



Agenda

Mangum City Hospital Authority

October 28, 2025 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on October 28, 2025, 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 September 23, 2025, regular meeting minutes as present.
2. Approve September 2025 Clinic Report.
3. Approve September 2025 Medical Staff Minutes
4. Approve September 2025 Quality Report
5. Approve September 2025 CCO Report.
6. Approve September 2025 CEO Report
7. Approve the following forms, policies, appointments, and procedures previously approved, on 10/16/2025 Quality Committee and on 10/23/2025 Medical Staff.
Discussion and Possible Action to Approve the Policy and Procedure: MRMC-Condition of Admission
Discussion and Possible Action to Approve the Policy and Procedure: MRMC-ICP-038-Antimicrobial Stewardship (AMS)
Discussion and Possible Action to Approve the Policy and Procedure: Security Risk Assessment 2025
Discussion and Possible Action to Approve the Policy and Procedure: Medical Records Integration Policy

FURTHER DISCUSSION

REMARKS

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

REPORTS

- [8.](#) Financial Report for September 2025

OTHER ITEMS

9. Discussion and Possible Action to Approve allowing employees of Cohesive to have a \$0 co-pay for services received at the hospital and clinic.
- [10.](#) Discussion and Possible Action to Approve the Oklahoma Foundation for Medical Quality-Work order for case review services.
- [11.](#) Discussion and Possible Action to Approve the Sysmex-Service Agreement Quotation for Beyond Care Remote Services
- [12.](#) Discussion and Possible Action to Approve a proposal for the OR renovation/lab move project between ARC Architecture and LK Architectures.
- [13.](#) Discussion and Possible Action to Approve the Greatest of All Time Shredders (GOATS)-Service Agreement for Shredding Services.
14. Discussion and Possible Action to Terminate the Shred-It Service Agreement for Shredding Services
- [15.](#) Discussion and Possible Action to Approve the proposal from Starr Insurance Companies regarding the Hospital Building Insurance.

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 **3:00 p.m. on the 24th day of October 2025**, by the Secretary of the Mangum City Hospital Authority.

Brittany McClintock, Secretary



Minutes

Mangum City Hospital Authority Session

September 23, 2025 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on September 23, 2025, 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

Called to order at 5:30 p.m.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

Trustee Michelle Ford
Trustee Carson Vanzant
Trustee Lisa Hopper
Trustee Ronnie Webb

ABSENT

Trustee Cheryl Lively

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.

CEO Kelley Martinez stated that the consent agenda line item 7. needed to be amended to show an approval date of 09/11/2025 from the Quality Committee and an approval date of 09/18/2025 from the Medical Staff.

Motion to approve consent items 1-8 with the amendment.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

1. August 26, 2025, regular meeting minutes as present.
2. Approve August 2025 Clinic Report.
3. Approve August 2025 Medical Staff Minutes.
4. Approve August 2025 Quality Report
5. Approve August 2025 CCO Report.
6. Approve August 2025 CEO Report.

7. Approve the following forms, policies, appointments, and procedures previously approved, on 08/14/2025 Quality Committee and on 08/21/2025 Medical Staff.
 Discussion and Possible Action to Approve the Policy and Procedure: ADM-MRMC-Hospital Workplace Violence Prevention Program
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-Hospital Workplace Violence Event Tracking Log
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-Intimate Partner/Domestic Violence Assessment Tool
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-Post-Threat or Event Report
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-Violence/Aggression Assessment Checklist (VAAC)
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Workplace Violence Incident Report Form
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Hospital Violence Hazard Vulnerability Assessment Tool
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Workplace Violence Incident Immediate Debrief Form
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Hospital Workplace Violence Risk Assessment Analysis/Checklist
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-Workplace Violence in the Healthcare Setting Educational Course
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Workplace Violence Prevention-New Hire Orientation Staff Education PowerPoint
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-EDPR-010 Postpartum Hemorrhage Orders
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-EDPR-011 Severe Intrapartum/Postpartum Hypertension Order Set
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-EDPR-012 Magnesium Sulfate Infusion Protocol
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- EDM-022 Obstetrical Triage, Screening, Stabilization, and Disposition
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC-EDM- 023 Obstetrical Emergencies- Precipitous Delivery (Code Labor)
 Discussion and Possible Action to Approve the Policy and Procedures: MRMC- Emergency Department Policy and Procedure Manual Table of Contents (has been updated to include OB policy and procedures)
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Administrative Policy Manual Table of Contents (has been updated to include Workplace Violence)
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- NUR-015 Intravenous Line Management Policy
 Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Conditions of Admission
8. Discussion related to HIM Delinquencies-none to report.

FURTHER DISCUSSION

None

REMARKS

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

None

REPORTS

9. Financial Report for August 2025

The average daily census for August was 13.52 That's up five days from July and four days from the year-to-date monthly average. Acute payer mix for August was 50% for Medicare and Medicare Managed Care. With the prior month being 93%. Swing bed pay mix for August was 77% for Medicare and 23% for Medicare Managed Care. Year to date for Medicare 76% and Medicare Managed Care is 24%. The operating margin is \$41,000, which is up \$75,000 from July. The year-to-date operating margin is a loss of \$74,000. Net patient revenue was \$1.61 million for the month. That's an increase of \$175,000 from last month and an increase of \$165,000 from the year-to-date monthly average. 340B revenue was \$14,000 for August. Expenses were \$10,000. Operating expenses were at \$1.48 million for August. This is up \$1,000 from the prior month and \$106,000 from the year-to-date monthly average. Patient days for August were at 419, which is awesome. This is up 147 days from August. Cash receipts for the month were at \$1.27 million, a decrease of \$171,000 from the year-to-date monthly average. Cash disbursements for the month are \$2.37 million. We completely paid off the Cohesive Healthcare Resources balance this month. Cash balance at August end was \$1.19 million. That's giving us 23 of cash on hand. For the clinic the average number of visits was 9.91. Year to date revenue for the clinic was \$368,000. Operating expenses were \$701,000 with a yearly net loss of \$333,000.

Trustee Vanzant asked if we have any financials yet for the Strong Minds Program. CEO Martinez stated not yet but they should be out by the end of this month.

OTHER ITEMS

10. Discussion and Possible Action to Approve the termination of Vehicle Lease Agreement between Mangum Regional Medical Center and Cohesive MediRyde, LLC

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

11. Discussion and Possible Action to Approve the Progressive Insurance Quote for the new Strong Minds Transport Van.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

12. Discussion regarding acquiring new building insurance for the hospital due to the cancellation of previous policy.

It was stated that this was something that the City of Mangum would be taking care of.

EXECUTIVE SESSION

13. Discuss 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):

- Contracts:
 - Teisha Gallego APRN
- Re-Credentialing
 - Dr. Barry Davenport, MD-Courtesy Privileges

Motion to enter into executive session.

Motion made by Trustee Webb, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

OPEN SESSION

Motion to come back into open session.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

14. Discussion and Possible Action in Regard to Executive Session.

Motion to approve the two contracts.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

EXECUTIVE SESSION

15. Discussion and possible action to enter into executive session for discussing matters where disclosure of information would violate confidentiality requirements of state of federal law pursuant to 25 OK Stat § 307 (B7):

- Complaints
- Grievances

No second executive session.

OPEN SESSION

16. 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

No remarks.

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)

No new business.

ADJOURN

Motion to Adjourn

Motion to adjourn at 5:59 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Ford.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

Duly filed and posted at **3:00 p.m. on the 19th day of September 2025**, by the Secretary of the Mangum City Hospital Authority.

Carson Vanzant, Chairman

Brittany McClintock, Interim City Clerk



Clinic Operations Report

Mangum Family Clinic

September 2025

Monthly Stats	September 2024	September 2025
Total Visits	143	218
Provider Prod	116	179
RHC Visits	138	179
Nurse Visits	4	7
Televisit	0	0
Swingbed	1	15

Provider Numbers	RHC	TH	SB
Ogembo	157		
Sanda	61		
Langley	0		

Payor Mix	
Medicare	64
Medicaid	49
Self	12
Private	93

Visits per Geography	
Mangum	157
Granite	19
Willow	15

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	187	183	183	209	205	176	177	218	218				

Clinic Operations:

Item 2.

- Nelson Ogembo had CEU course on 9/23/25-9/26/25.
- Dr. Langley had family emergency and was unable to cover scheduled days.
- Dr. Sanda covered 9/23/25 and 9/24/25.

Quality Report:

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	1	0	12 audited
Patient Satisfaction	7	5	6 Excellent;1 good.
New Patients	17	10	Good
No Show	12.8%	<12%	26 no shows for the month
Expired Medications	1	0	Disgarded.

Outreach:

- Clinic received departmental spotlight on social media.

Summary :

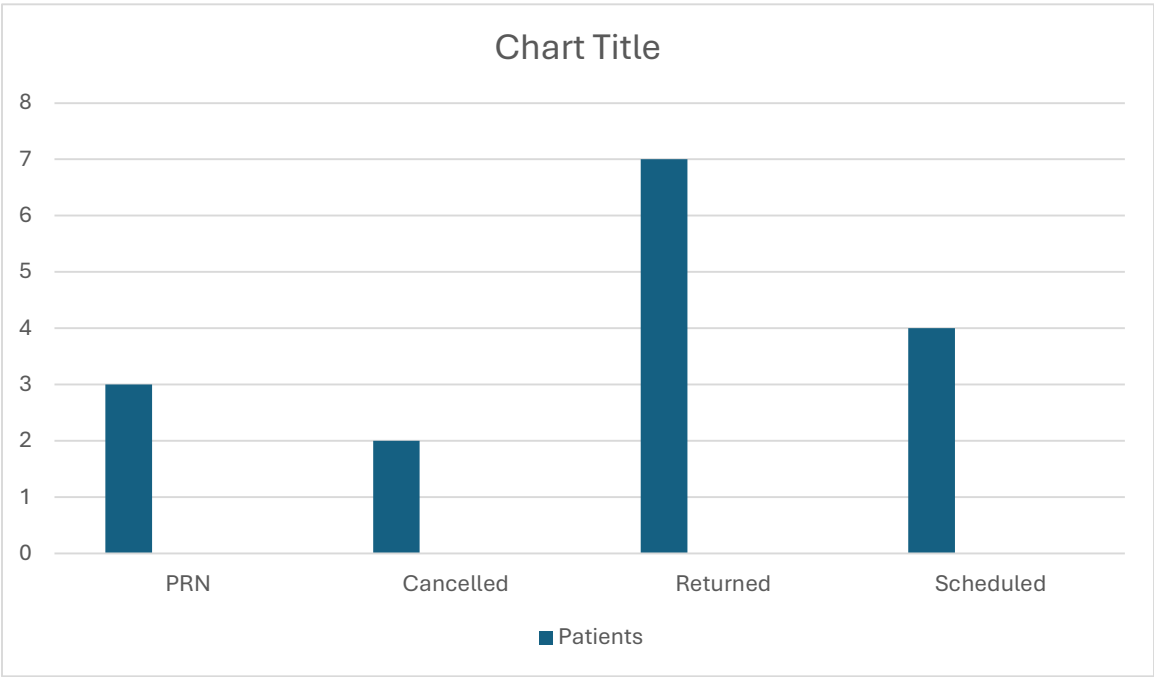
Mangum Family Clinic remains dedicated to providing compassionate, high-quality care to our community and surrounding areas. Although the clinic experienced two days without a provider on-site this month due to Nelson's CEU course and Dr. Langley's unavailability, Dr. Sanda was able to assist with coverage on several days. Despite these temporary gaps, the clinic continued to operate efficiently, ensuring that patients received the same level of attentiveness and quality care they have come to expect.

"You love, you serve, and you show people you care. It's the simplest, most powerful, greatest, success model of all time." Joe Gordon.

Mangum Family Clinic

New Patient Tracking

September 2025



Mangum Regional Medical Center
Medical Staff Meeting
Thursday
September 18, 2025

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director

Laura Gilmore, MD

Absent:

Guest:

ALLIED HEALTH PROVIDER PRESENT

Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO

Nick Walker, RN, CCO

Meghan Smith, RN – Infection Control

Denise Jackson, RN – Quality

Chasity Howell, RN – Utilization Review

1. Call to order
 - a. The meeting was called to order at 12:40 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the August 21, 2025, 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 -
Roof completion is still on track for the first of September.
 - o Room remodeling is continuing.
 - o Looking at clinic collections for August, we collected a total of \$696.66 up from \$349.22 at time of service.
 - o Hospital upfront collections was at \$709.43 for the month of August.

- We continue to work on our outreach and marketing for all our programs such as Strong Minds within our community and surrounding areas.
- Patient rounds continue to provide positive feedback on patient care.
- We continue to get feedback on how we can improve our facility to promote staff satisfaction.
- We also continue to get positive feedback from patients regarding the thank you cards we send out to patients, thanking them for choosing to be a patient at Mangum Regional Medical Center.
- We have recently hired a new HR representative and business office representative. These were positions both needed to be filled due to being vacant.

Written report remains in the minutes.

5. Committee / Departmental Reports

a. Medical Records –

1. June – ER – All notes completed
- OBS – All notes completed
- Acute – All notes completed
- SWB – All notes completed

All notes were completed according to Hospital By Laws
Written report remains in the minutes.

b. Nursing

Patient Care

- MRMC Education included:
 1. Nursing documentation updates are communicated to nursing staff weekly.
 2. Nurse meeting scheduled for August 20th.
- MRMC Emergency Department reports 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 2 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 0 HAI, and 0 MDRO for the month of August, 2025.

Client Service

- Total Patient Days for August 2025 were 419. This represents an average daily census of 13.5.
- August, 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 15 Antigen) with 0 positive.

Preserve Rural Jobs and Culture Development

- One-PM House Supervisor RN position is open.

