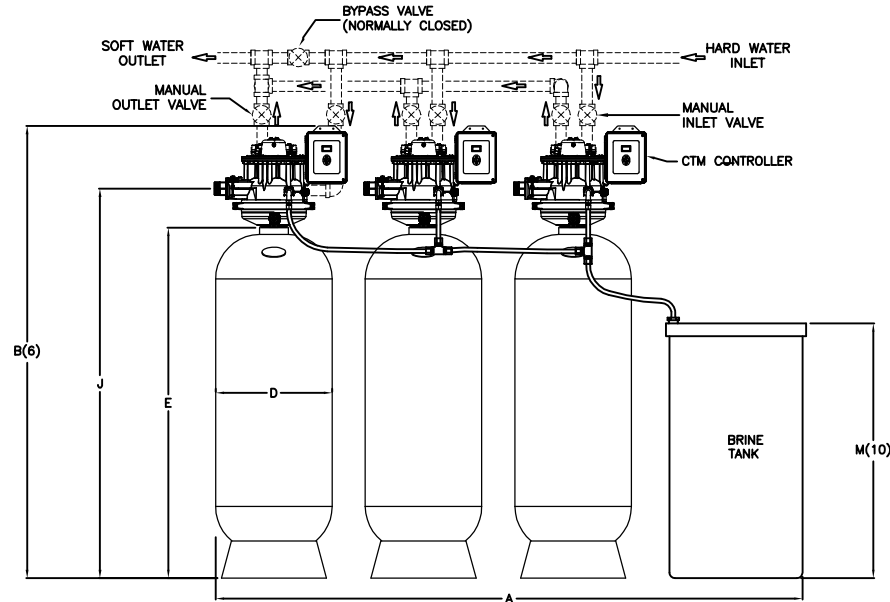
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- (10) SHIPPING AND OPERATING WEIGHTS SHOWN ON THIS DRAWING INCLUDE THE BRINE SYSTEM.

|            | DIMENSIONS (INCHES) |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  | UNIT DATA PER TANK                       |                                    |                                            |                                      |                      |                                   |                              |                              |  | ROW 10 |
|------------|---------------------|----------------|------------|-------------------|---------------------|------------------------------------|------------------------------------|--------------------|------------------------|--------------------------------|----------------------------------|------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------------|----------------------|-----------------------------------|------------------------------|------------------------------|--|--------|
| MODEL      | WIDTH<br>A          | HEIGHT<br>B(6) | DEPTH<br>C | TANK<br>DIA.<br>D | TANK<br>HEIGHT<br>E | INLET<br>OUTLET<br>PIPE SIZES<br>F | INLET<br>OUTLET<br>PIPE SIZES<br>G | DRAIN<br>SIZE<br>H | FLOOR TO<br>INLET<br>J | BRINE<br>TANK<br>DIA.<br>L(10) | BRINE<br>TANK<br>HEIGHT<br>M(10) | MAX.<br>CAPACITY<br>KGR @ SALT<br>DOSAGE | RESIN<br>VOLUME<br>ft <sup>3</sup> | CONTINUOUS<br>FLOW<br>gpm @ 15<br>psi drop | PEAK<br>FLOW<br>gpm @ 25<br>psi drop | DRAIN<br>FLOW<br>gpm | MID DRAIN<br>PIPE SIZE<br>7/8" N. | TRIPLEX<br>OPER. WT.<br>lbs. | TRIPLEX<br>SHIP. WT.<br>lbs. |  |        |
| CTM-90 -PF | 102                 | 73.5           | 19.6       | 16                | 55                  | 1.5                                | 2.0                                | 1.5                | 62                     | 24                             | 40                               | 90 @ 45                                  | 3                                  | 57                                         | 75                                   | 5                    | 80.0                              | 2190                         | 1061                         |  |        |
|            |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |
|            |                     |                |            |                   |                     |                                    |                                    |                    |                        | I                              |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |
|            |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |
|            |                     |                |            | I                 |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |
|            |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |
|            |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |
|            |                     |                |            |                   |                     |                                    |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                   |                              |                              |  |        |



TOP VIEW



TRIPLEX INSTALLATION

DO NOT SCALE DRAWING  
TOLERANCES:  $\pm 1/8"$  UNLESS OTHERWISE NOTED

| Let. | Change | By | App | Date |
|------|--------|----|-----|------|
|      |        |    |     |      |
|      |        |    |     |      |
|      |        |    |     |      |

**Culligan®**  
ENGINEERED SYSTEMS  
ROSEMONT, ILLINOIS  
PRINT AND BILL OF MATERIAL ARE NOT  
TO BE USED WITHOUT THE WRITTEN  
CONSENT OF CULLIGAN INTERNATIONAL CO.

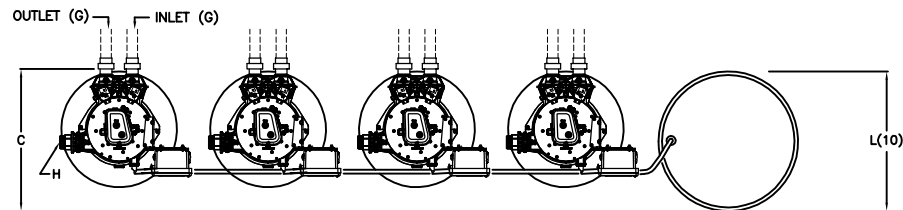
|                               |         |                          |          |
|-------------------------------|---------|--------------------------|----------|
| NAME                          |         | CTM 2.0"                 |          |
| METERED DOWN FLOW AND UP FLOW |         | AUTOMATIC SOFTENER TRIPL |          |
| TECHNICAL DATA SHEET          |         |                          |          |
| DETAILED BY:                  | 8/04/15 | APP. BY:                 | 8/18/15  |
| REF. NO.                      |         | PART NO.                 | DRW-2127 |