- 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 None
 - New Business
 - a. N/A
 - Data:
 - a, N/A
 - Policy & Procedures Review:
 - a. N/A
 - Education/In Services
 - a. Education pending for preventing non-ventilator associated pneumonia. Scheduled for next Nursing Meeting.
 - Updates: Employees are offered flu shots through the influenza vaccine program. Influenza vaccinations and declinations completed for MRMC employees. 2 N95 Fit Test; EHN to begin annual Fit test in June and July 2025.
- Annual Items:
- a. Construction Risk Assessment - ICRA completed for OR to Lab conversion. Submitted to state by K. Martinez, CEO. No start date on this project at this time. Roof to be replaced, pending official start date.
ICRA for June 2024 completed.
 - b. Linen Services – New linen company CLEAN to deliver new linen order June 24th, 2025.
- Written report remains in minutes.

d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans
- 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.
 - b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.
 - c. Stained ceiling tile throughout facility from leaking roof
 - d. Damaged wall and ceiling in X-Ray due to leaking roof
 - e. Damaged ceiling in OR2 due to leaking roof.

- f. Stained Ceiling tile in x-ray control room and office area due to leaking roof.
 - g. New Hope Roof – Leak in Physical Therapy office after hail storm
 - h. New Hope Window - - Window in south end of lobby broken from hail storm.
 - i. Ceiling tile in Clinic stained due to leaking roof. Replaced some 6-10-2025.
 - j. Ceiling in CT area damaged due to leaking room.
- i.i.i. New Business
 - a. None

Written report remains in the minutes.
- e. Laboratory
 - i. Tissue Report – Approved
 - i.i. Transfusion Report – Approved

Written report remains in minutes.
- f. Radiology
 - i. There was a total of – 164 X-Rays/CT/US
 - i.i. Nothing up for approval
 - i.i.i. Updates:
 - o X-Ray Tube License has been renewed.

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

The next P&T Committee Meeting will be held on September 18, 2025
 - i.i.i. Lorazepam injectable is on national backorder and is unavailable to order. Will ask the providers to save lorazepam for seizure treatment only. Please use oral lorazepam or diazepam injectable for anxiety/agitation.

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
 - o Grievance – 1
 - o Fall with no injury – 1 – In Pt
 - o Fall with minor injury – 0
 - o Fall with major injury – 0

- Death – 1
 - AMA/LWBS – In Pt – 1 ER AMA - 2
 - Quality – Minutes are in the minutes of Medical Staff Meeting.
 - HIM – ED discharge instructions - Compliance
 - 100% - D/C Note Compliance
 - 95% - Progress Notes
 - 99% - ED DC Instructions
 - 97% - ED Provider Dx
 - Med event – 1
 - After hours access was – 67
- Written report remains in the minutes.

k. Utilization Review

- i. Total Patient days for July: 272
 - i.i. Total Medicare days for July: 230
 - i.i.i. Total Medicaid days for July: 0
 - iv. Total Swing Bed days for July: 218
 - v. Total Medicare SB days for June: 197
- Written reports remain in the Minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for August, 2025.

6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: MRMC: – ADM-MRMC – Hospital Workplace Violence Prevention Program
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: ADM-MRMC – Hospital Workplace Violence Prevention Program.
- b. Review & Consideration of Approval of Policy & Procedure: MRMC – Hospital Workplace Violence Event Tracking Log
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – Hospital Workplace Violence Event Tracking Log.
- c. Review & Consideration of Approval of Policy & Procedure: MRMC – Intimate Partner/Domestic Violence Assessment Tool
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – Intimate Partner/Domestic Violence Assessment Tool.
- d. Review & Consideration of Approval of Policy & Procedure: MRMC – Post -Threat or Event Report
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: Post – Threat or Event Report.
- e. Review & Consideration of Approval of Policy & Procedure: MRMC – Violence/Aggression Assessment Checklist (VAAC)
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: Violence/Aggression Assessment Checklist (VAAC)
- f. Review & Consideration of Approval of Policy & Procedure: MRMC:

Workplace Violence Incident Report Form

- i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: Workplace Violence Incident Report Form.
- g. Review & Consideration of Approval of Policy & Procedure: MRMC – Hospital Violence Hazard Vulnerability Assessment Tool
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC - Hospital Violence Hazard Vulnerability Assessment Tool.
- h. Review & Consideration of Approval of Policy & Procedure: MRMC – Workplace Violence Incident Immediate Debrief Form
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC - Workplace Violence Incident Immediate Debrief Form.
- i. Review & Consideration of Approval of Policy & Procedure: MRMC – Hospital Workplace Violence Risk Assessment Analysis/Checklist
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC - Hospital Workplace Violence Risk Assessment Analysis/Checklist.
- j. Review & Consideration of Approval of Policy & Procedure: MRMC – Workplace in the Healthcare Setting Educational Course
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC Workplace in the Healthcare Setting Education Course.
- k. Review & Consideration of Approval of Policy & Procedure: MRMC – Workplace Violence Prevention-New Hire Orientation Staff Education Power Point
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: Workplace Violence Prevention-New Hire Orientation Staff Education Power Point.
- l. Review & Consideration of Approval of Policy & Procedure: MRMC – EDPR -010 Postpartum Hemorrhage Orders
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – EDPR-010 Postpartum Hemorrhage Orders.
- m. Review & Consideration of Approval of Policy & Procedure: MRMC: - EDPR-011 Severe Intrapartum/Postpartum Hypertension Order Set
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – EDPR-011 Severe Intrapartum/Postpartum Hypertension Order Set.
- n. Review & Consideration of Approval of Policy & Procedure: MRMC – EDPR-012 Magnesium Sulfate Infusion Protocol
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – EDPR-012 Magnesium Sulfate Infusion Protocol.
- o. Review & Consideration of Approval of Policy & Procedure: MRMC: - EDM-022 Obstetrical Triage, Screening, Stabilization and Disposition
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – EDM-022 Obstetrical Triage, Screening, Stabilization and Disposition.
- p. Review & Consideration of Approval of Policy & Procedure: MRMC – EDM-023 Obstetrical Emergencies – Precipitous Delivery (Code Labor).
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the EDM-023 Obstetrical Emergencies – Precipitous Delivery (Code Labor).
- q. Review & Consideration of Approval of Policy & Procedure: MRMC: - Emergency

Department Policy and Procedure Manual Table of Contents (has been updated to include OB policy and procedures)

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Emergency Department Policy and Procedure Manual Table of Contents (has been updated to include OB Policy and Procedures).

- r. Review & Consideration of Approval of Policy & Procedure: MRMC – Administrative Policy Manual Table of Contents (has been updated to include Workplace Violence)

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Administrative Policy Manual Table of Contents (has been updated to include Workplace Violence).

- s. Review & Consideration of Approval of Policy & Procedure: MRMC – NUR-015 Intravenous Line Management Policy

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC – NUR-015 Intravenous Line Management Policy.

- t. Review & Consideration of Approval of Policy & Procedure: MRMC – Conditions of Admission

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Conditions of Admission.

- u. Discussion to be held on indication for PRN medication. Kelley Martinez, CEO, led the discussion and there was a lot of involvement.

- v. Discussion to be held on chemical restrain orders. – The discussion was led by Kelley Martinez and there was a lot of participation.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 1:06 pm.

Medical Director/Chief of Staff

Date

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

Other

Other

Other

Meeting Location: OR	Reporting Period: Aug 2025	
Chairperson: Dr Gilmore	Meeting Date: 09/11/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1402	Actual Finish Time: 1456
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 10/16/2025 @ 14:00	

Mission: To provide our Mangum community and surrounding counties with convenient, gold-standard “dependable and repeatable” patient care, while assisting and supporting all their medical healthcare needs.

** Items in blue italics denote an item requiring a vote*

I. CALL TO ORDER

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Call to Order	QM	1 min	Called to order at 1402	Approval: First – Kelley, Second– Nick

II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee 1. <i>Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – Aug 2025	Approval: First – Meghan, Second – Chasity
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Aug 2025	Approval: First – Nick , Second – Dr G
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – July/Aug 2025	Approval: First – Kelley, Second – Jessica
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – None Next P&T – Sept 2025	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Minutes – Aug 2025	Approval: First –Chasity , Second – Meghan
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Aug 2025	Approval: First – Dr. G , Second – Kelley
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	2 Blood utilization – 0 Code Blue – 1 restraint	Monthly nurse meeting held on 08/20/25, Skills Fair scheduled for 10/14-16
B. Radiology	Pam Esparza	2 min	No critical reports No CT reactions for the month Dsoimeter – 5/0	
C. Laboratory	Tonya Bowan	8 min	55 – repeated labs, 53/55 were critical results 5 rejected – HH draws that were not signed, no time of draw noted on specimen or hemolyzed specimen	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

D. Respiratory Care	Heather Larson	2 min	<p>July – no unplanned decannulations/no trach pts 100% chart checks/resp assessments for the month</p> <p>Aug - no unplanned decannulations/no trach pts 100% chart checks/resp assessments for the month</p>	
E. Therapy	Chrissy Smith	2 min	<p>Total # of Sessions Preformed 217 -PT 180 -OT 11 -ST Improved Standard Assessment Scores: 11 - PT 11 - OT 0 -ST</p>	
F. Materials Management	Waylon Wigington	2 min	<p>4 back orders – lab/central supply</p> <p>0 late orders</p> <p>2 Recalls - pharmacy (carveiadol)</p>	
G. Business Office	Desarae Clinesmith	2 min	<p>DL – 100% Cost Share – 89% 1 cost share/PP was not collected due to no working number, 1 cost share/PP was not collected due to language barrier 1 cost share/PP was not collected due to refusing payment plan. 1 cost share/PP was not collected due to the patient refusing to make any financial decisions. 1 cost share/PP not collected due to patient's guarantor refusing PP 1 cost</p>	Language line education to BO staff, BOM reiterated the need for nursing to collect id/ins with CNO

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			share not collected due to not being able to contact patient	
H. Human Resources	Stephanie Hughes	2 min	2 new hires in the reporting period Including HR	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked 0 boiler checks – Boiler off 04/30/25 for the season 1 generator/transfer switch inspection 15 – filter checks 6 egress inspections	No noted issues with inspections/check for the reporting period Roof done, ceiling tiles replacement going on. Drywall repairs to CT done
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	
L. Information Technology	Desirae Galmore	2 min	SAFER Guides/SRA meeting scheduled for this month, completion date is 10/01/2025	
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	Director/Representative not present, will defer until next month	

IV. OLD BUSINESS

V. NEW BUSINESS

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See policy/procedures below	

VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

A. Volume & Utilization	CM	5 min	<p>AMA – 1</p> <p>1 pt to the ER for c/o syncopal feeling. Pt was evaluated and treated with IV therapy and meds while in the ER. Pt reported to be feeling better and wanted to leave to get back to work. Pt was advised to stay for continued treatment but was adamant that they needed to return to work. Pt was advised on R/B of leaving AMA, pt signed AMA form and left ER</p>	<p>CM reports increase of Average daily census to 13.5 for the month</p> <p>And an increase in OBS patient due to insurance requirements</p>
B. Case Management	CM	8 min	<p>2 - re-admit</p> <p>1.) Patient admitted to Acute IP with dx: Intestinal obstruction and readmitted with dx: N/V. Patient discharged to home.</p> <p>2) Patient admitted to SWB with dx: Cancer dx and discharged to home requiring indwelling tube reinsertion. Patient readmitted with dx: fistula and discharged home with HH of choice and family.</p> <p>100% SDOH data</p>	
C. Risk Management	QM	10 min	<p>Deaths - 0</p> <p>Complaints - 0</p> <p>Grievances - 0</p> <p>Workplace Violence Events - 0</p> <p>Falls - 4 without injury;</p>	<p>Falls without injury</p> <p>1.) Immediate actions taken – assisted up and to recliner, assessment preformed</p> <p>Post fall precautions added – chair alarm, non-slid pad in chair</p> <p>2.) Immediate actions taken – assisted up and to recliner for breakfast, assessment preformed</p>

Mangum Regional Medical Center
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		<p>1.) Pt leaned forward while sitting in the recliner and slid from recliner to the floor. Unwitnessed fall. No injuries noted Fall precautions in place prior to fall</p> <p>2.) Pt being assisted up to chair for breakfast, pt unsteady and began falling forward, pt was not able to turn to complete transfer and staff assisted pt to the floor. No injuries noted Fall precautions in place prior to fall</p> <p>3.) Pt observed on the floor by therapy services, unwitnessed fall. Pt was noted in front of recliner. Denies any injuries or hitting head. Nursing noted that chair alarm was unhooked with note of pt hx of unplugging chair alarm Fall precautions in place prior to fall</p> <p>4.) Pt found on floor in front of recliner. States they were trying to get out up, denies any injury or hitting head Fall precautions in place prior to fall</p> <p>Other – Line events – 1; Nephrostomy patient was being transferred to the shower chair when pt felt something “fall out”, nephrostomy tube was noted to have come out. Charge nurse and provider were notified, with patient scheduled for replacement of tube.</p>	<p>Post fall precautions added – two person assist for transfers</p> <p>3.) Immediate actions taken – assisted up and to recliner for breakfast, assessment preformed, chair alarm set back up. Post fall precautions added – place chair alarm connection out of reach of patient, education to patient on fall precautions</p> <p>4.) Immediate actions taken – assisted up and to recliner, assessment preformed, chair alarm set back up and moved to different location. Post fall precautions added - place chair alarm connection out of reach of patient, education to patient on fall precautions, elevated feet.</p> <p>Other -</p> <p>Line events – 1; ab binder and securement devices ordered for patient nephrostomy, CNO provided education on transfers with this patient due to second incident</p> <p>Skin tear – 1; nurse provided first aide to site</p> <p>Patient care issues – 2;</p>
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			<p>Skin tear – 1; pt was noted to have small amount of blood on pillow, pt reports that skin tear occurred at another hospital while IV was being d/c'd</p> <p>Patient care issues – 2;</p> <p>1.) Pt had d-dimer completed and it was flagged as critical, but according to the range it was not a critical result.</p> <p>2.) PM shift notified CNO that wound care for patient X had not been completed during the AM shift for the date of service</p> <p>Other events – 1; Pt was noted to have red, bruise like described area to left lower back. Unknown cause.</p> <p>Visitor event – 1 ER visitor, visitor fell while exiting the Er to the lobby. Denies any injuries/hitting head. Denies any need for treatment.</p>	<p>1.) Nurse notified Provider for lab review, lab tech/director and CNO notified of lab resulting error. Lab director notified contacted lab technology company regarding this resulting error and it was corrected on the company's machine end. No negative effects on patient(s) while this was being corrected.</p> <p>2.) CNO spoke with assigned nurse who was educated on ensuring all wound care was completed with med passes, PM shift completed wound care on day of finding.</p> <p>Other events – 1; CNO followed up on spot with noted blanchable red/pinkness, no bruising noted. No pain/swelling noted in area. Staff monitoring area.</p>
D. Nursing	CCO	2 min	<p>Med reconciliation – 97%</p> <p>Preferred Pharmacy – 71%</p> <p>Hospital Formulary – 97%</p>	Nursing education on completion of these items on admit
E. Emergency Department	CCO/QM	5 min	<p>1.) ER log compliance – 99%</p> <p>2.) EDTC Data – 100%</p>	1.) QM continues to notify CNO and Nurse in real time of missing data

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – Sept 2025</p> <p>After hours access - 64</p> <p>ADR - 1 1.) A patient received a x1 dose of metronidazole 500mg IV and began having itching and redness to injection tie, along with confusion.</p> <p>Med errors – 6</p> <p>Dose omissions – 5</p>	ADR – 1.) IV antidote given, with improvement noted
G. Respiratory Care	RT	2 min	<p>0 unplanned decannulation</p> <p>100% resp assessments</p> <p>100% on Chart checks</p>	
H. Wound Care	WC	2 min	No wound development for the month	
I. Radiology	RAD	2 min	<p>3 repeats for the month</p> <p>CT was down due to the rain and leaking ceiling, but back up and running with no further issues</p>	
J. Laboratory	LAB	5 min	2 – Blood culture contaminates	<p>Both drawn by same phlebotomist, Lab director provided 1:1 education on correct collection</p> <p>Calibration completed for the month</p> <p>Licensures updated this month</p>
K. Infection Control/Employee Health	IC/EH	5 min	<p>0 – Inpt HAIs</p> <p>0 – MRDO</p> <p>0 – VAE</p> <p>0 – Cdiff</p> <p>0 – CAUTI</p>	Aug – incidental finding on inpt of right lower lobe pneumonia, did not meet the criteria of HAI, pt was treated for pneumonia and remained asymptomatic throughout.

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			0 - CLASBI	Stewardship numbers are improving Flu vaccines for staff beginning October 1, 2025.
L. Health Information Management (HIM)	HIM	2 min	100% - D/C Note Compliance 100% - Progress Notes 100% - ED DC Instructions 100% - ED provider Dx	
M. Dietary	Dietary	2 min	100%	
N. Therapy	Therapy	2 min	Gait belt usage – 100%	
O. Human Resources (HR)	HR	2 min	3 new hires for the reporting period	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

P. Business Office	BOM	2 min	Cost shares – 89% Med Necessity Verification – 100%	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Electronic Requisitions – 100%	
S. Life Safety	PO	2 min	Fire extinguisher Inspections -100% Egress checks – 100%	
T. Emergency Preparedness	EP	2 min	2 - new hires for the month all educated on EP plan	
U. Information Technology	IT	2 min	54 - IT events for the month	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Director/Representative not present, will defer until next month	
VII. POLICIES & PROCEDURES				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> 1.) Emergency Department Policy and Procedure Manual Table of Contents 2.) Administrative Policy Manual Table of Contents 3.) Intravenous Line Management Policy 4.) Conditions of Admission <p><u>Workplace Violence Policies, etc.</u></p> <ol style="list-style-type: none"> 1.) Hospital Workplace Violence Prevention Program Policy 2.) Hospital Workplace Violence Event Tracking Log 3.) Intimate Partner/Domestic Violence Assessment Form 4.) Post-Threat or Event Report 5.) Violence/Aggression Assessment Checklist (VAAC) 6.) Workplace Violence Incidence Report Form 	<ol style="list-style-type: none"> 1.) Approval: First – Kelley, Second – Meghan 2.) Approval: First – Kelley, Second – Meghan 3.) Approval: First – Kelley, Second – Nick 4.) Approval: First – Kelley, Second – Dr G <p><u>Workplace Violence Policies, etc.</u></p> <ol style="list-style-type: none"> 1.) Approval: First – Kelley , Second – Meghan 2.) Approval: First – Kelley , Second – Dr G 3.) Approval: First – Kelley , Second – Dr G 4.) Approval: First – Kelley , Second – Dr G 5.) Approval: First – Kelley , Second – Dr G 6.) Approval: First – Kelley , Second – Dr G
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			<p>7.) Hospital Workplace Violence Hazard Vulnerability Assessment Tool</p> <p>8.) Workplace Violence Incident Immediate Debrief Form</p> <p>9.) Hospital Workplace Violence Risk Assessment Analysis/Checklist</p> <p>10.) Workplace Violence in the Healthcare Setting (Orientation: Leadership & Workplace Violence Event Response Team)</p> <p>11.) Workplace Violence Prevention (New Hire Orientation Staff Education)</p> <p><u>OB Policies, etc.</u></p> <p>1.) Postpartum Hemorrhage Order Set</p>	<p>7.) Approval: First – Kelley , Second – Dr G</p> <p>8.) Approval: First – Kelley , Second – Dr G</p> <p>9.) Approval: First – Kelley , Second – Chasity</p> <p>10.) Approval: First – Kelley, Second – Chasity</p> <p>11.) Approval: First – Kelley , Second – Chasity</p>
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			2.) Severe Intrapartum/Postpartum Hypertension Order Set 3.) Magnesium Sulfate Infusion Protocol/Order Set 4.) Obstetrical Triage, Screening, Stabilization and Disposition Policy 5.) Obstetric Emergencies – Precipitous Deliver (Code Labor) Policy	<u>OB Policies, etc.</u> 1.) Approval: First – Kelley , Second – Dr G 2.) Approval: First – Kelley, Second – Dr G 3.) Approval: First – Kelley , Second – Chasity 4.) Approval: First – Kelley , Second – Dr G 5.) Approval: First – Kelley, Second – Dr G
VIII. PERFORMANCE IMPROVEMENT PROJECTS				
IX. OTHER				
X. ADJOURNMENT				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1456 by Kelley seconded by Chasity	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Treva Derr	Chasity Howell	Jessica Pindea

Mangum Regional Medical Center

Quality and Patient Safety Committee Meeting

Agenda for Sept 2025 and Meeting Minutes for Sept 2025

D. Clinesmith	Pam Esparza	Tonya Bowen	Stephanie Hughes	Heather Larson
Dr Gilmore (teams)	Kaye Hamilton (teams)	D. Galmor	Waylon Wigington	
Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Chief Clinical Officer Report September 2025

Patient Care

- MRMC Education included:
 1. Nursing documentation updates are communicated to nursing staff weekly.
 2. Preparation for Skills Fair 2025 underway with-it scheduled October 14-16.
- 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 1 HAI and 0 MDRO for the month of September 2025.

Client Service

- Total Patient Days for September 2025 were 350. This represents an average daily census of 12.
- September 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 29 Antigen) with 1 Positive.

Mangum Regional Medical Center												
Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient acute	22	13	16	21	12	11	16	17	8			
Swing Bed	20	11	9	18	10	7	16	14	10			
Observation	1	2	1	2	3	2	3	7	1			
Emergency Room	146	142	134	148	135	140	169	149	136			
Lab Completed	2343	2069	1988	2345	2156	1745	2159	2298	2157			
Rad Completed	178	174	170	236	198	192	231	207	164			
Ventilator Days	0	0	0	0	0	0	0	0	0			

Preserve Rural Jobs and Culture Development

- One- PM House Supervisor RN position is open.
- 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 September 2025

Operations Overview

- Roof has been completed.
- Room remodeling is continuing.
- Looking at clinic collections for September, we collected a total of \$314.00 down from \$696.66 at time of service.
- Hospital upfront collections were at \$1,190.20 for the month of September up from \$709.43 in August.
- Patient rounds continue to provide positive feedback on patient care.
- We continue to get feedback on how we can improve our facility to promote staff satisfaction.
- We have been down a EVS employee this month we have hired one with the expected start date of 10/13/2025
- We did 10 patient transports with the Strong Minds van: 4 for the program, 4 for outpatient wound care, two patients to home from the facility, and 2 for doctor appointments.

Mangum Board Meeting Financial Reports

September 30, 2025

	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
September 30, 2025

	Current Month	Sep-25 Year-to-Date	Mthly Avg Prior Year	Variance
ADC (Average Daily Census)	11.63	9.97	10.13	1.51
Payer Mix % (Acute):				
MCR	67.74%	53.79%	53.01%	14.74%
MCR Mgd Care	0.00%	22.07%	24.05%	-24.05%
All Others	32.26%	24.14%	22.94%	9.32%
Total	100.00%	100.00%	100.00%	0.00%
Payer Mix % (SWB):				
MCR	90.25%	77.78%	87.67%	2.58%
MCR Mgd Care	0.94%	21.00%	11.35%	-10.41%
All Others	8.81%	1.22%	0.98%	7.83%
Total	100.00%	100.00%	100.00%	0.00%
Operating margin	(12,304)	(85,816)	(673,482)	
Operating Margin (monthly average)	(12,304)	(9,535)	(56,124)	46,588
NPR (Net Patient Revenue)	1,580,387	13,113,446	16,708,837	
NPR (monthly average)	1,580,387	1,457,050	1,392,403	64,646
Operating Expenses	1,629,324	13,429,381	17,611,634	
Operating Expense (monthly average)	1,629,324	1,492,153	1,467,636	24,517
NPR % of Oper Exp	97.0%	97.6%	94.9%	
Patient Days	349	2,721	309	40
Oper Exp / PPD	\$ 4,669	\$ 4,935	\$ 4,752	\$ 183
# of Months	1	9	12	
Cash Receipts (rnd)	1,837,975	13,378,000	15,058,468	
Cash Receipts (monthly average)	1,837,975	1,486,444	1,254,872	231,572
Cash as a % of NPR (s/b 100% min)	116.3%	102.0%	90.1%	
Days Cash-On-Hand (Net of MCR Pay / Restrictions):				
Calendar Days	30	273	366	
Operating Exp / Day	\$ 54,311	\$ 49,192	\$ 48,119	\$ 6,192
Cash - (unrestricted)	996,337	996,337	418,015	578,322
Days Cash-On-Hand	18.3	20.3	8.7	
Days Cash-On-Hand: Minimum during month	13.8	13.8	4.6	9.1
MCR Rec (Pay) - "as stated - but to be adjusted"	652,860	652,860	176,300	476,560
AP & Accrued Liab	17,359,954	17,359,954	16,520,455	839,498
Accounts Receivable (at net)	1,807,882	1,807,882	1,316,379	491,503
Per AP aging schedule (incl. accruals)	Sep-25	Sep-25	Prior FYE	Net Change
Account Payable - Cohesive	15,218,066	15,218,066	14,328,203	889,863
Account Payable - Other	1,249,164	1,249,164	1,299,528	(50,365)
Total	16,467,230	16,467,230	15,627,731	839,498
Cohesive Loan	4,621,497	4,621,497	4,900,648	(279,151)

Mangum Regional Medical Center
 Cash Receipts - Cash Disbursements Summary
 9/30/25

	Current Month	COVID	Total Less COVID
Cash Receipts	\$ 1,837,975	\$ -	\$ 1,837,975
Cash Disbursements	\$ 2,032,771	\$ -	\$ 2,032,771
NET	\$ (194,796)	\$ -	\$ (194,796)

Year-To-Date	COVID	Year-To-Date Less COVID
\$ 13,378,000	\$ -	\$ 13,378,000
\$ 12,805,912	\$ -	\$ 12,805,912
\$ 572,088	\$ -	\$ 572,088

	Prior Month	COVID	Total Less COVID
Cash Receipts	\$ 1,271,486	\$ -	\$ 1,271,486
Cash Disbursements	\$ 2,373,927	\$ -	\$ 2,373,927
NET	\$ (1,102,441)	\$ -	\$ (1,102,441)

Prior Month YTD	COVID	Prior Month YTD Less COVID
\$ 11,540,025	\$ -	\$ 11,540,025
\$ 10,773,141	\$ -	\$ 10,773,141
\$ 766,884	\$ -	\$ 766,884



**Board of Directors
Mangum Regional Medical Center**

October 28, 2025

September 2025 Financial Statement Overview

- Statistics
 - The average daily census (ADC) for August 2025 was **11.63**– (PY fiscal year end of **10.12**).
 - Year-To-Date Acute payer mix was approximately **76%** MCR/MCR Managed Care combined.
 - Year-To-Date Swing Bed payer mix was **78%** MCR & **21%** MCR Managed Care. For the prior year end those percentages were **88% & 11%**, respectively.
- Balance Sheet Highlights
 - The cash balance as of September 30, 2025, inclusive of both operating & reserves, was **\$996K**. This decreased **\$194K** from August 31, 2025.
 - Days cash on hand, inclusive of reserves, was **18.3** based on September expenses.
 - Net AR decreased by **\$123K** from August.
 - Payments of approximately **\$2.03M** were made on AP (prior 3-month avg was **\$1.73M**).
 - Cash receipts were **\$566K** less than in the previous month (**\$1.27M vs \$1.84M**).
 - The Medicare principal balance was completely paid off in the month of August 2024.



- Income Statement Highlights
 - Net patient revenue for September 2025 was **\$1.58M**, which is approximately a decrease of **\$26K** from the prior month.
 - Operating expenses, exclusive of interest & depreciation, were **\$1.63M**.
 - 340B revenue was **\$23K** in September, this is an increase of **\$9K** from the prior month.

- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):
 - Current month's average visits per day = **10.13**
 - YTD Operating revenues = **\$427K**
 - YTD Operating expenses = **\$671K**
 - YTD Operating loss = **-\$244K**

MANGUM REGIONAL MEDICAL CENTER

Admissions, Discharges & Days of Care

Fiscal Year 2025

Item 8.