**NOTES:**

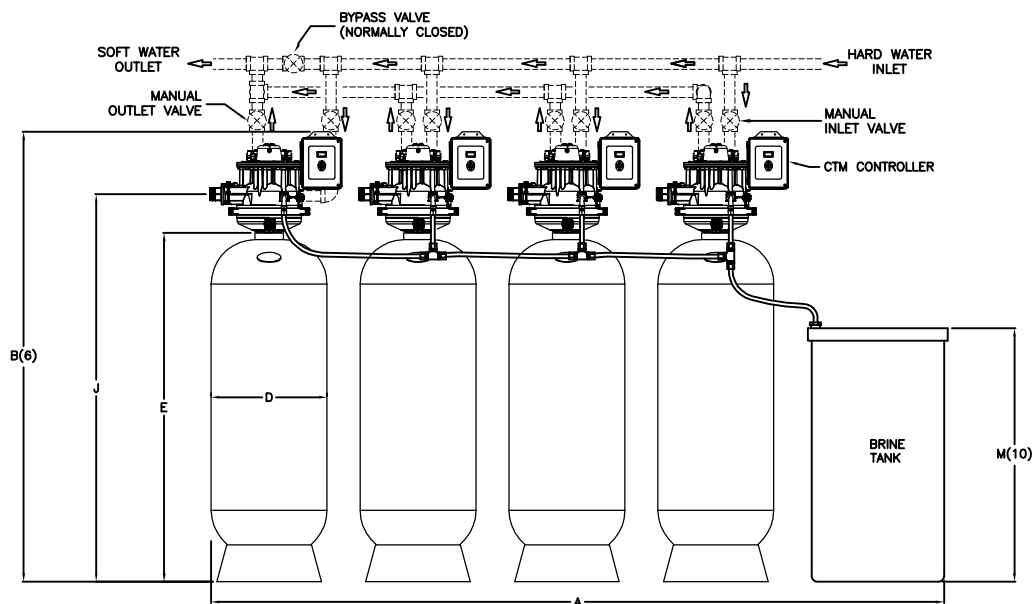
- (1) ITEMS SHOWN IN BROKEN LINES TO BE FURNISHED BY OTHERS.
- (2) ALL DIMENSIONS ARE  $\pm 1"$  (25mm) AND SUBJECT TO CHANGE WITHOUT NOTICE.
- (3) UNIONS SHOULD BE LOCATED ON INLET AND OUTLET CONNECTIONS OF CONTROL VALVE TO FACILITATE SERVICING.
- (4) THE USE OF DISSIMILAR METALS IN A PIPING SYSTEM IS NOT RECOMMENDED. WHERE DISSIMILAR METALS MUST BE CONNECTED IN A WATER SYSTEM, THE USE OF NONCONDUCTIVE (DIELECTRIC) FITTINGS MAY REDUCE GALVANIC CORROSION.
- (5) A TEN FOOT POWER CORD (LONGER LENGTHS AVAILABLE) AND WALL MOUNT TRANSFORMER ARE PROVIDED. THE CUSTOMER SHOULD PROVIDE A RECEPTACLE, PREFERABLE ONE NOT CONTROLLED BY A SWITCH THAT CAN BE TURNED OFF ACCIDENTALLY, OBSERVE THE LOCAL ELECTRICAL CODES.
- (6) ALLOW 6-12 INCHES BEHIND THE UNIT FOR PLUMBING AND DRAIN LINES AND 12 INCHES ABOVE OVERALL HEIGHT FOR SERVICE ACCESS AND FILLING THE SALT CONTAINER.
- (7) SYSTEM USES FRP TANKS WHICH MUST NOT BE SUBJECTED TO VACUUM CONDITIONS. SYSTEM CONTROL VALVE DESIGN HAS INTEGRATED VACUUM BREAKER TO PREVENT SUCH CONDITIONS WHICH SHOULD NOT BE REMOVED DURING OPERATION.
- (8) TO PERMIT THE OBSERVATION OF THE DRAIN FLOW DO NOT MAKE A DIRECT CONNECTION TO THE DRAIN. PROVIDE AN AIR GAP OF AT LEAST TWO TIMES THE DIAMETER OF THE DRAIN PIPE OR CONFORM TO LOCAL SANITATION CODES.
- (9) BRINE TANK DIMENSIONS SHOWN ARE FOR THE BRINE TANK MOST COMMONLY SELECTED FOR USE WITH THIS SIZE SYSTEM.
- (10) SHIPPING AND OPERATING WEIGHTS SHOWN ON THIS DRAWING INCLUDE THE BRINE SYSTEM.

| MODEL              | DIMENSIONS (INCHES) |                |            |                   |                     |                                    |                    |                        |                                |                                  | UNIT DATA PER TANK                       |                                    |                                            |                                      |                      |                                |                   |                   |
|--------------------|---------------------|----------------|------------|-------------------|---------------------|------------------------------------|--------------------|------------------------|--------------------------------|----------------------------------|------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------|-------------------|
|                    | WIDTH<br>A          | HEIGHT<br>B(6) | DEPTH<br>C | TANK<br>DIA.<br>D | TANK<br>HEIGHT<br>E | INLET<br>OUTLET<br>PIPE SIZES<br>G | DRAIN<br>SIZE<br>H | FLOOR TO<br>INLET<br>J | BRINE<br>TANK<br>DIA.<br>L(10) | BRINE<br>TANK<br>HEIGHT<br>M(10) | MAX.<br>CAPACITY<br>KGR @ SALT<br>DOSAGE | RESIN<br>VOLUME<br>ft <sup>3</sup> | CONTINUOUS<br>FLOW<br>gpm @ 15<br>psi drop | PEAK<br>FLOW<br>gpm @ 25<br>psi drop | DRAIN<br>FLOW<br>gpm | MIN. DRAIN<br>PIPE SIZE<br>IN. | OPER. WT.<br>lbs. | SHIP. WT.<br>lbs. |
| CTM-90 HWB NHWB MT | 128                 | 73.5           | 19.6       | 16                | 55                  | 2.0                                | 1.5                | 62                     | 24                             | 40                               | 90 @ 45                                  | 3                                  | 57                                         | 75                                   | 5                    | 1.0                            | 2686              | 1315              |
|                    |                     |                |            |                   |                     |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                   |                   |
|                    |                     |                |            |                   |                     |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                   |                   |
|                    |                     |                |            |                   |                     |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                   |                   |
|                    |                     |                |            |                   |                     |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                   |                   |
|                    |                     |                |            |                   |                     |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                   |                   |
|                    |                     |                |            |                   |                     |                                    |                    |                        |                                |                                  |                                          |                                    |                                            |                                      |                      |                                |                   |                   |

Item 15.