12/31/2025

	January	February	March	April	May	June	July	August	September	YTD
Admissions										
Inpatient	22	13	16	21	12	11	16	17	8	136
Swingbed	20	11	9	18	10	7	16	14	10	115
Observation	1	2	1	3	2	2	3	5	1	20
	43	26	26	42	24	20	35	36	19	271
Discharges										
Inpatient	23	13	15	22	13	9	17	13	11	136
Swingbed	19	12	9	13	15	10	6	16	13	113
Observation	2	2	1	3	2	2	3	5	1	21
	44	27	25	38	30	21	26	34	25	270
Days of Care										
Inpatient-Medicare	54	27	25	25	13	18	33	18	21	234
Inpatient-Medicare Managed Care	11	4	7	27	9	8	17	13	0	96
Inpatient-Other	12	12	8	10	9	9	4	31	10	105
Swingbed-Medicare	236	191	157	164	159	112	197	275	287	1,778
Swingbed-Medicare Managed Care	20	59	14	85	138	58	21	82	3	480
Swingbed-Other	0	0	0	0	0	0	0	0	28	28
Observation	4	7	2	4	4	6	6	7	1	41
	337	300	213	315	332	211	278	426	350	2,762
Calendar days	31	28	31	30	31	30	31	31	30	273
ADC - (incl OBS)	10.87	10.71	6.87	10.50	10.71	7.03	8.97	13.74	11.67	10.12
ADC	10.74	10.46	6.81	10.37	10.58	6.83	8.77	13.52	11.63	9.97
ER	146	142	134	148	135	140	169	149	136	1,299
Outpatient	108	146	140	154	150	126	151	153	149	1,277
RHC	197	187	188	243	229	201	197	253	249	1,944

MANGUM REGIONAL MEDICAL CENTER
Comparative Balance Sheet - Unaudited
Fiscal Year 2025
Item 8.

	January	February	March	April	May	June	July	August	September	12/31/24	YTD Variance
Cash And Cash Equivalents	521,074	481,402	519,779	682,095	1,120,535	1,044,262	2,291,727	1,189,862	996,337	418,015	578,322
Patient Accounts Receivable, Net	1,820,581	1,879,646	1,633,200	1,745,633	1,863,436	1,462,513	1,437,669	1,931,061	1,807,882	1,316,379	491,503
Due From Medicare	1,317,110	1,378,146	1,578,007	1,643,160	1,764,926	1,979,459	909,623	705,645	652,541	1,317,110	(664,569)
Inventory	207,642	192,025	230,062	222,929	231,085	231,146	232,065	232,917	238,692	222,062	16,630
Prepays And Other Assets	1,641,776	1,625,020	1,627,535	1,633,615	1,626,547	1,634,364	1,738,858	1,724,058	1,686,450	1,642,491	43,959
Capital Assets, Net	1,488,310	1,460,407	1,430,979	1,403,182	1,375,384	1,348,587	1,338,168	1,518,293	1,519,766	1,516,213	3,553
Total Assets	6,996,493	7,016,647	7,019,562	7,330,613	7,981,913	7,700,330	7,948,111	7,301,836	6,901,668	6,432,269	469,399
Accounts Payable	16,097,892	16,261,884	16,459,679	16,792,515	17,284,593	17,166,550	17,448,563	16,806,827	16,467,230	15,627,731	839,498
AHSO Related AP	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	-
Deferred Revenue	154,761	114,589	-	170,667	85,334	-	30,994	15,497	-	0	-
Due To Medicare	(319)	(319)	(319)	(319)	(319)	(319)	(319)	(319)	(319)	(319)	-
Covid Grant Funds	-	-	-	-	-	-	-	-	-	0	-
Due To Cohesive - PPP Loans	-	-	-	-	-	-	-	-	-	0	-
Notes Payable - Cohesive	4,869,631	4,838,614	4,807,598	4,776,581	4,745,564	4,714,547	4,683,531	4,652,514	4,621,497	4,900,648	(279,151)
Notes Payable - Other	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	-
Alliantz Line Of Credit	-	-	-	-	-	-	-	-	-	0	-
Leases Payable	257,371	256,837	256,300	255,759	255,214	254,666	254,114	254,830	253,077	258,209	(5,132)
Total Liabilities	22,290,008	22,382,278	22,433,929	22,905,874	23,281,058	23,046,117	23,327,555	22,640,021	22,252,157	21,696,942	555,215
Net Assets	(15,293,515)	(15,365,631)	(15,414,367)	(15,575,261)	(15,299,144)	(15,345,786)	(15,379,444)	(15,338,185)	(15,350,489)	(15,264,672)	(85,816)
Total Liabilities and Net Assets	6,996,493	7,016,647	7,019,562	7,330,613	7,981,913	7,700,330	7,948,111	7,301,836	6,901,668	6,432,269	469,399

Mangum Regional Medical Center
Cash Receipts & Disbursements by Month

2023			2024			2025		
Month	Receipts	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
Jan-23	1,290,109	1,664,281	Jan-24	1,187,504	1,150,522	Jan-25	1,105,099	996,372
Feb-23	1,506,708	1,809,690	Feb-24	708,816	995,157	Feb-25	1,184,447	1,231,249
Mar-23	1,915,435	1,109,683	Mar-24	1,236,158	1,073,824	Mar-25	1,289,275	1,250,266
Apr-23	2,005,665	1,365,533	Apr-24	1,645,373	1,483,022	Apr-25	1,225,184	1,060,130
May-23	1,436,542	2,237,818	May-24	1,273,007	1,062,762	May-25	1,481,774	1,044,123
Jun-23	1,777,525	1,506,459	Jun-24	950,928	1,216,556	Jun-25	1,530,626	1,607,511
Jul-23	1,140,141	1,508,702	Jul-24	1,344,607	1,562,407	Jul-25	2,452,132	1,209,562
Aug-23	1,600,786	1,352,905	Aug-24	2,089,281	2,176,381	Aug-25	1,271,486	2,373,927
Sep-23	1,490,569	1,295,680	Sep-24	1,183,508	1,322,228	Sep-25	1,837,975	2,032,771
Oct-23	1,211,980	1,345,813	Oct-24	1,779,690	1,154,658	Oct-25		
Nov-23	985,475	1,355,224	Nov-24	770,820	1,370,620	Nov-25		
Dec-23	929,990	1,191,570	Dec-24	888,776	1,027,058	Dec-25		
	<u>17,290,925</u>	<u>17,743,359</u>		<u>15,058,468</u>			<u>13,378,000</u>	
Subtotal FY 2023	<u><u>17,290,925</u></u>		Subtotal FY 2024	<u><u>15,058,468</u></u>		Subtotal FY 2025	<u><u>13,378,000</u></u>	

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

	Original Balance	Balance as of 09/30/25	Total Interest Paid as of 09/30/25
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) Audit est.	(34,322.00)	-	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
FY23 (8-month IRR) L4315598	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	-	(176,300.00)	
FY25 MCR pay (rec) estimate	-	(476,241.00)	
Total	7,009,696.31	(652,859.61)	1,355,350.56

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended September 30, 2025
Unaudited

Item 8.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
202,916	291,627	(88,712)	-30%	Inpatient revenue	2,826,382	2,642,874	183,508	7%
1,339,663	1,265,794	73,868	6%	Swing Bed revenue	10,379,386	11,524,892	(1,145,506)	-10%
734,291	664,006	70,285	11%	Outpatient revenue	6,158,913	6,016,840	142,073	2%
183,979	209,345	(25,366)	-12%	Professional revenue	1,613,652	1,902,683	(289,031)	-15%
<u>2,460,848</u>	<u>2,430,773</u>	<u>30,075</u>	<u>1%</u>	Total patient revenue	<u>20,978,333</u>	<u>22,087,288</u>	<u>(1,108,956)</u>	<u>-5%</u>
995,797	1,077,433	(81,635)	-8%	Contractual adjustments	8,779,081	9,871,593	(1,092,511)	-11%
53,104	-	53,104	#DIV/0!	Contractual adjustments: MCR Settlement	(558,696)	-	(558,696)	#DIV/0!
(92,734)	(107,231)	14,497	-14%	SHOPP revenue	(840,762)	(965,080)	124,318	-13%
(75,706)	(102,057)	26,351	-26%	Bad debts	485,264	(918,509)	1,403,773	-153%
<u>880,461</u>	<u>1,082,607</u>	<u>12,316</u>	<u>1%</u>	Total deductions from revenue	<u>7,864,887</u>	<u>9,918,164</u>	<u>(123,116)</u>	<u>-1%</u>
1,580,387	1,348,166	232,221	17%	Net patient revenue	13,113,446	12,169,124	944,321	8%
13,292	1,913	11,379	595%	Other operating revenue	52,127	17,215	34,912	203%
23,341	20,254	3,087	15%	340B REVENUES	177,992	180,877	(2,885)	-2%
<u>1,617,020</u>	<u>1,370,332</u>	<u>246,688</u>	<u>18%</u>	Total operating revenue	<u>13,343,565</u>	<u>12,367,216</u>	<u>976,348</u>	<u>8%</u>
				Expenses				
472,485	387,856	84,630	22%	Salaries and benefits	3,892,486	3,509,422	383,064	11%
78,253	73,315	4,938	7%	Professional Fees	720,554	662,253	58,301	9%
510,178	437,192	72,986	17%	Contract labor	3,902,917	3,938,581	(35,664)	-1%
148,054	127,899	20,154	16%	Purchased/Contract services	1,117,710	1,151,092	(33,382)	-3%
225,000	225,000	-	0%	Management expense	2,025,000	2,025,000	-	0%
73,311	88,765	(15,454)	-17%	Supplies expense	754,574	805,052	(50,478)	-6%
17,707	19,250	(1,542)	-8%	Rental expense	150,308	173,250	(22,942)	-13%
13,675	14,275	(601)	-4%	Utilities	122,205	128,479	(6,274)	-5%
778	918	(140)	-15%	Travel & Meals	7,436	8,265	(829)	-10%
18,006	11,219	6,787	60%	Repairs and Maintenance	120,270	100,971	19,300	19%
17,973	14,251	3,722	26%	Insurance expense	140,610	128,259	12,351	10%
9,942	11,796	(1,854)	-16%	Other Expense	101,450	106,162	(4,711)	-4%
16,526	15,535	991	6%	340B EXPENSES	121,380	138,743	(17,363)	-13%
<u>1,601,888</u>	<u>1,427,272</u>	<u>174,616</u>	<u>12%</u>	Total expense	<u>13,176,899</u>	<u>12,875,528</u>	<u>301,372</u>	<u>2%</u>
15,132	(56,940)	72,072	-127%	EBIDA	166,665	(508,311)	674,977	-133%
0.9%	-4.2%	5.09%		EBIDA as percent of net revenue	1.2%	-4.1%	5.36%	
176	-	176	#DIV/0!	Interest	1,206	-	1,206	#DIV/0!
27,260	26,392	868	3%	Depreciation	251,276	243,687	7,589	3%
<u>(12,304)</u>	<u>(83,332)</u>	<u>71,028</u>	<u>-85%</u>	Operating margin	<u>(85,816)</u>	<u>(751,998)</u>	<u>666,182</u>	<u>-89%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>(12,304)</u>	<u>(83,332)</u>	<u>71,028</u>	<u>-85%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(85,816)</u>	<u>(751,998)</u>	<u>666,182</u>	<u>-89%</u>
-0.76%	-6.08%	5.32%		Operating Margin %	-0.64%	-6.08%	5.44%	

MANGUM REGIONAL MEDICAL CENTER
Statement of Revenue and Expense Trend - Unaudited
Fiscal Year 2025
Item 8.

	January	February	March	April	May	June	July	August	September	YTD
Inpatient revenue	525,995	250,434	351,806	383,704	182,461	177,026	370,138	381,902	202,916	2,826,382
Swing Bed revenue	1,203,067	1,237,078	722,978	1,261,902	1,321,036	745,121	1,008,771	1,539,770	1,339,663	10,379,386
Outpatient revenue	573,540	649,689	560,462	592,871	618,008	725,760	925,870	778,421	734,291	6,158,913
Professional revenue	206,082	179,651	147,487	193,268	145,315	172,089	216,173	169,608	183,979	1,613,652
Total patient revenue	2,508,685	2,316,852	1,782,733	2,431,745	2,266,820	1,819,997	2,520,952	2,869,700	2,460,848	20,978,333
Contractual adjustments	1,054,686	1,043,678	762,509	1,301,266	662,454	633,650	1,193,855	1,131,187	995,797	8,779,081
Contractual adjustments: MCR Settlement	-	(61,036)	(199,861)	(65,153)	(121,766)	(214,533)	(70,974)	121,523	53,104	(558,696)
SHOPP Revenue	(77,381)	(114,589)	(114,589)	(85,334)	(85,334)	(85,334)	(113,194)	(72,275)	(92,734)	(840,762)
Bad debts	106,576	113,834	(1,996)	73,791	29,918	75,657	80,325	82,864	(75,706)	485,264
Total deductions from revenue	1,083,881	981,887	446,064	1,224,570	485,272	409,441	1,090,012	1,263,299	880,461	7,864,887
Net patient revenue	1,424,804	1,334,965	1,336,670	1,207,175	1,781,548	1,410,556	1,430,940	1,606,401	1,580,387	13,113,446
Other operating revenue	15,410	(757)	4,171	2,632	17,751	2,173	(5,247)	2,701	13,292	52,127
340B REVENUES	23,868	18,212	22,824	15,161	23,471	15,315	22,073	13,727	23,341	177,992
Total operating revenue	1,464,083	1,352,420	1,363,664	1,224,968	1,822,770	1,428,044	1,447,767	1,622,829	1,617,020	13,343,565
	95.4%	93.7%	94.6%	87.1%	115.2%	95.7%	96.6%	101.6%	97.0%	97.6%
Expenses										
Salaries and benefits	439,483	399,707	429,167	396,151	462,629	404,309	420,947	467,610	472,485	3,892,486
Professional Fees	65,648	65,452	70,812	77,625	88,531	73,881	84,210	116,142	78,253	720,554
Contract labor	428,978	404,116	416,774	403,022	420,060	416,853	446,206	456,729	510,178	3,902,917
Purchased/Contract services	107,620	108,704	127,775	101,833	150,387	132,591	125,792	114,954	148,054	1,117,710
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,025,000
Supplies expense	98,866	101,239	65,720	74,156	72,166	106,426	75,544	87,145	73,311	754,574
Rental expense	17,598	13,094	21,026	15,207	19,248	15,677	16,968	13,783	17,707	150,308
Utilities	13,436	17,413	12,834	7,751	12,812	12,388	14,345	17,551	13,675	122,205
Travel & Meals	315	971	775	336	1,102	1,103	643	1,414	778	7,436
Repairs and Maintenance	11,240	10,981	12,906	14,947	11,645	14,123	10,526	15,897	18,006	120,270
Insurance expense	23,837	26,409	(12,321)	10,777	22,979	16,563	17,190	17,202	17,973	140,610
Other	18,752	11,003	(6,293)	20,999	16,959	10,823	8,596	10,669	9,942	101,450
340B EXPENSES	14,050	12,401	18,656	10,029	15,235	17,119	7,432	9,932	16,526	121,380
Total expense	1,464,823	1,396,491	1,382,831	1,357,832	1,518,751	1,446,856	1,453,399	1,554,028	1,601,888	13,176,899
EBIDA	\$ (740)	\$ (44,070)	\$ (19,167)	\$ (132,865)	\$ 304,018	\$ (18,812)	\$ (5,633)	\$ 68,802	\$ 15,132	\$ 166,665
EBIDA as percent of net revenue	-0.1%	-3.3%	-1.4%	-10.8%	16.7%	-1.3%	-0.4%	4.2%	0.9%	1.2%
Interest	199	143	141	232	104	33	61	116	176	1,206
Depreciation	27,903	27,903	29,428	27,797	27,797	27,797	27,963	27,427	27,260	251,276
Operating margin	\$ (28,843)	\$ (72,116)	\$ (48,736)	\$ (160,894)	\$ 276,117	\$ (46,642)	\$ (33,657)	\$ 41,259	\$ (12,304)	\$ (85,816)
Other	-	-	-	-	-	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(28,843)	(72,116)	(48,736)	(160,894)	276,117	(46,642)	(33,657)	41,259	(12,304)	(85,816)