TOP VIEW



QUAD INSTALLATION

| DO NOT SCALE DRAWING<br>TOLERANCES: $\pm 1/8"$ UNLESS OTHERWISE NOTED |        |    |     |      |
|-----------------------------------------------------------------------|--------|----|-----|------|
| Let.                                                                  | Change | By | App | Date |
|                                                                       |        |    |     |      |
|                                                                       |        |    |     |      |
|                                                                       |        |    |     |      |
|                                                                       |        |    |     |      |

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 TO BE USED WITHOUT THE WRITTEN  
 CONSENT OF CULLIGAN INTERNATIONAL CO.

|                                                                                                    |          |                |         |
|----------------------------------------------------------------------------------------------------|----------|----------------|---------|
| NAME: CTM 2.0"<br>METERED DOWN FLOW AND UP FLOW<br>AUTOMATIC SOFTENER QUAD<br>TECHNICAL DATA SHEET |          |                |         |
| DETAILED BY:<br>MKM                                                                                | 8/04/15  | APP. BY:<br>LW | 8/18/15 |
| REF. NO.                                                                                           | PART NO. | DRY            | 84      |

**Hospital Vendor Contract – Summary Sheet**

1.     ☒ **Existing Vendor**                                     ☐ **New Vendor**
2.     **Name of Contract:** Agreement for the Provision & Maintenance of Durable Medical Equipment
3.     **Contract Parties:** Tecumseh Oxygen & Medical Supply and Mangum Regional Medical Center
4.     **Contract Type Services:** Equipment Lease
  - a.   **Impacted hospital departments:** Clinical/Wound Care/ Patient Care
5.     **Contract Summary:**

Allows the hospital to use Ultramist wound therapy system for wound care healing. This device will be leased under the existing agreement with Tecumseh Oxygen & Medical Supply.
6.     **Cost:** ☒ \$2,208.00/month
7.     **Prior Cost:** ☒ None.
8.     **Termination Clause:** Either party may terminate Lease with 30 days prior written notice.
  - a.   **Term:** 1 year term
9.     **Other:**

## **RENTAL CONTRACT**

This Agreement is made and entered into effective \_\_\_\_\_, 2026 (hereinafter referred to “Effective Date”) between Gage Lucky 13, LLC d/b/a Tecumseh Oxygen & Medical Supply with an address of 503 N. Broadway St., Tecumseh, OK 74873 (hereinafter “LESSOR”) and Mangum Regional Medical Center with an address of 1 Wickersham Dr, Mangum, OK 73554 (hereinafter “LESSEE”).

**WHEREAS**, LESSOR desires to rent to LESSEE certain specialty product as generally described on Schedule A attached hereto.

**WHEREAS**, LESSEE desires to rent from LESSOR certain specialty product at the rental rates set forth in Schedule A.

**NOW, THEREFORE**, in consideration of the mutual covenants herein contained, the parties agree as follows:

1. **Equipment and Rental Rates.** Attached hereto on Schedule A are the equipment and the rates to be charged by LESSOR to LESSEE throughout the term of this Contract.
2. **Term.** LESSEE hereby names LESSOR its primary vendor for rental of the Equipment for an initial term of one (1) year beginning on \_\_\_\_\_, 2026 (the “Commencement Date”) and ending on \_\_\_\_\_, 2026. The Agreement shall automatically renew for one-year terms on its expiration date unless either party gives written notice to the other of its intent to not renew the Agreement at least thirty (30) days prior to the expiration date or thirty (30) days prior to the end of any annual renewal term.
3. **Invoicing.** LESSOR shall issue an invoice for each item of Equipment delivered to LESSEE, and each item of Equipment shall include a description of the Equipment and, where applicable, the barcode(s).
4. **Billing and Payment Terms.**
  - a. Billing shall commence at the time of delivery, prorated for the shipments made after the first day of the month and on the first of each month thereafter. All invoices shall be due thirty (30) days after invoice date. Overdue invoices shall bear interest at the lower of one and a half percent (1 ½%) per month or the maximum rate allowed by law. Acceptable forms of payment are checks, money orders, and bank wires in U.S. Funds.
5. **Equipment Title.** The Equipment is, and shall at all times be and remain, the sole and exclusive property of LESSOR, and LESSEE shall have no right, title or interest therein or thereto. LESSEE shall not remove LESSOR labels and shall not encumber, sell, or mortgage the Equipment. This does not apply to “Rent-to-Own” equipment and services.
6. **Orders.** After full execution and delivery of this Agreement, LESSEE may order any item of Equipment at any time, 24 hours a day, 7 days a week, 365 days a year, by telephone to LESSOR

at (405) 598-0223 or at such other number as LESSOR may establish from time to time.

7. **Use of Equipment.** LESSEE shall use and operate the Equipment in a careful and proper manner and shall not allow untrained personnel to use or operate the Equipment in any manner that is inconsistent with the applicable standards in the industry or inconsistent with the Operator's Manual or instructions (in-service) provided by LESSOR.

8. **Duties and Responsibilities of LESSOR.** Throughout the term of this Agreement, LESSOR shall:

a. Be available for routine visits to assess the status of the Equipment and to consult with the various staff of LESSEE regarding their support needs (i.e. further in-service training, equipment documentation, etc.);

b. Be available to educate LESSEE with regard to the value and benefits of consolidating orders, receiving fewer shipments, processing fewer invoices, and creating fewer payment checks through participating in the Agreement;

c. Provide, at no additional cost, in-service education for the Equipment it rents to LESSEE. Because the original equipment manufacturer (OEM), rather than LESSOR, is most capable of providing technically competent in-service training, all in-service training will be provided by qualified OEM representatives or certified designees and/or OEM video tape presentation. The LESSOR will coordinate in-service training through the applicable OEM. All in-service training will be scheduled at the convenience of LESSEE;

d. Mail to LESSEE reasonable quantities of informational and promotional materials describing LESSOR's programs, goods, and services

9. **Maintenance and Service.** LESSOR shall provide routine maintenance and service for the Equipment without charge to LESSEE. LESSEE shall make rented Equipment available to LESSOR for inspection and service.

10. **Lost, Damaged or Destroyed Equipment.** If any item of Equipment is lost, damaged or destroyed while in LESSEE's possession or control, LESSEE shall promptly purchase from LESSOR the lost, damaged or destroyed Equipment at replacement value. LESSEE shall be allowed thirty (30) days to locate lost Equipment after being notified by LESSOR.

11. **Return of Equipment.** Upon termination or expiration of this Agreement and/or upon termination of any rental term for any item of Equipment hereunder, LESSEE shall have Equipment ready for LESSOR to pick up at same location of delivery, in good operating condition, reasonable wear and tear accepted.

12. **Discontinuation of Equipment Use.** Once use of any item of Equipment has been discontinued, Lessee shall promptly notify LESSOR of such discontinuation and have the item of Equipment available for pick-up by LESSOR at the facility where it was delivered.