Mangum Family Clinic
For the Month Ended and Year To Date September 30, 2025

	Current			Last FYE	Net Change
	Month	Year-To-Date	12-Month Projected		
Gross Patient Revenue	38,037	254,333	339,111	217,497	121,614
Less: Revenue deductions	21,668	173,139	230,852	118,420	112,432
Net Patient Revenue	59,704	427,472	569,963	335,917	234,046
Other Income (if any)	-	-	-	-	-
Operating revenue	59,704	427,472	569,963	335,917	234,046
Operating Expenses:					
Leased Salaries	33,214	179,743	239,657	177,825	61,832
Contract labor	-	1,969	2,625	8,191	(5,566)
Benefits	4,066	31,996	42,662	49,899	(7,237)
Provider Fees	(36,552)	59,881	79,841	41,078	38,763
Purchased/Contract services	6,162	43,542	58,056	70,882	(12,826)
Management expense	11,250	101,250	135,000	135,000	-
Supplies expense	1,097	5,516	7,355	11,788	(4,433)
Rental expense	1,781	16,112	21,483	23,700	(2,217)
Utilities	912	5,688	7,584	8,567	(983)
Travel & Meals	100	574	766	987	(221)
Repairs and Maintenance	15	776	1,035	1,239	(204)
Insurance expense	-	2,845	3,793	2,705	1,088
Other expense	556	3,416	4,554	6,469	(1,915)
CAH Overhead Allocation	24,154	217,385	289,847	250,979	38,868
Total Operating Expenses	46,755	670,693	894,258	789,309	104,949
Net Income (loss)	12,950	(243,221)	(324,295)	(453,392)	129,097

340B

Gross revenues	23,341.10	177,992	237,323	191,188	46,135
Operating expenses	16,525.99	121,380	161,840	149,534	12,306
Profit (loss)	6,815	56,612	75,483	41,654	33,829
Net Income (loss) with 340B	19,765	(186,609)	(248,812)	(411,738)	162,927

Stats

Onsite Visits	198	1721	2,295	1,768	527
Swing Bed Visits	51	223	297	76	221
Telehealth, CCM, Nurse Visits	0	0	-	20	(20)
Total Visits	249	1944	2592	1864	728

Payor Mix based on Total Visits

Medicare		32%	32%	28%	4%
Managed Medicare		6%	6%	4%	2%
Medicaid / Managed Medicaid		23%	23%	31%	-8%
Commercial/Other		40%	40%	37%	2%
Total		100%	100%	100%	0%

Clinic Days	21	192	256	256	-
Average Visit Per Day	12	10	10	7	3

Cost Per Visit	\$ 187.77	\$ 345.01	\$ 345.01	\$ 423.45	\$ (78.44)
Medicare Visit Cap		\$ 292.54	\$ 292.54	\$ 282.65	
Over (Under) Cap		\$ 52.47	\$ 52.47	\$ 140.80	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	9/30/2025	8/31/2025	7/31/2025	6/30/2025
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	5,496.82	-	-	-	5,496.82	6,243.53	8,088.40	3,992.24
ANESTHESIA SERVICE INC	Patient Supplies	-	-	-	-	-	1,048.40	496.80	662.40
APEX MEDICAL GAS SYSTEMS, INC	Supplies	900.00	-	-	-	900.00	359.24	-	-
AT&T	Fax Service	-	-	-	-	-	3,270.35	3,255.25	-
BIO-RAD LABORATORIES INC	Lab Supplies	-	-	-	-	-	2,632.56	-	-
CARDINAL HEALTH 110, LLC	Patient Supplies	-	-	-	(144.30)	(144.30)	(144.30)	(144.30)	(144.30)
CAREFUSION	Rental Equipment	-	-	-	-	-	-	-	4,449.00
CITY OF ERICK	Patient Transportation Service	-	-	-	-	-	-	6,144.00	-
CITY OF MANGUM	Utilities	7,681.67	-	-	-	7,681.67	-	8,143.30	-
CLEAN THE UNIFORM HOLDING COMP	Linen Services	4,249.77	-	-	-	4,249.77	2,935.43	1,363.22	-
CLIA LABORATORY PROGRAM	Lab Services	-	-	-	-	-	248.00	-	-
CLINICAL PATHOLOGY LABS, INC	Lab Supplies	-	-	-	-	-	-	-	-
CNA	Insurance	-	-	-	-	-	-	-	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	231,116.66	226,755.00	7,286.66	2,738,321.12	3,203,479.44	3,367,332.43	3,177,066.68	2,994,255.38
COHESIVE HEALTHCARE RESOURCES	Payroll	-	-	-	-	-	-	1,776,746.77	2,001,745.92
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	713,814.30	922,414.19	799,265.39	9,579,092.70	12,014,586.58	11,999,980.16	11,506,162.81	10,784,169.28
CONTROL SOLUTIONS INC.	Patient Supplies	-	-	-	-	-	-	161.91	-
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	-	-	-	-	-	-	-	-
CRITICAL ALERT	Software license	-	-	-	(3,906.00)	(3,906.00)	(3,906.00)	(3,906.00)	(3,906.00)
CULLIGAN WATER CONDITIONING	Equipment Rental Agreement	-	-	-	-	-	-	-	(76.62)
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	-	-	-	-	-	4,100.00	-	-
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	-	-	-	-	-	2,150.00	2,150.00	2,150.00
DIRECTV	Cable service	-	-	-	-	-	291.40	-	-
DP MEDICAL SERVICES	Rental	-	-	-	-	-	-	-	-
DYNAMIC ACCESS	Vascular Consultant	-	-	-	-	-	795.68	1,723.97	1,545.00
EARTHSafe CHEMICAL ALTERNATIVE	Patient Supplies	-	-	-	-	-	-	105.00	-
eCLINICAL WORKS, LLC	RHC EHR	942.90	-	-	-	942.90	-	-	-
FEDEX	Shipping	-	-	-	-	-	33.66	51.28	50.96
FFF ENTERPRISES INC	Pharmacy Supplies	-	1,913.10	-	-	1,913.10	654.23	-	-
FIRST DIGITAL COMMUNICATIONS	IT Support Services	-	-	-	-	-	-	-	-
FREEBORN DYSPHAGIA ASSOC LLC	Patient Services	-	-	-	-	-	550.00	-	-
FOX BUILDING SUPPLY	Repairs/maintenance	504.13	-	-	-	504.13	-	-	-
FUCHA RADIO, LLC	Advertising	110.00	-	-	-	110.00	110.00	110.00	-
GEORGE BROS TERMITE & PEST CON	Pest Control Service	200.00	-	-	-	200.00	-	-	175.00
GLOBAL PAYMENTS INTEGRATED	IT Service	-	-	-	-	-	2,757.67	2,757.67	-
GRAINGER	Maintenance Supplies	-	-	-	-	-	-	816.84	-
GREER COUNTY CHAMBER OF	Advertising	-	-	-	-	-	-	-	300.00
HAC INC	Dietary Supplies	53.18	-	-	-	53.18	67.14	49.45	16.87
HENRY SCHEIN	Lab Supplies	-	-	-	-	-	-	1,809.35	-
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	307.10	-	-	-	307.10	307.10	307.10	307.10
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	-	-	-	-	-	-	-	1,107.19
JENTRY BROWN	Van Graphics	1,875.00	-	-	-	1,875.00	-	-	-
LAMPTON WELDING SUPPLY	Patient Supplies	-	-	-	-	-	-	-	-
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	937.45	937.45	0.31	0.31	0.62
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	-	-	-	1.43	1.43	2,254.11	-	-
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	24,963.18	4,260.88	-	-	29,224.06	20,901.05	18,143.94	19,668.13
MYHEALTH ACCESS NETWORK, INC	Compliance purch svcs	758.95	-	-	-	758.95	758.95	758.95	758.95
NATIONAL DATA BANK	IT Service	-	-	-	-	-	2.50	2.50	-
NUANCE COMMUNICATIONS INC	RHC purch svcs	-	-	-	-	-	246.00	123.00	369.00
ORGANOGENESIS INC	Patient Care/Lab Supplies	765.00	-	-	-	765.00	1,855.00	2,690.00	2,880.00
PARA REV LOCKBOX	CDM purch svcs	-	-	-	-	-	-	-	-
PHARMA FORCE GROUP LLC	340B purch svcs	595.70	-	-	-	595.70	605.90	-	598.61
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	2,700.00	-	-	-	2,700.00	2,700.00	2,916.71	2,700.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	-	-	-	-	-	3,215.59	-	-
PHILIPS HEALTHCARE	Supplies	-	-	-	-	-	257.19	-	-
PURCHASE POWER	Postage Fees	-	-	-	200.00	200.00	200.00	200.00	200.00
REYES ELECTRIC LLC	COVID Capital	525.00	-	-	-	525.00	4,250.00	-	-

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	9/30/2025	8/31/2025	7/31/2025	6/30/2025
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	805.00	-	-	-	805.00	507.50	-	-
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	-	-	-	-	-	353.05	4,491.28	4,069.17
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	-	-	-	1,735.00	1,735.00	1,735.00	1,735.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies	-	-	-	-	-	-	245.50	-
SPARKLIGHT BUSINESS	Cable service	137.43	-	-	-	137.43	129.43	229.58	-
STANDLEY SYSTEMS LLC	Printer lease	2,345.50	-	-	-	2,345.50	-	2,345.50	210.87
STAPLES ADVANTAGE	Office Supplies	618.41	-	-	-	618.41	494.89	1,418.31	599.47
STERICYCLE / SHRED-IT	Waste Disposal Service	1,592.44	-	-	-	1,592.44	-	1,376.69	-
SUMMIT UTILITIES	Utilities	1,095.25	-	-	-	1,095.25	1,204.09	1,241.43	1,417.99
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	2,710.80	-	-	-	2,710.80	-	4,212.80	-
TELEFLEX	Patient Supplies	-	-	-	-	-	-	-	1,800.00
TRIOSE INC	Freight	-	-	-	-	-	675.56	-	59.67
TRUBRIDGE	Software license	-	-	-	-	-	-	-	-
ULINE	Patient Supplies	546.50	-	-	-	546.50	-	-	-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	-	-	-	(7.84)	(7.84)	1,714.20	(7.84)	3,610.10
VESTIS	Housekeeping Service	-	-	-	-	-	-	-	3,392.69
Grand Total		1,009,145.69	1,155,343.17	806,552.05	12,314,494.56	15,285,535.47	15,435,877.00	16,535,583.16	15,834,869.69
					Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	15,631,165.81	15,781,298.71	16,880,801.00	16,180,087.53
					Accrued AP	1,728,787.75	1,918,252.44	1,460,485.76	1,879,186.60
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					TOTAL AP	16,467,229.80	16,806,827.39	17,448,563.00	17,166,550.37
						16,467,229.80	16,806,827.39	17,448,563.00	17,166,550.37
						-	-	-	-

This Work Order has been prepared for use in connection with that certain Consulting Services Agreement between OKLAHOMA FOUNDATION FOR MEDICAL QUALITY, an Oklahoma not-for-profit corporation (“OFMQ”) and Mangum Regional Medical Center (“Customer”) (the “Agreement”).

Service Description

<p>OFMQ will provide case review for up to 12 medical records, including:</p> <ul style="list-style-type: none"> • Peer review • Medical necessity and appropriateness of services • Quality of care concerns • Compliance with national standards and regulations <p>*The medical record for each case review should be one encounter. For example; one Emergency Room visit, one Observation or Inpatient admission, one Swing Bed admission, one ambulatory surgery or one clinic/office/outpatient encounter.</p>	<p>Customer will:</p> <ul style="list-style-type: none"> • Provide point of contact for project • Provide required records electronically via flash drive or a HIPAA secure Sharefile site provided by OFMQ (Paper charts will not be accepted.) • Provide medical records to be reviewed that are 750 pages or less (For larger records, every 750 pages will be considered as one review) • Provide needs or concerns to be addressed 	<p>Allotted time:</p> <ul style="list-style-type: none"> • Customer will provide 1/4 of total reviews each quarter of the contract • Following receipt of the medical record, reviews will be completed with results returned within 75 days
--	--	---

Pricing/Fees

Customer shall pay a total of \$ 4,320.00 to OFMQ for the Work according the following schedule:

Payment(s)	Amount	Payment Due
12 payments	\$360.00	Billed monthly, and due within 30 days of invoice

Terms

OFMQ shall perform the Work until completion of the Work and not to exceed (1) year from the effective date below which may be extended by written agreement of OFMQ and Customer.

Capitalized terms used and not defined herein shall have the meaning for such terms set forth in the Agreement. The terms and conditions of this Work Order shall be an integral part of the Agreement and shall be incorporated by reference into the Agreement. This Work Order may not be amended or modified by the parties other than pursuant to the procedures set forth in the Agreement. In the event of any conflict between any term or provision in this Work Order and the Agreement, the Agreement shall control unless the Work Order specifically states the parties’ intent that the Work Order amend the conflicting term or provision of the Agreement.