13. **Warranty.** LESSOR warrants that throughout its period of installation the Equipment

shall remain mechanically sound and medically safe when used for its designed purpose and when used in compliance with all manuals, directives and similar communications provided to Lessee regarding the use of the Equipment. LESSOR does not warrant specific medical results for LESSEE. Nothing contained herein shall be construed as an indemnification or release of LESSEE by LESSOR for any claims of injury or damage, to person or to property, arising as a result of the negligence or willful misconduct of Lessee.

14. **Indemnification.** LESSEE shall indemnify and hold LESSOR harmless for any damages or injury to property or person that may occur as a result of LESSEE's failure to comply with the terms of this Agreement, including but not limited to, LESSEE's failure to return any item of Equipment or to make any item Equipment available for inspection and service.

15. **Insurance.**

(a) LESSEE shall, during the term of this Agreement, maintain in full force and effect adequate comprehensive general liability insurance and workers compensation insurance in the amounts required by law. LESSEE shall provide to LESSOR a certificate evidencing this insurance if requested in writing by LESSOR.

(b) LESSOR shall, during the term of this Agreement maintain in full force and effect adequate comprehensive general liability insurance and workers compensation insurance in the amounts required by law.

16. **Taxes.** LESSEE shall prepare and file all applicable tax returns related to the use, rental, sale or possession of each item of Equipment and shall pay all taxes when due.

17. **Force Majeure.** Neither party shall be liable for any damages that may result from any delay or failure in performance due to any reason or unforeseen circumstances beyond the obligated party's reasonable control, including acts of God or public authorities, war and war measures, terrorist attacks, civil unrest, fire, epidemics, unforeseeable accidents or delays in transportation, delivery or supply or labor disputes.

18. **Default and Remedies.** If LESSEE (i) does not pay when due, any invoice or any portion thereof or any other amount required by this Agreement to be paid; (ii) breaches any of the terms or conditions of this Agreement; (iii) ceases doing business as a going concern; (iv) has a petition filed by or against it under any of the provisions of applicable bankruptcy laws then in effect; (v) makes an assignment for the benefit of creditors, (vi) calls a general meeting of creditors or attempts any informal arrangement with creditors; (vii) makes a purported assignment of this Agreement or any part hereof in violation of this Agreement or there occurs a substantial change in the ownership or control of LESSEE's equity, business or assets; (ix) engages in any unsafe practices that LESSOR determines, in its sole discretion, will compromise patient safety; (x) takes any action that LESSOR determines, in its sole discretion, may bring LESSOR's name into disrepute; THEN LESSOR shall have the right to exercise any one or more of the following remedies: (i) terminate this Agreement immediately, in whole or in part, without notice; (ii) declare all unpaid charges to be immediately due and payable; (iii) take possession of the Equipment, wherever the same is located, without demand or notice, without any court order

or other process of law, and without liability to LESSEE or its customers for any damages occasioned by such taking of possession; and (iv) pursue any other remedies existing at law or in equity. LESSOR shall be entitled to recover all costs, including, but not limited to attorneys' fees, incurred in connection with collection under this Agreement and with pursuing any and all of the foregoing remedies.

19. **Assignment and Modification.** Without LESSOR's prior written consent, Lessee shall not assign this Agreement. This Agreement shall not be modified or amended without the prior written consent of both parties.

20. **Termination.**

(a) The other party shall have the right to terminate this Agreement if:

- (i) A party fails to pay any amount owed hereunder and such failure continues for a period of thirty (30) days or more.
- (ii) There is a material violation by a party of any provision of this Agreement (other than the non-payment of monies) which violation continues uncured for a period of sixty (60) days after written notice to the other party specifying such violation; or
- (iii) A party makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated insolvent or bankrupt, a proceeding is filed against said party to declare said party a bankrupt and said proceeding is not dismissed within thirty (30) days, or said party commences any proceeding under any reorganization, arrangement, readjustment of debt or similar law or statute of any jurisdiction.

(b) Any termination of the Agreement shall not affect any obligations which accrued prior to the effective date of such termination.

21. **Proprietary Information.** LESSEE acknowledges and agrees that LESSOR possesses valuable proprietary rights in its systems, methods and procedures in connection with the services provided hereunder, including but not limited to: all documents and materials provided to LESSEE and/or otherwise developed or used by LESSEE; all proposals, surveys and studies performed by or on behalf of LESSEE in connection with the services provided hereunder; all price lists, equipment rental lists, and similar information (collectively "Confidential Information"). All Confidential Information that is disclosed to LESSEE and/or its employees, agents, and representatives, shall be maintained by the recipient thereof in strict confidence and shall, at all times, remain the exclusive and sole property of LESSOR.

22. **Freight Charges.** The Equipment will be delivered F.O.B. to LESSEE except in the following situations:

(a) Should LESSEE need a large amount of the Equipment for a short duration due to Facility construction, maintenance or relocation, LESSOR will be entitled to charge to LESSEE freight or a higher negotiated rental price.

The following are examples of situations where freight will be charged to LESSEE:

- i. **Census Fluctuation:** When a new wing/Facility is opened and items are needed for short term.

- ii. Temporary Units: Due to construction, or other reasons, a temporary Facility/wing needs to be outfitted with Equipment for a short term.

23. **Regulatory Compliance.** LESSOR represents and warrants that in using the Equipment furnished hereunder, LESSOR will comply at all times with all applicable local, state, and federal laws and regulations relating thereto.

24. **Notices.** All notices required to be given by one party to the other shall be sent by certified mail, return receipt requested, or overnight delivery service addressed as follows:

If to LESSOR: to the address set forth in the preamble to this Agreement.

If to LESSEE: to the address set forth in the preamble to this Agreement.

25. **Miscellaneous.** The form of the Agreement is intended for general use throughout the United States, and in the event that any particular provision is or may become prohibited by the law of any individual State or political subdivision thereof, that particular provision shall be deemed void, but all other provisions shall, to the extent permissible, remain in effect, and this entire Agreement (except for the prohibited provision) shall remain valid and enforceable. The Agreement, shall be governed by, construed under and interpreted in accordance with the laws of the State of Oklahoma. Any disputes hereunder which cannot be amicably resolved shall be heard and tried in a court of competent jurisdiction in the State of Oklahoma.

26. **Title.** The Equipment is, and shall at all times be and remain, the sole and exclusive property of LESSOR, and LESSEE shall not have any right, title or interest in or to the Equipment. All replacements, substitutions, modifications, alterations and repairs to the Equipment shall become a component part of the Equipment and shall be included under the terms hereof, and title thereto shall remain at all times in the LESSOR. Rent-to-Own equipment is excluded.

27. **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but each counterparts together shall constitute but one and the same instrument.

28. **Acceptance.** In order to be valid, this agreement must be signed below by a duly authorized officer of LESSOR and LESSEE.

***[SIGNATURE PAGE TO FOLLOW ON NEXT PAGE]***

LESSOR:

Gage Lucky 13, LLC d/b/a  
Tecumseh Oxygen & Medical Supply

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

LESSEE:

Mangum Regional Medical Center

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

## Schedule A – Equipment and Rental Rates

**Gage Lucky 13, LLC d/b/a  
Tecumseh Oxygen & Medical Supply**

**Equipment and Rental Rates  
for  
Mangum Regional Medical Center**

**\*\*\* Confidential \*\*\***

**To order equipment call (405) 598-0223.**

| <b>Product</b>                 | <b>Rate/Frequency</b> |
|--------------------------------|-----------------------|
| Ultramist wound therapy system | \$2,208.00/month      |

**Hospital Vendor Contract Summary Sheet**

1.     ☐ Existing Vendor                      ☒ New Vendor
2.     **Name of Contract:** WellLink Group Purchasing Agreement
3.     **Contract Parties:** WellLink /MRMC
4.     **Contract Type Services:** Purchasing Agreement
5.     **Impacted Hospital Departments:** Hosptial
6.     **Contract Summary:** This agreement allows for WellLink to purchase products from participating vendors at discounted prices.
7.     **Cost:** \$0
8.     **Prior Cost:** \$0
9.     **Term:** Initiation of agreement
10.    **Termination Clause:** 180 days prior written notice
11.    **Other:**

CHAMPS GPO is now WellLink Group Purchasing!

## ACCOUNT INFORMATION

|                   |                                                             |             |                                 |                            |                                                             |
|-------------------|-------------------------------------------------------------|-------------|---------------------------------|----------------------------|-------------------------------------------------------------|
| Name of Facility: | <input type="text" value="Mangum Regional Medical Center"/> |             |                                 | Contact Salutation & Name: | <input type="text" value="Kelley Martinez"/>                |
| Address:          | <input type="text" value="1 Wickersham St"/>                |             |                                 | Title:                     | <input type="text" value="CEO"/>                            |
| City:             | <input type="text" value="Mangum"/>                         | State:      | <input type="text" value="OK"/> | Zip:                       | <input type="text" value="73554"/>                          |
| Phone Number:     | <input type="text" value="(580) 782-3353"/>                 | Fax Number: | <input type="text"/>            |                            |                                                             |
| Web Address:      | <input type="text" value="http://www.mangumregional.org/"/> |             |                                 | Contact's Phone Number:    | <input type="text" value="(580) 782-3353"/>                 |
|                   |                                                             |             |                                 | Parent Name:               | <input type="text" value="Cohesive Healthcare Management"/> |

## PRIMARY SERVICE

|                                                    |                                              |                                                   |                                                 |
|----------------------------------------------------|----------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Ambulatory Care           | <input type="checkbox"/> Healthcare Business | <input type="checkbox"/> Laboratory Free Standing | <input type="checkbox"/> Surgery Center         |
| <input type="checkbox"/> Dentistry                 | <input type="checkbox"/> Home Care           | <input type="checkbox"/> Long-Term Care Facility  | <input type="checkbox"/> Veterinary             |
| <input type="checkbox"/> Durable Medical Equipment | <input checked="" type="checkbox"/> Hospital | <input type="checkbox"/> Non-Health               | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> First Responders          | <input type="checkbox"/> Imaging Center      | <input type="checkbox"/> Pharmacy                 | <input type="text"/>                            |

## GROUP PURCHASING PLAN AGREEMENT

WellLink GPO operates a group purchasing program (the "Program") in which Participants may purchase products from participating vendors at discounted prices. Participant desires access to the Program pursuant to the terms and conditions of this Agreement.

- Participation in the Program.** Participant agrees to program participation and understands and agrees that the participating vendors and available products may change from time to time. Participant shall place orders for products with and make payments to the participating vendors.
- Compensation to WellLink GPO.** Participant understands and acknowledges that as compensation for operating and maintaining the Program, WellLink GPO shall receive compensation from the participating vendors in an amount of Three Percent (3%) or less of the purchase price of the products provided by such vendors. On an annual basis, WellLink GPO shall provide written disclosure to Participant as to the amount of such compensation received by WellLink GPO from each participating vendor during the prior year with respect to purchases made by Participant.
- Authorization for Velocity / Connection Reports and Price Activation.** By signing below you are hereby authorizing WellLink GPO to obtain from your suppliers/distributors velocity reports and, contract connection reports. You are also authorizing WellLink GPO to Price Activate contracts for the the products you are currently using or contracts you shall use in the future, where applicable.
- Term and Termination.** The term of this Agreement shall commence on the date first written below and continue indefinitely. However, either party may terminate this Agreement at any time, for any reason or no reason, upon one hundred eighty(180) days prior written notice to the other party. Provided, that, in the event of such termination, each party shall continue to be responsible for its obligations hereunder through the effective date of termination.
- Granted Permission.** Participant grants WellLink GPO permission to use any written and/or verbal commendations regarding the WellLink GPO program in future print and digital marketing materials.

## CONFIDENTIAL DISCLOSURE AGREEMENT

WellLink GPO and Participant agree that they may participate in certain meetings. It is contemplated that in the course of such meetings, WellLink GPO and Participant will have access to certain confidential information and that such information constitutes valuable, special and unique property of WellLink GPO or Participant. In consideration of the mutual benefits derived or that may be derived by each party as the result of attendance at such meetings, WellLink GPO and Participant hereby agree, covenant and warrant as follows:

- WellLink GPO and Participant:
  - Recognize and acknowledge that they will have access to certain confidential information including, but not limited to, WellLink GPO and Participant business operations, customer relationships, financing, pricing and marketing data, and that such information constitutes valuable, special and unique property of WellLink GPO or Participant.
  - Agree to maintain the confidentiality of the Program and all Program materials, including, but not limited to, price information, contract terms and vendor lists, that they will not, for any reason or purpose whatsoever, disclose any such confidential information to any party external to WellLink GPO and Participant without expressed authorization of WellLink GPO or Participant to do so. This obligation shall survive termination of this Agreement. Upon such termination, Participant shall promptly return all Program materials to WellLink GPO, and WellLink GPO shall promptly return to participant, or destroy, all confidential information received from Participant.
- WellLink GPO and Participant further agree that it will not make use of, either directly or indirectly, for the benefit of any third party any such information in a manner that would be detrimental to WellLink GPO or the Participant or its subsidiaries or affiliates.
- WellLink GPO and Participant acknowledge that the restrictions contained in paragraphs 1 and 2 hereof are necessary and important.
- Paragraphs 1 and 2 of this Statement shall be effective to the full extent permitted by law. **Applicable Law.** This Agreement shall be governed by Ohio law.