Customer Contact

Customer Name: Mangum Regional Medical Center

Primary Contact: _____ **Phone:** _____

Email: _____ **FAX:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Send Invoices to: _____ **Phone:** _____

Email: _____ **FAX:** _____

Authorization

“CUSTOMER”

Print Customer Name

By: _____

Signature

Print Name and Title

Date

“OFMQ”

Oklahoma Foundation for Medical Quality (OFMQ), an Oklahoma not-for-profit corporation

By: _____ Title _____

Dated effective the ____ day of _____, 20____.

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract:** OFMQ
3. **Contract Parties:** OFMQ/MRMC.
4. **Contract Type Services :** Consulting Services.
5. **Impacted Hospital Departments:** Quality and Risk Management
6. **Contract Summary:** This is a renewal contract for Oklahoma Foundation for Medical Quality. OFMQ will provide case review for 12 medical records.
7. **Cost:** ☒ \$360/month for 12
8. **Prior Cost:** ☒ \$350/month
9. **Term:** 12 months
10. **Termination Clause:** N/A
11. **Other:**



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

Service Agreement Quotation

Bill to: 2100036485 (2001010882) MANGUM REGIONAL MEDICAL CENTER PO BOX 280 Mangum, OK 73554	Ship to: 2004019079 Sales Region: MOUNTAIN WEST MANGUM CITY HOSPITAL AUTHORITY 1 Wickersham St Mangum, OK 73554
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Service Agreement # 51016281	Effective Dates of Coverage: 11/17/2025 to 11/16/2026
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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. 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	11/17/2025 to 11/16/2026	BeyondCare Remote	\$9,282.90	\$9,282.90
				TOTAL:	\$9,282.90

Please return this quotation, along with a copy of your Purchase Order, to 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 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 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 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-635

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

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 (This is paid annually)**
8. **Term:** 11/17/2025 to 11/16/2026
9. **Termination Clause:** Either Party may terminate this Agreement without cause at any time by submitting a fifteen (15) calendar day written termination notice.
10. **Other: Last year's total was \$6,462**

Per Tyson:

In 2017 we applied for a 25% service discount off the GPO contracted price. That was locked in for 5 years. In the 2 years since the contract expired, I was able to extend the discount per my manager's approval. I can no longer get a discount approved by management and per our GPO contract agreement since the equipment is over 7 years old there is an additional 10% increase on the service pricing. All of this is why you are seeing such an increase in your service pricing.



MANGUM REGIONAL
MEDICAL CENTER

AUGUST 2025

ARCHITECTURAL SERVICES PROPOSAL FOR THE LAB RENOVATION

Item 12.



ARCHITECTURE
INTERIOR DESIGN + PLANNING
701 West Sheridan, Ste 302 OKC, OK 73102
405.579.4300 www.arcokla.com



MANGUM REGIONAL
MEDICAL CENTER

Kelley Martinez RN, MSN, MBA
Mangum Regional Medical Center
1 Wickersham Drive
Mangum, OK 73554

Dear Mr. Martinez

Thank you for continuing to look to our firm for assistance on your next project. We hope to be offered the opportunity to see this next project through for you.

As we have discussed previously, the task at hand to move your lab operations into the currently underutilized operating room area seems fairly simple. However, the requirement by OAC 310:667-47 for an Architect lends itself to the appropriate level of due diligence by the design professional that you select for services for this endeavor. That due diligence includes performing a facility field study to ensure we have an accurate understanding of the existing conditions as they relate to your scope of work. From there we form a building information model (BIM) to the extent necessary to address and alter the building conditions to ensure that there aren't any pitfalls along the way. Design-build drawings for the architectural, mechanical, electrical, and plumbing systems are compiled from the BIM. Through those drawings, your project may be conveyed to the Authorities Having Jurisdiction (AHJ) with confidence that all applicable codes and regulations intend to be met. Finally, the due diligence of your architect includes communicating with the AHJ plan reviewer to the extent necessary to ensure that the project is approved for construction. The process of performing the field study, compiling the information, building the drawings to the extent necessary for the scope of work, and communicating with the AHJ requires a reasonable amount of time. We hope that we have earned your confidence in our ability to manage the due diligence that the project requires and that you trust our office to see the project through in a timely and cost effective manner.

Following this introduction letter, you will find our preliminary understanding of your project with a brief example of a project relevant to your current proposed scope of work.

Thank you again for considering our office to continue to provide services as your facility needs evolve.

Sincerely,

Joshua Schoenborn
josh@arcokla.com
o) 405.579.4300
c) 405.210.2330





MANGUM REGIONAL MEDICAL CENTER

PROJECT BRIEF

The Lab renovation, to be preformed at the Mangum Regional Medical Center, shall relocate the existing lab specimen analysis operation from an ancillary building on the hospital grounds to within the main hospital building. An existing operating room and support areas that are currently not in use, shall be refitted to accommodate the new lab analysis area.

The lab shall have work counters with cabinet storage, sinks, hand washing stations, appropriate forms of specimen and material storage, emergency eye washing station and a shower. New mechanical, plumbing, and electrical work shall be required to accommodate new sinks, a new hood, and other lab equipment. The specimen and material storage types shall include blood banks, reagents, flammable materials, acids, bases, and other supplies. The lab area and support areas shall meet all requirements, codes, and regulations by the Oklahoma State Health Department and other authorities having jurisdiction.

Design shall consider the inclusion of the following program elements:

Architectural Elements

- Millwork/casework and countertops
- ADA compliance across all areas
- International Existing Building Code Level 2 scope of work
- Health code compliance for building elements

Mechanical Elements

The mechanical scope of work shall include the routing of flue line to accommodate the installation of the following:

- Lab hood
- Balance system to ensure proper return air

Plumbing Elements

The plumbing scope of work shall include the routing and/or rerouting of domestic water and drain/sewer lines to accommodate the installation of the following:

- Serology sink
- Hand washing sink

Electrical Elements

The electrical scope of work shall include the routing and/or rerouting of conduit, wire, wire molding, and boxes to accommodate the installation of the following:

- (14) 120 V, 20 A circuits in lab area
- (1) 240 V, 20A circuit in the hallway
- (1) 100 A panel
- Emergency panel connection in the building's electrical room
- Computer networking systems



MANGUM REGIONAL MEDICAL CENTER

WHAT TO EXPECT

What to expect with services for a permit drawing:

Schematic Design

- Conduct a field study of the existing facility.
- Identify program requirements, code parameters, and develop schematic floor plan and site plan benchmarks for Owner approval.
- Coordinate with Owner's consultants as required.

The SD Benchmark drawing set shall include, but not be limited to, the following:

- Floor Plan with north arrow, gross area plan, leader notes as necessary for basic concept descriptions, basic dimensions, room use color key, and life safety layout.
- Mechanical, Electrical, and Plumbing Design/Build Plan with schematic system locations

Construction Documents

- Assemble architectural plans and specifications limited to the extent necessary to meet the requirements of the Authorities Having Jurisdiction (AHJ) for the permitting process.
- Provide additional drawings to address mechanical, electrical, and plumbing fixture and equipment quantities and location on a schematic level with the purpose of communicating the design intent to potential Design/Build contractors.
- Coordinate 50% and 95% check-sets with the Owner.
- Deliver final construction document benchmark for permitting to the Owner.

Bidding and Permitting

- Assist Owner with the submission of construction documents to the AHJ for the purpose of obtaining a building permit.
- Respond to the authorities having jurisdiction with project clarifications as required.
- Respond to requests for information from Design/Build contractors as necessary.

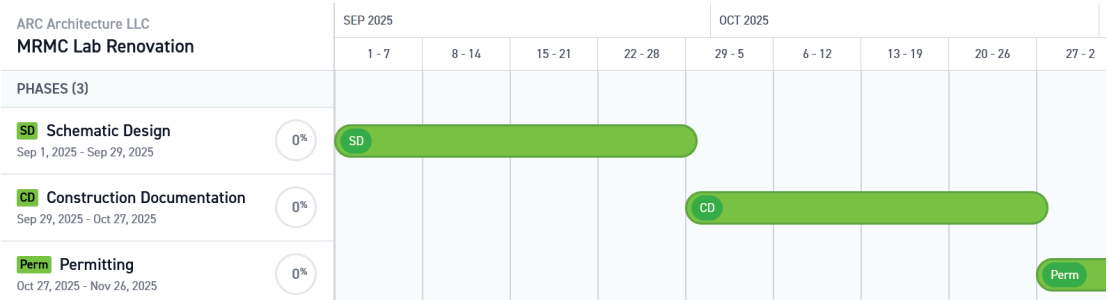
FEES FOR SERVICES

\$7,000.00



MANGUM REGIONAL
MEDICAL CENTER

TENTATIVE DESIGN SCHEDULE



SUMMARY

Our firm appreciates and respects the ongoing relationship with the Mangum Regional Medical Center. We continue to move forward with our current project as we serve your architectural service needs. We look forward to continuing our relationship as we successfully complete each scope of work your institution has bestowed upon us.

Thank you for each opportunity!

Sincerely,

The ARC Architecture team.



September 12, 2025

Kelley Martinez
 Cohesive Healthcare Management & Consulting
 43155 45th Street
 Shawnee, OK 74804

Re: Professional Services Proposal
 Mangum Regional Medical Center
 1 Wickersham Dr. Mangum, OK 73554

Dear Kelley:

We are pleased to submit this Professional Architectural Services Proposal for your proposed lab relocation project in Mangum. There's no doubt that this reallocation of space will benefit your patients and it brings us joy to help you realize your goals.

Project Description:

1. The lab currently in use is off-site in a building adjacent to the hospital and will be relocated to inside the hospital to the former OR space.
2. LK Architecture, Inc. (LKA) will provide professionally signed/sealed drawings for submittal to the Oklahoma State Dept. of Health (OSDH) for plan review. LKA will respond to any OSDH comments until full approval is granted.
3. This project is primarily electrical engineering. No reconfiguration of space is planned. LKA will provide a partial electrical plan of the affected area based off a scan of one of the original 1966 building drawings. Dimensions are not shown on the provided original building plan, so the partial electrical plan will be scaled from the scan, and LKA cannot guarantee precision. Power for Lab equipment will be positioned as shown in the preliminary layout you provided.
4. LKA will also assist in completing the required OSDH forms for the submittal.

Schedule

We understand time is of the essence, and we anticipate that it will take three (3) weeks from notice to proceed to finalize signed/sealed drawings. LKA is ready to begin work immediately.

Project Assumptions

1. LKA will provide the aforementioned documents to Cohesive, who will in turn submit their complete package to OSDH.

Compensation for Professional Services

Fixed Fee: LK Architecture, Inc. will perform the services outlined and described above for a lump sum fee of **Three Thousand, Nine Hundred and Fifty Dollars (\$3,950)**. Invoices will be sent out monthly in

proportion to the services provided. All payments must be received by LK Architecture, Inc. no later than thirty (30) calendar days after invoice date.

Fee:

\$3,950

Reimbursable Expenses

Reimbursable expenses are defined as the direct expenses incurred in connection with this project and will be invoiced above and beyond all fees for professional services at direct cost. Reimbursable expenses shall include, but are not limited to the following:

1. Airfare, lodging, meals, car rental, parking, tolls, and related travel expenses to the project site
2. Overnight and express mailing
3. Plan review and/or building permit fees assessed by any authority that are paid for by LK Architecture, Inc. *
4. Presentation and reviews to any authority other than defined above
5. Specialized consultants not identified or known at this time *
6. Printing, plotting, shipping, and courier services * (Plotting/printing of LK Architecture, Inc.'s generated documents for LK Architecture, Inc.'s internal use is not a reimbursable expense)

* Includes 15% markup

Excluded Professional Services:

1. Soils investigations: The coordination of, and performance of soil borings and analysis of subsurface conditions
2. Environmental impact studies or similar reports that may be required by jurisdictional authorities
3. Arranging for testing services or the testing of any construction materials and/or any research and investigations related thereto
4. Topographic survey
5. Boundary survey
6. Tree survey
7. Traffic engineering
8. Platting, rezoning, or protective overlays
9. Floodplain and/or wetland mitigation
10. Asbestos studies and/or reports
11. Professional renderings, animated videos and/or model preparation
12. ADA studies and modifications of existing facilities
13. Any services related to LEED certification
14. Civil engineering (site grading, paving, drainage, service utilities, erosion control, etc.)
15. Historic structures review and analysis, nor preservation design
16. Kitchen Design
17. Signage Design
18. FF&E Services
19. Design of voice/data systems
20. Design of fire protection systems, including hydraulic calculations and piping layout
21. Design of emergency power systems, UPS, and generator(s)
22. Design and engineering for rooftop screening for mechanical units

- 23. Design and engineering for green roofs
- 24. Value engineering or redesign work, after Owners have approved a final plan

Additional Services:

LK Architecture, Inc. will provide additional services when directed and requested by Cohesive Healthcare Management & Consulting in writing. Additional services will be provided in accordance with the attached hourly rate schedule or at a mutually agreed upon lump sum. A document outlining the scope of additional services with the proposed lump sum fee will be sent to Cohesive Healthcare Management & Consulting for approval and signature prior to beginning the additional services work.

Contracts:

Due to the minor nature of this project, we propose that this fully executed proposal will act as our formal agreement, subject to any comments you may have.

Billing Cycle and Hourly Rates:

Invoices will be submitted monthly in proportion to the percent complete of each phase. For services outside the scope of this agreement, work will be performed as described in Additional Services above.

Agreement:

We appreciate this request to submit a proposal and welcome the opportunity to work with you on this project. For over 58 years, LK Architecture, Inc. has continually built client satisfaction by meeting schedules, meeting budgets, and providing quality design to further our clients' success. We are confident with the success of this project we can build a relationship that will continue for many years.

This proposal is valid for 60 days from the date of issue. By executing and returning one original, you authorize LK Architecture, Inc. to begin performance of the services outlined above for the fees shown. We have provided an acceptance block below for your signature. If this proposal is acceptable to you, please sign in the appropriate space provided below and return one (1) original to my attention.