## Member Signature

|             |                                              |              |                                  |                   |                      |
|-------------|----------------------------------------------|--------------|----------------------------------|-------------------|----------------------|
| Print Name: | <input type="text" value="Kelley Martinez"/> | Title:       | <input type="text" value="CEO"/> | Date:             | <input type="text"/> |
| Sales Rep:  | <input type="text"/>                         | Service Rep: | <input type="text"/>             | Potential Volume: | <input type="text"/> |

### Hospital Vendor Contract Summary Sheet

- ☐ Existing Vendor                      ☒ New Vendor
- **Name of Contract:** Dobson Fiber Quotes
- **Contract Parties:** Dobson /MRMC
- **Contract Type Services:** Internet Service Provider Agreement
- **Impacted Hospital Departments:** Clinic
- **Contract Summary:** This agreement is a service agreement between MRMC Family Clinic and Internet Service Provider
- **Cost:** Monthly Break down

|         | Dobson   | AT&T       |
|---------|----------|------------|
| 250Mbps | \$119.00 | \$991.23   |
| 500Mbps | \$149.00 | \$1,080.15 |
| 1GB     | \$195.00 | \$1,315.24 |

- **Prior Cost:** \$99.62 for 150Mbps
- **Term:** 37 months
- **Termination Clause:** none
- **Other:** We are recommending the Dobson Fiber quote which provides 500Mbps high speed internet with a cost of \$149.00/month



**Prepared For**  
MANGUM FAMILY CLINIC  
JAROD PALMER

**Quote**  
Q-30734



## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30734

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** [eatchley@dobson.net](mailto:eatchley@dobson.net)

**Pricing Valid Through:** 9/9/2026

August 10, 2026

MANGUM FAMILY CLINIC  
JAROD PALMER  
128 South Louis Tittle  
Mangum, OK 73554

Dear JAROD,

Thank you for choosing Dobson Fiber for your technology needs. Should you have any questions regarding this quote or Dobson Fiber in general, please feel free to reach out to me directly.

Best Regards,

Emelie Atchley  
14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405) 242-1000 | 855.5.DOBSON  
[eatchley@dobson.net](mailto:eatchley@dobson.net)  
<http://www.dobson.net>



## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

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**Prepared by:** Emelie Atchley

**Phone:**

**Email:** eatchley@dobson.net

**Pricing Valid Through:** 9/9/2026

| BUYER INFORMATION      |  | TERM      |
|------------------------|--|-----------|
| MANGUM FAMILY CLINIC   |  | 37 months |
| JAROD PALMER           |  |           |
| 128 South Louis Tittle |  |           |
| Mangum, OK 73554       |  |           |
| +14056203053           |  |           |
| jpalmer@chmcok.com     |  |           |

| CONTACT      | ROLE                    | PHONE        | EMAIL              |
|--------------|-------------------------|--------------|--------------------|
| JAROD PALMER | All                     | +14056203053 | jpalmer@chmcok.com |
| JAROD PALMER | Billing                 | +14056203053 | jpalmer@chmcok.com |
| JAROD PALMER | Testing or Tech Contact | +14056203053 | jpalmer@chmcok.com |

### 128 S S LOUIS TITTLE MANGUM OK 73554

| SERVICE                                        | QTY | NRC Unit Price | NRC Total | MRC Unit Price | MRC Total |
|------------------------------------------------|-----|----------------|-----------|----------------|-----------|
| Business Internet, 250Mbps                     | 1   |                |           | \$99.00        | \$99.00   |
| --- Z Location Geolocation: 34.87271,-99.50251 |     |                |           |                |           |
| --- IP Address: Static                         |     |                |           |                |           |
| --- Interface: GigE Copper                     |     |                |           |                |           |
| --- Z Location Bandwidth: 250Mbps              |     |                |           |                |           |
| --- BGP 4 Request: No                          |     |                |           |                |           |
| Business Internet Standard Installation        | 1   | \$0.00         | \$0.00    |                |           |
| Static IP Address                              | 4   |                |           | \$5.00         | \$20.00   |
| --- Interface: FastE (10/100) Copper Interface |     |                |           |                |           |
| One Month MRC Waived                           | 1   | \$0.00         | \$0.00    |                |           |
| --- Z Location Geolocation: 34.87271,-99.50251 |     |                |           |                |           |

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copied or duplicated in any manner without the written permission of Dobson Fiber.



## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30734

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** eatchley@dobson.net

**Pricing Valid Through:** 9/9/2026

| RECAP                          | AMOUNT   |
|--------------------------------|----------|
| One-Time (non-recurring) Total | \$0.00   |
| Recurring Monthly Charges      | \$119.00 |



**Prepared For**  
MANGUM FAMILY CLINIC  
JAROD PALMER

**Quote**  
Q-30735



## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30735

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** [eatchley@dobson.net](mailto:eatchley@dobson.net)

**Pricing Valid Through:** 9/9/2026

August 10, 2026

MANGUM FAMILY CLINIC  
JAROD PALMER  
128 South Louis Tittle  
Mangum, OK 73554

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(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30735

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** eatchley@dobson.net

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| BUYER INFORMATION      | TERM      |
|------------------------|-----------|
| MANGUM FAMILY CLINIC   | 37 months |
| JAROD PALMER           |           |
| 128 South Louis Tittle |           |
| Mangum, OK 73554       |           |
| +14056203053           |           |
| jpalmer@chmcok.com     |           |

| CONTACT      | ROLE                    | PHONE        | EMAIL              |
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| JAROD PALMER | Testing or Tech Contact | +14056203053 | jpalmer@chmcok.com |