If you have any questions or wish to discuss any aspect of this proposal in more detail, please do not hesitate to call my direct number 316-391-9937 or email me at dkeenan@lk-architecture.com.

Sincerely,

LK Architecture, Inc.



Don Keenan, AIA, NCARB
Director of Healthcare

Copy: Steve Berry, PE – President & CEO – LK Architecture, Inc.

PROPOSAL ACCEPTANCE
COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Agreed to on this _____ day of _____ 2025

X _____
Authorized Signature:

Printed Name:

Title:



SCHEDULE OF FEES AND SERVICES*

(Effective January 1, 2024)

Hourly Rates by Responsibility:

Senior Principals	\$285	Engineering Department Director	\$185
Vice President	\$175	Engineering Technical Director	\$150
Associate Vice President	\$150	Senior Engineer 3	\$160
		Senior Engineer 2	\$150
Director of Design	\$225	Senior Engineer 1	\$140
Design Visualization Specialist 2	\$140	Engineer 3	\$130
Design Visualization Specialist 1	\$120	Engineer 2	\$115
		Engineer 1	\$100
Architectural Department Director	\$150	Engineering Designer 5	\$130
Senior Architect 3	\$140	Engineering Designer 4	\$115
Senior Architect 2	\$130	Engineering Designer 3	\$90
Senior Architect 1	\$120	Engineering Designer 2	\$75
Senior Architectural Project Manager 3	\$130	Engineering Designer 1	\$65
Senior Architectural Project Manager 2	\$120	Engineering BIM Designer	\$70
Senior Architectural Project Manager 1	\$110	Engineering Student Intern	\$60
Architect 2	\$110		
Architect 1	\$100	BIM Director	\$110
Architectural Project Manager 2	\$100	BIM Manager	\$95
Architectural Project Manager 1	\$90	Senior BIM Specialist 2	\$110
Job Captain 2	\$95	Senior BIM Specialist 1	\$100
Job Captain 1	\$85	BIM designer 2	\$90
Architectural Designer 2	\$90	BIM Designer 1	\$80
Architectural Designer 1	\$80		
		Accounting Specialist	\$75
Interior Design Department Director	\$185	Contract Administrator	\$70
Senior Interior Designer	\$130	Administrative / Clerical	\$65
Senior Designer	\$130		
Designer	\$90	Student Intern	\$60
Junior Designer	\$70		
Design Assistant / Design Intern	\$60		
Interior Design Coordinator	\$80		

Consultants: Actual Billing plus 10% processing charges.

Printing, Shipping and Courier Services: Actual Billing plus 10% processing charges.

Travel Out of Wichita:

When authorized by Owner or Agent of Owner:

Time for services: Eight (8) hours per day x hourly rate

Air fare, car rental, taxi, or other mode: Actual Billing

Accommodations, meals, subsistence: Actual Billing

*The rates will be adjusted annually.

Architecture Engineering Interiors Landscape Architecture

Hospital Vendor Contract Summary Sheet

1. ☐ Existing Vendor ☒ New Vendor
2. **Name of Contract:** Greatest of All Time Shredding (GOATS)
3. **Contract Parties:** GOATS/MRMC.
4. **Contract Type Services :** Shredding Services.
5. **Impacted Hospital Departments:** All Departments
6. **Contract Summary:** This agreement replaces our current agreement with Shred-It providing shredding services.
7. **Cost:** ☐
8. **Prior Cost:** ☐
9. **Term:** 36-months
10. **Termination Clause:** 90 day written notice
11. **Other:**

Location	# of Consoles	Shred-It costs	GOATS costs	Average Monthly Savings	Average Annual Savings
Hospital	17	Current avg monthly cost \$2342.70	Proposed monthly cost \$969.00	Avg Monthly savings \$1373.70	Avg Annual savings \$16,484.40
Clinic	2	Current avg monthly cost \$168.00	Proposed monthly cost \$114.00	Avg Monthly Savings \$54.00	Avg Annual savings \$648.00

Total average annual savings for the agreement will be \$17,132.40!

Service Agreement

PO Box 214, Frederick, OK 73542 Phone: 580.335.1464

Center Customer/Facility Name: Mangum Regional Medical

Address: 1 Wickersham Dr.

City/ST/Zip: Mangum, OK, 73554

Phone: 580.782.3353

Facility Contact Name: Kelley Martinez

Facility Contact Email: kmartinez@chmcok.com

Billing Contact Name: Jennifer Dryer

Billing Contact Email: ap@mangumregional.org

Billing Address:

Comments/Special
Instructions_____

Service Agreement

PO Box 214, Frederick, OK 73542 Phone: 580.335.1464

SERVICES REQUESTED

Requested Service Start Date: 5/5/25

Requested Service Frequency: Monthly

Facility Hours of Operation: Daily

Number of Requested Bins: 17

Fee Per Bin: \$57.00

Bulk Services Available on request with fees to be determined.

Terms and Conditions

By signing below, I acknowledge the data and selections from pages 1and 2 and that I am customer's authorized agent and that I have the authority to bind customer to this agreement. Customer agrees to be bound by the Terms and Conditions (pages 3, 4 ,5 and 6) hereof and comply with Greatest Of All Time Shredders- THE GOATS, LLC Service Agreement, all of which are integral parts of this agreement.

Authorized Agent

Signature:

Printed

Name:_____

Service Agreement

PO Box 214, Frederick, OK 73542 Phone: 580.335.1464

- 1) **Greatest Of All Time Shredders – THE GOATS, LLC** a) On the terms and conditions contained herein, Greatest Of All Time Shredders- THE GOATS, LLC, (hereinafter referred to as “THE GOATS”) shall collect, transport, and destroy all documents generated and made available by Customer during the term of this agreement. THE GOATS may refuse items as needed.
- 2) **TERM AND TERMINATION** The term of this Agreement shall be 36 calendar months following the month in which the Service Agreement is signed. This agreement shall automatically renew at the end of the initial 36-month period, in three-year increments. Any changes to this agreement must be made in writing prior to renewal date. Any request for termination by either party must be given at least 90 days prior to the renewal date. In the event of an early termination, THE GOATS reserves the right to charge an early termination fee. This fee shall not exceed 10% of the estimated remaining contract value. The minimum charge for an early termination shall be no less than \$200.
- 3) **PRICING AND PAYMENT** Invoices will be emailed to the Customer. Customer agrees to pay fees to THE GOATS as set forth and selected in the section entitled “SERVICES REQUESTED” (the “Fees”) of this Agreement. THE GOATS shall provide Customer with monthly invoices that are due net 45 days. THE GOATS reserves the right to impose a late charge equal to the lesser of 10% per month or the maximum rate permitted by law on overdue invoices. Customer shall bear any costs that THE GOATS may incur in collecting overdue amounts from Customer, including but not limited to, reasonable attorneys’ fees and costs. Should any amounts due pursuant to this Agreement remain unpaid from more than 30 days from the date of the first invoice, THE GOATS shall have the option, without notice to Customer, to suspend service under this Agreement until the overdue amounts are paid.
- 4) **SURCHARGE** THE GOATS may, in addition to the fees described in this Agreement impose a surcharge in the event the cost of fuel or the cost for destruction and disposal from THE GOATS increases during the term of this Agreement.
- 5) **INDEPENDENT CONTRACTORS** THE GOATS relationship with Customer is that of an independent contractor, and nothing in this Agreement shall be construed to designate THE GOATS as an employee, agent or partner of Customer or a being engaged in a joint venture with Customer.

Service Agreement

PO Box 214, Frederick, OK 73542 Phone: 580.335.1464

- 6) **INDEMNIFICATION** (a) THE GOATS shall indemnify and hold Customer harmless from any liabilities, claims, actions or costs arising from the willful misconduct of THE GOATS in the performance of its obligations, as long as Customer notifies THE GOATS in writing within 30 days after Customer becomes aware of the existence of any claim requiring indemnification and give THE GOATS authority to defend or settle in its discretion, and Customer does not in any way compromise the claim for which indemnification is sought, (b) Customer shall indemnify and hold harmless THE GOATS and its officers, directors, and employees from any liabilities, claims, actions or costs arising from negligence or willful misconduct of the Customer (including but not limited to Customer's failure to properly secure, contain or otherwise prepare any documents for destruction) as long as THE GOATS notifies Customer in writing within 30 days after THE GOATS becomes aware of the existence of any claim requiring indemnification. The foregoing indemnity obligations include attorney's fees and costs.
- 7) **EXCLUSIVITY** Customer agrees to use no other Document Destruction service or method during the term of this Agreement or any extension terms.
- 8) **EXCUSE OF PERFORMANCE** THE GOATS shall not be responsible if its performance of this Agreement is interrupted or delayed by contingencies beyond its control, including, without limitation, acts of God, war, blockades, riots, explosion, strikes, lockouts or other labor or industrial disturbances, fires, accidents to equipment, injunctions or compliance with laws, regulations, guidelines or orders of any governmental body or instrumentality thereof.
- 9) **AMENDMENT AND WAIVER** No waiver by either party of any term or condition of this Agreement shall be effective unless in writing signed by the waiving party. No amendment or modification of this Agreement shall be valid unless signed by both parties.
- 10) **NOTICES** All required notices, or those which the parties may desire to give under this Agreement, shall be in writing and sent to parties as set forth in this Agreement.
- 11) **ORIGINALS** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which when taken together shall

Service Agreement

PO Box 214, Frederick, OK 73542 Phone: 580.335.1464

constitute one and the same agreement. A copy or facsimile of this Agreement shall be as effective as the original.

12) COMPLIANCE WITH LAWS THE GOATS hereby agrees to carry General Liability, Automobile Liability, and Workmen's Compensation Insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules, and regulations applicable to its performance hereunder. Customer hereby agrees to comply with all federal and state laws, rules, and regulations applicable to its handling of Document Destruction and to its performance under this Agreement, including, without limitation, all applicable record keeping and documentation.

13) ENTIRE AGREEMENT AND ASSIGNABILITY This Agreement, including any attachments exhibits or amendments made in accordance with the terms of this Agreement, constitutes the entire understanding and agreements of the parties with respect to the subject matter of this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the successors, assigns, legal representatives and heirs of the parties hereto; provided, however, that the Customer may not assign its rights or delegate its obligation under this Agreement without the prior written consent of THE GOATS. Time is of the essence of this Agreement.

14) SHRED BINS Customer may be supplied Shred Bins (unless otherwise noted). Cabinets shall be locked at all times. Keys to bins will not be supplied by THE GOATS unless otherwise agreed upon. Shred Bins are the property of THE GOATS. In the event Customer damages, destroys, loses, modifies property (in any way which may deface or devalue property), or any event in which the bin is stolen, damaged, destroyed, lost, or modified by another party; *Item 14 continued on page 6*

Item 14 continued from page 5 Customer shall be responsible for the cost or replacement of property. THE GOATS reserves the right to charge the customer full replacement cost determined at the time of event. The maximum charge for replacement shred bin is \$325

15) PERMISSION TO DESTROY Customer agrees THE GOATS has the right to destroy all material within THE GOATS bin locked at any time and that the Customer has the right to authorize the destruction of said documents.

Service Agreement

PO Box 214, Frederick, OK 73542 Phone: 580.335.1464

- 16) CONSUMER PRICE INDEX** Commencing on January 1 after the first annual anniversary of the signing of the service agreement, and continuing annually on January 1, the rates charged for services under this service agreement may be adjusted by the same percentage as the Consumer Price Index, US City Average for All Urban Consumers, All Items, Not Seasonally Adjusted, Base Period December 1983 = 100 (published by the United States Bureau of Labor Statistics, Consumer Price Index) (the "CPI") (<http://www.bls.gov/news.release/cpi.t02.htm>) shall have increased during the preceding twelve months.
- 17) SUSPENSION OF SERVICE** If any charge owing by Customer under this or any other agreement for services is 45 days (as detailed in section 3) or more overdue, THE GOATS may, without limiting its other rights and remedies, suspend Services until such amounts are paid in full, provided that, other than for customers paying by credit card or direct debit whose payment has been declined, THE GOATS will give Customer at least 5 days' prior notice that its account is overdue before suspending

Customer agrees to be bound by the Terms and Conditions (pages 3, 4 ,5 and 6) hereof and comply with Greatest Of All Time Shredders- THE GOATS, LLC Service Agreement, all of which are integral parts of this agreement. Furthermore, I acknowledge I have read and understand these terms and conditions.

Authorized Signature _____

Printed Name and Title _____

Date _____



10/23/2025

RE: City of Mangum – Hospital Building

Wichita Insurance, LLC appreciates the opportunity to continue serving the City of Mangum and supporting your efforts to protect critical community assets such as the hospital building.

As you are aware, your previous insurance carrier elected not to renew coverage due to an elevated loss ratio of 128.13%. Recognizing the importance of maintaining uninterrupted protection for this essential facility, our team immediately began working with multiple markets to secure replacement options that provide both stability and long-term value.

Through these efforts, we are pleased to present new terms with a different carrier that are both cost- and coverage-competitive, while also improving key aspects of your insurance program. Highlights include:

- Lower Wind/Hail Deductible: Reduced from 5% to 3%, improving claim cost protection.
- Premium Reduction: Annual premium decreased from \$84,028 to \$82,235.72.
- Comparable or Enhanced Coverage: Ensures the City maintains strong property protection and continuity of coverage for the hospital facility.

We believe this placement represents a significant achievement given the prior loss history, market conditions, and the property's unique risk profile. Wichita Insurance remains committed to proactive risk management and continued support to help minimize future exposures.

Please review the attached proposal summary for detailed terms and coverage specifics. Thank you for your continued trust in Wichita Insurance and for allowing us to serve the City of Mangum.

A handwritten signature in black ink, appearing to read 'Cody Nelson', is positioned above the printed name.

Cody Nelson, Managing Partner

Wichita Insurance, LLC

cody@wichitains.com

580-301-6352



INSURED NAME: City of Mangum Oklahoma

APPLICATION / POLICY #: APP176597277

Attached please find the **QUOTE** for the above named insured. Please review this **QUOTE** carefully for coverage's and special terms and conditions. Contact your Underwriter directly for questions.