### 128 S S LOUIS TITTLE MANGUM OK 73554

| SERVICE                                        | QTY | NRC Unit Price | NRC Total | MRC Unit Price | MRC Total |
|------------------------------------------------|-----|----------------|-----------|----------------|-----------|
| Business Internet, 500Mbps                     | 1   |                |           | \$129.00       | \$129.00  |
| --- Z Location Geolocation: 34.87271,-99.50251 |     |                |           |                |           |
| --- IP Address: Static                         |     |                |           |                |           |
| --- Interface: GigE Copper                     |     |                |           |                |           |
| --- Z Location Bandwidth: 500Mbps              |     |                |           |                |           |
| --- BGP 4 Request: No                          |     |                |           |                |           |
| Business Internet Standard Installation        | 1   | \$0.00         | \$0.00    |                |           |
| Static IP Address                              | 4   |                |           | \$5.00         | \$20.00   |
| --- Interface: FastE (10/100) Copper Interface |     |                |           |                |           |
| One Month MRC Waived                           | 1   | \$0.00         | \$0.00    |                |           |
| --- Z Location Geolocation: 34.87271,-99.50251 |     |                |           |                |           |

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## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30735

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** eatchley@dobson.net

**Pricing Valid Through:** 9/9/2026

| RECAP                          | AMOUNT   |
|--------------------------------|----------|
| One-Time (non-recurring) Total | \$0.00   |
| Recurring Monthly Charges      | \$149.00 |



**Prepared For**  
MANGUM FAMILY CLINIC  
JAROD PALMER

**Quote**  
Q-30736



## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30736

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** [eatchley@dobson.net](mailto:eatchley@dobson.net)

**Pricing Valid Through:** 9/9/2026

August 10, 2026

MANGUM FAMILY CLINIC  
JAROD PALMER  
128 South Louis Tittle  
Mangum, OK 73554

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14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30736

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** eatchley@dobson.net

**Pricing Valid Through:** 9/9/2026

| BUYER INFORMATION      | TERM      |
|------------------------|-----------|
| MANGUM FAMILY CLINIC   | 37 months |
| JAROD PALMER           |           |
| 128 South Louis Tittle |           |
| Mangum, OK 73554       |           |
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### 128 S S LOUIS TITTLE MANGUM OK 73554

| SERVICE                                        | QTY | NRC Unit Price | NRC Total | MRC Unit Price | MRC Total |
|------------------------------------------------|-----|----------------|-----------|----------------|-----------|
| Business Internet, 1Gbps                       | 1   |                |           | \$175.00       | \$175.00  |
| --- Z Location Geolocation: 34.87271,-99.50251 |     |                |           |                |           |
| --- IP Address: Static                         |     |                |           |                |           |
| --- Interface: GigE Copper                     |     |                |           |                |           |
| --- Z Location Bandwidth: 1Gbps                |     |                |           |                |           |
| --- BGP 4 Request: No                          |     |                |           |                |           |
| Business Internet Standard Installation        | 1   | \$0.00         | \$0.00    |                |           |
| Static IP Address                              | 4   |                |           | \$5.00         | \$20.00   |
| --- Interface: FastE (10/100) Copper Interface |     |                |           |                |           |
| One Month MRC Waived                           | 1   | \$0.00         | \$0.00    |                |           |
| --- Z Location Geolocation: 34.87271,-99.50251 |     |                |           |                |           |

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## Budgetary Quote

14101 Wireless Way, Suite 300  
Oklahoma City, Oklahoma 73134  
(405)242#1000 | (888)356#2707

**Date:** August 10, 2026

**Quote:** Q-30736

**Prepared by:** Emelie Atchley

**Phone:**

**Email:** eatchley@dobson.net

**Pricing Valid Through:** 9/9/2026

| RECAP                          | AMOUNT   |
|--------------------------------|----------|
| One-Time (non-recurring) Total | \$0.00   |
| Recurring Monthly Charges      | \$195.00 |

# Price Quote for Mangum Regional Medical Center

The information and price contained in this Proposal is valid for a period of 30 days, select products with promotional pricing are subject to change at any time which could be during the 30 day period.

Quote Name Mangum Regional, AT&T Dedicated Fiber  
Quote ID 01314648  
August 11, 2026

# Price Quote

## Detailed Summary

|                       |  |                 |                |
|-----------------------|--|-----------------|----------------|
| Date: August 11, 2026 |  | Term: 36 Months |                |
| AT&T Representatives  |  |                 |                |
| Name:                 |  | Email:          | Phone:         |
| Valena Kneeland       |  | vh339a@att.com  | (816) 499-3396 |

| Site                                          | Product                 | Billable Product Features   | Description       | Quantity | Non Recurring Total | Monthly Recurring Total |
|-----------------------------------------------|-------------------------|-----------------------------|-------------------|----------|---------------------|-------------------------|
| 1 - 114 N LOUIS TITTLE AVE, MANGUM, OK, 73554 |                         |                             |                   |          | \$199.95            | \$991.23                |
|                                               | AT&T Dedicated Internet |                             |                   | 1        | \$199.95            | \$991.23                |
|                                               |                         | Management Option           | Customer Managed  |          |                     |                         |
|                                               |                         | Billing Option              | Flat Rate         |          |                     |                         |
|                                               |                         | Port,Access                 | 250 Mbps          | 1        | \$0.00              | \$961.23                |
|                                               |                         | ADI Install                 |                   | 1        | \$199.95            | \$0.00                  |
|                                               |                         | Additional LAN IP Addresses |                   | 1        | \$0.00              | \$30.00                 |
|                                               |                         | Block Size                  | /29 (usable IP 6) |          |                     |                         |
| 2 - 114 N LOUIS TITTLE AVE, MANGUM, OK, 73554 |                         |                             |                   |          | \$199.95            | \$1,080.15              |
|                                               | AT&T Dedicated Internet |                             |                   | 1        | \$199.95            | \$1,080.15              |
|                                               |                         | Management Option           | Customer Managed  |          |                     |                         |

| Site                                                 | Product                            | Billable Product Features   | Description       | Quantity | Non Recurring Total | Monthly Recurring Total |
|------------------------------------------------------|------------------------------------|-----------------------------|-------------------|----------|---------------------|-------------------------|
|                                                      |                                    | Billing Option              | Flat Rate         |          |                     |                         |
|                                                      |                                    | Port,Access                 | 500 Mbps          | 1        | \$0.00              | \$1,050.15              |
|                                                      |                                    | ADI Install                 |                   | 1        | \$199.95            | \$0.00                  |
|                                                      |                                    | Additional LAN IP Addresses |                   | 1        | \$0.00              | \$30.00                 |
|                                                      |                                    | Block Size                  | /29 (usable IP 6) |          |                     |                         |
| <b>3 - 114 N LOUIS TITTLE AVE, MANGUM, OK, 73554</b> |                                    |                             |                   |          | <b>\$199.95</b>     | <b>\$1,315.24</b>       |
|                                                      | <b>AT&amp;T Dedicated Internet</b> |                             |                   | <b>1</b> | <b>\$199.95</b>     | <b>\$1,315.24</b>       |
|                                                      |                                    | Management Option           | Customer Managed  |          |                     |                         |
|                                                      |                                    | Billing Option              | Flat Rate         |          |                     |                         |
|                                                      |                                    | Port,Access                 | 1000 Mbps         | 1        | \$0.00              | \$1,285.24              |
|                                                      |                                    | ADI Install                 |                   | 1        | \$199.95            | \$0.00                  |
|                                                      |                                    | Additional LAN IP Addresses |                   | 1        | \$0.00              | \$30.00                 |
|                                                      |                                    | Block Size                  | /29 (usable IP 6) |          |                     |                         |
| <b>Total for all Sites and Services</b>              |                                    |                             |                   |          | <b>\$599.85</b>     | <b>\$3,386.62</b>       |

# Important Information

Prices proposed are based upon the specific product/service mix and locations outlined in this Proposal. Prices quoted do not include applicable taxes, surcharges, or fees.

The Proposal is for information purposes only and is conditioned upon acceptance of the applicable customer service agreement and/or other terms and conditions. The contents of the Proposal (except for Prices applicable to E-rate funded services) are un-published, proprietary, and confidential and may not be copied, disclosed, or used, in whole or in part, without the express written permission of AT&T, except to the extent required by law and insofar as is reasonably necessary in order to review and evaluate the information contained herein.

## Product Specific Information

### **AT&T Dedicated Internet**

An Internet access service that combines a dedicated connection with symmetrical bandwidth (same download and upload speeds) and provides reliable, high-performance connectivity. AT&T Dedicated Internet includes maintenance of the communications link between service locations and the AT&T network.

- The Service description and additional Terms and Conditions for AT&T Dedicated Internet are located in the AT&T Business Service Guide located at [http://serviceguidenew.att.com/sg\\_flashPlayerPage/MIS](http://serviceguidenew.att.com/sg_flashPlayerPage/MIS).
- The rates shown are in addition to all usage-based, non-recurring, or other rates described in the Service Guide for the Service.

## Promotions

Promotion(s) applied for the following Products: **AT&T Dedicated Internet**

At Location: **1 - 114 N LOUIS TITTLE AVE, MANGUM, OK, 73554**

### **ADI 1 Month Free**

Receive one month free on qualified Unmanaged and AT&T Managed Dedicated Internet services. A promotional credit applies to ADI port and access charges only and will be issued within 30–60 days following the first billing cycle. Optional ADI features are excluded from this offer. Promotions are available for a limited time, are subject to change without notice, and are not guaranteed for future orders.

At Location: **2 - 114 N LOUIS TITTLE AVE, MANGUM, OK, 73554**

### **ADI 1 Month Free**

Receive one month free on qualified Unmanaged and AT&T Managed Dedicated Internet services. A promotional credit applies to ADI port and access charges only and will be issued within 30–60 days following the first billing cycle. Optional ADI features are excluded from this offer. Promotions are available for a limited time, are subject to change without notice, and are not guaranteed for future orders.

At Location: **3 - 114 N LOUIS TITTLE AVE, MANGUM, OK, 73554**

**ADI 1 Month Free**

Receive one month free on qualified Unmanaged and AT&T Managed Dedicated Internet services. A promotional credit applies to ADI port and access charges only and will be issued within 30–60 days following the first billing cycle. Optional ADI features are excluded from this offer. Promotions are available for a limited time, are subject to change without notice, and are not guaranteed for future orders.

Promotions are limited time offers, are subject to change, and are not guaranteed on future orders.

**CITY OF MANGUM**

130 N OKLAHOMA  
MANGUM, OK 73554  
(580) 782-2250  
Fax (580) 782-2489

**PURCHASE ORD**

Item 19.

**PO Number: 25-0694****Date:** 08/11/2026**Vendor #:** 99-38719

**ISSUED TO:** COONTZ ROOFING INC  
14708 SANTA FE CROSSING DR  
EDMOND, OK 73013

**SHIP TO:** CITY OF MANGUM  
130 N OKLAHOMA  
MANGUM OK 73554

| ITEM | UNITS | DESCRIPTION              | G/L ACCOUNT  | PROJECT | PRICE | AMOUNT    |
|------|-------|--------------------------|--------------|---------|-------|-----------|
| 1    | 0.00  | PAY APP #4<br>PAY APP #4 | 01 -512-9102 |         | 0.00  | 28,137.50 |

\* Taxable Item

|              |                  |
|--------------|------------------|
| SUBTOTAL     | 28,137.50        |
| TOTAL TAX    | 0.00             |
| <b>TOTAL</b> | <b>28,137.50</b> |

**Approvals:****Finance :****City Manager :**

(over \$5,000.00)

**Date:****Date:**

1. Original invoice plus one copy must be sent to:  
City of Mangum, 130 N Oklahoma, Mangum, OK 73554.
2. Purchase Order numbers must appear on all packages, packing slips and invoices.
3. The City is exempt from all federal excise and state tax - ID# 73-6580027

**Finance Dept. (580) 782-2250 Fax (580) 782-2489**

99-38719 \*\* COONTZ ROOFING INC \*\*

08/11/26 956732

|            |         |            |           |
|------------|---------|------------|-----------|
| Invoice    | PO      | Date       | Amt Paid  |
| PAY APP #4 | 25-0694 | 08/11/2026 | 28,137.50 |

PLEASE DETACH STUB BEFORE DEPOSITING

CITY OF MANGUM  
130 N. OKLAHOMA  
MANGUM, OK 73554  
GPNB

GREAT PLAINS NATIONAL BANK  
MANGUM, OK  
86-398/1031

956732

| Date       | Amount           |
|------------|------------------|
| 08/11/2026 | \$*****28,137.50 |

PAY - - - - TWENTY EIGHT THOUSAND ONE HUNDRED THIRTY SEVEN & 50/100 DOLLARS - - - -

TO THE ORDER OF \*\* COONTZ ROOFING INC \*\*  
14708 SANTA FE CROSSING DR  
EDMOND, OK 73013

|       |                |
|-------|----------------|
| _____ | City Mayor     |
| _____ | City Treasurer |
| _____ | City Clerk     |

⑈956732⑈ ⑆103103985⑆ ⑈152024⑈