PROPOSED POLICY TERM: 11/1/2025 --- 11/1/2026

INSURANCE CARRIER: Starr Specialty Lines Insurance Company

LINE OF BUSINESS: Commercial Property

PREMIUM	FEES (FULLY EARNED)	TAXES
\$70,000.00 (EXCL TRIA)	\$1,500.00 Policy Fee \$2,500.00 Supplier Fee	\$4,440.00 SL Tax \$129.50 SLAS Fee

TOTAL: \$78,569.50 (EXCL TRIA)

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

ADDITIONAL SUBJECTIVITIES REQUIRED FOR BINDING:

Please see the attached quote

We appreciate the opportunity to offer this **QUOTE** and look forward to binding this for you!

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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POLICY NUMBER: TBD

MAILING ADDRESS OF INSURED: 130 N Oklahoma Ave, Mangum, OK 73554

DESCRIPTION & LOCATION OF PROPERTY INSURED: Per Schedule on file- Hospital

VALUES: Total Insured Value: \$10,905,438

TERRITORY: United States of America

POLICY TERM: Effective: 11/1/2025 at 12:01 AM
Expiration: 11/1/2026 at 12:01 AM

FORM: PR 001, PR 002, PR 003 and accompanying Endorsements as specified

COVERAGE: All Risks of direct physical loss or damage, covering Property Damage, Extra Expense and Boiler & Machinery.

POLICY LIMIT OF LIABILITY: \$10,905,438 Any one occurrence excess of Policy deductibles

STARR SPECIALTY PARTICIPATION: 100 %

VALUATION:

This Company's liability for loss under this policy for real and personal property (excluding stock) shall not exceed the smallest of the following amounts:

1. The amount of the policy applicable to the damaged or destroyed property;
2. The REPLACEMENT COST of the property or any part thereof, with identical property or with like, kind and quality of such property on the same premises and intended for the same occupancy and use; or;
3. The amount actually and necessarily expended in repairing or replacing said property, or any part thereof;
4. ACTUAL CASH VALUE if the property is not repaired or replaced within 2 years.
 - a. FINISHED STOCK sold but not delivered, at the Insured's net selling price of such property less all discounts and unincurred expenses to which such property would have been subject had no loss occurred. FINISHED STOCK not sold, at REPLACEMENT COST.
 - b. RAW STOCK and STOCK IN PROCESS, at REPLACEMENT COST with like kind and quality;
 - c. TIME ELEMENT: Actual Loss Sustained.

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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SUBLIMITS: Sublimits are per occurrence unless shown otherwise.

The following sublimits are part of and not in addition to the Policy Limit of Liability. Sublimits are 100% and are subject to Starr Specialty percentage participation.

<u>EARTH MOVEMENT</u>	NOT COVERED	PER OCCURRENCE AND IN THE ANNUAL AGGREGATE, EXCEPT:
EARTH MOVEMENT in the State of Alaska, California or Hawaii	NOT COVERED	PER OCCURRENCE AND IN THE ANNUAL AGGREGATE, EXCEPT:
EARTH MOVEMENT in the NEW MADRID or PACIFIC NORTHWEST Seismic Zones (per Appendices A and B)	NOT COVERED	PER OCCURRENCE AND IN THE ANNUAL AGGREGATE, EXCEPT:
The maximum payable for ALL EARTH MOVEMENT losses in any one Policy term shall in no event exceed:	NOT COVERED	

<u>FLOOD</u>	NOT COVERED	PER OCCURRENCE AND IN THE ANNUAL AGGREGATE, EXCEPT:
FLOOD (Including Storm Surge) for any LOCATION wholly or partially situated within an area defined as a Flood Zone A, A1-A30, AE, AH, AO, AR, A99, AOVEL or V, V1-V30 and VE as designated by the Federal Emergency Management Agency (FEMA) in published FLOOD Hazard Base Maps or Flood Insurance Rate Maps	NOT COVERED	PER OCCURRENCE AND IN THE ANNUAL AGGREGATE, EXCEPT:
The maximum payable for FLOOD (including Storm Surge) losses in any one Policy term shall in no event exceed:	NOT COVERED	PER OCCURRENCE AND IN THE ANNUAL AGGREGATE:

SUBLIMITS CONTINUED:

ACCOUNTS RECEIVABLE:	\$1,000,000
COURSE OF CONSTRUCTION:	\$500,000
DATA PROCESSING:	\$250,000
DEBRIS REMOVAL:	THE GREATER OF 25% OF ADJUSTED DIRECT PROPERTY LOSS OR \$2,500,000
DEMOLITION AND INCREASED COST OF CONSTRUCTION (UNDAMAGED PORTION):	INCLUDED

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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DEMOLITION AND INCREASED COST OF CONSTRUCTION:	\$1,000,000
EXTRA EXPENSE:	\$500,000
FINE ARTS:	\$100,000
FIRE AND POLICE DEPARTMENT SERVICE CHARGES:	\$25,000
LEASED OR RENTED EQUIPMENT:	\$50,000
LEASEHOLD INTEREST:	\$250,000
MOBILE EQUIPMENT:	\$50,000 (\$10,000 MAX PER ITEM)
NEWLY ACQUIRED LOCATIONS:	\$1,000,000
POLLUTION AND CONTAMINATION CLEAN UP:	\$50,000 PER OCCURRENCE AND IN THE ANNUAL AGGREGATE
PROTECTION AND PRESERVATION OF PROPERTY:	\$50,000
SIGNS:	\$50,000
SPOILAGE:	\$100,000
TEMPORARY REMOVAL OF PROPERTY:	\$50,000
TRANSIT:	\$50,000
TREES & SHRUBS:	\$25,000 (NOT TO EXCEED \$1,000 PER TREE OR SHRUB)
UNNAMED LOCATIONS:	\$50,000
VALUABLE PAPERS AND RECORDS:	\$500,000
VEHICLES:	NOT COVERED

SUBLIMITS APPLICABLE TO INSURED LOCATIONS THAT ARE VACANT AT TIME OF LOSS:

THEFT	\$250,000
VANDALISM & MALICIOUS MISCHIEF	\$250,000
WATER DAMAGE:	\$250,000

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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BOILER AND MACHINERY

INCLUDED IN POLICY LIMIT OF LIABILITY

ANY ONE ACCIDENT

The following sublimits are part of and not in addition to the Boiler and Machinery Sublimit:

AMMONIA CONTAMINATION:	\$100,000	ANY ONE ACCIDENT
CONSEQUENTIAL DAMAGE:	\$100,000	ANY ONE ACCIDENT
EXPEDITING EXPENSES:	\$100,000	ANY ONE ACCIDENT
HAZARDOUS SUBSTANCES:	\$100,000	ANY ONE ACCIDENT
WATER DAMAGE:	\$100,000	ANY ONE ACCIDENT

TIME LIMITS:

NO COVERAGE IS PROVIDED BY THIS POLICY BEYOND THE CORRESPONDING TIME LIMIT SPECIFIED BELOW:

CIVIL AND MILITARY AUTHORITY	14 CONSECUTIVE DAYS
INGRESS/EGRESS	14 CONSECUTIVE DAYS
NEWLY ACQUIRED LOCATIONS	60 CONSECUTIVE DAYS
EXTENDED PERIOD OF INDEMNITY	NOT COVERED

DEDUCTIBLES:

ALL DEDUCTIBLES LISTED BELOW ARE PER OCCURRENCE EXCEPT WITH RESPECT TO COVERAGE PROVIDED UNDER THE BOILER & MACHINERY ENDORSEMENT, IF ATTACHED, WHICH SHALL BE ANY ONE ACCIDENT.

PROPERTY DAMAGE: \$25,000

TIME ELEMENT: \$25,000

EXCEPTIONS TO ABOVE DEDUCTIBLES:

WATER DAMAGE: \$50,000 PER OCCURRENCE

WIND: (PROPERTY DAMAGE AND TIME ELEMENT COMBINED): 3% SUBJECT TO A \$100,000 MINIMUM PER OCCURRENCE

1. If the deductible is specified as a (%) percentage, whether separately or combined, the deductible is calculated as follows:

PROPERTY DAMAGE – **SEE ABOVE%** of the 100% value submitted to and accepted by the COMPANY at the time of loss, of the property insured at the LOCATION where the physical loss or damage occurred.

TIME ELEMENT – **SEE ABOVE%** of the 100% Time Element values that would have been earned in the 12 month period following the OCCURRENCE by use of the facilities at the LOCATION where the loss or damage occurred, plus that proportion of the 100% TIME ELEMENT values at all other LOCATIONS where TIME ELEMENT loss ensues that was directly affected by use of such facilities and that would have been earned in the 12 month period following the OCCURRENCE

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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2. If the deductible is specified in hours or days, liability shall exist only for such part of the determined period of interruption in excess of the first number of hours or days stated above, starting at the time of physical loss or damage.
3. When this POLICY insures more than one INSURED LOCATION, the deductible will apply against the total loss covered by this POLICY in any one OCCURRENCE except that a deductible that applies on a per LOCATION basis, if specified, will apply separately to each LOCATION where the physical damage occurred regardless of the number of Locations involved in the OCCURRENCE.
4. Unless stated otherwise, if two or more deductibles apply to an OCCURRENCE, the total to be deducted will not exceed the largest deductible applicable. If two or more deductibles apply on a per INSURED LOCATION basis in an OCCURRENCE the largest deductible applying to each INSURED LOCATION will be applied separately to each such INSURED LOCATION.
5. If separate Property Damage and TIME ELEMENT deductibles are shown in the Declarations, then the deductible amount(s) shown in the Declarations shall apply separately to each such coverage.
6. The term "TIME ELEMENT" shall be defined as the actual loss sustained due to the necessary interruption of the Insured's NORMAL business operations including but not limited to, loss described in the BUSINESS INTERRUPTION SECTION, if attached, and the following TIME ELEMENT extensions, if endorsed hereon: Contingent Business Interruption, Contingent Extra Expense, Extra Expense, Ingress/Egress, Leasehold Interest, Rental Value, Off Premises Power Business Interruption, but this definition shall not otherwise expand or modify the coverage, if any, provided by this POLICY or its Endorsements.

COINSURANCE: 100% (Waived by Agreed Amount Endorsement)**ADDITIONAL TERMS AND CONDITIONS:**

1. Coverages and/or Extensions of Coverage not specifically mentioned, even though they may be outlined in your submission, are not included.
2. 30% Minimum Earned Premium.
3. Premium to be paid in full within 30 days of inception.
4. Receipt of the completed and signed Surplus Lines Tax Filing Confirmation form warranting that the broker/agent will accept full responsibility for compliance of the Surplus Lines laws and the collection and remittance of the applicable surplus lines tax and/or stamping fees on 100% of the premium, must be received within 10 days of binding. If the Surplus Lines Filing Confirmation form is not received within 10 days, we reserve the right to cancel the binder and/or any policy issued in connection with the binder.
5. Broker will provide licensing information which will be verified prior to binding. No policies will be bound with a business entity or broker whose license 1) not current and 2) has not been confirmed.
6. Any taxes imposed by virtue of the policy being written by an authorized insurer are the responsibility of the insured and a licensed producer.
7. 72 Hour Occurrence Definition applies to WIND, FLOOD, EARTH MOVEMENT, Riot, Riot attending a strike, civil commotion and vandalism and malicious mischief.
8. Owned electrical transmission and distribution lines and their supporting structures located beyond 1,000 feet from any Insured premises are excluded.
9. Signed Statement of Property Values to be provided within 30 days of effective date.

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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10. Should this quotation be accepted, the Company will authorize BROKER to issue Certificates of Insurance for the policy issued by the Company solely as a matter of convenience or information for the addressee (s) or the holder (s) of said Certificate of Insurance. Any policy issued by this Company may only be amended by an endorsement issued the Company.
11. TRIA Forms due within 15 days of binding or Insured will be billed for Terrorism
12. All requested binding documents must be received no later than 30 days after effective date. If the binding documents are not received, notice of cancellation will be issued.
13. The following Endorsements/Additional Endorsements will attach to and form part of the policy. (additional endorsements may apply that are not listed here):

a.	Notice To Texas Policy Holder	SSPN-018 07 23
b.	Starr Surplus Lines Insurance Company Declarations	PR 911
c.	Policy Security Page	PR 907
d.	Common Policy Conditions	IL 00 17 11 98
e.	Commercial Property Conditions	CP 00 90 07 88
f.	Advisory Notice to Policyholders (OFAC)	IL P 001 01 04
g.	Policyholder State Notices	PR 908
h.	Property Coverage Declarations Form	PR 001 D (05-12)
i.	Property Coverage Form General Conditions	PR 002 (03/23)
j.	Property Coverage Form - Property Section	PR 003 (02/12)
k.	Accounts Receivable Endorsement	PR 006 (02/12)
l.	Additional Insureds and Loss Payees Endorsement	PR 902
m.	Agreed Amount Endorsement (Property)	PR 008 (02/12)
n.	Application of Sublimits Endorsement	PR 903
o.	Biological, Chemical or Nuclear Exclusion	PR 926
p.	Boiler and Machinery Endorsement	PR 012 (07/13)
q.	Course of Construction Endorsement	PR 018 (02/12)
r.	Communicable Disease Exclusion	Starr 04/20
s.	Demolition & Increased Cost of Construction Endorsement	PR 034 (04/21)
t.	Data Processing Endorsement	PR 023 (03/23)
u.	Electronic Date Recognition Clause Endorsement (Combined)	PR 024 (03/23)
v.	Extra Expense Endorsement	PR 028 (02/12)
w.	Fine Arts Endorsement	PR 030 (11/16)
x.	Fire and Police Department Service Charges Endorsement	PR 029 (02/12)
y.	Ingress/Egress Endorsement	PR 035 (02/12)
z.	Leasehold Interest Endorsement	PR 037 (02/12)
aa.	Lender's Loss Payable Endorsement	PR 039 (07/13)
bb.	Minimum Earned Premium Endorsement	PR 925
cc.	Mobile Equipment Endorsement	PR 041 (11/16)

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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dd.	Newly Acquired Locations Endorsement	PR 043 (11/16)
ee.	Occurrence Limit of Liability Endorsement	PR 044 (02/12)
ff.	Policy Amendment Endorsement	PR 921
gg.	Policy Amendment Endorsement - Additional Named Insured	PR 918
hh.	Policy Amendment Endorsement - Territory	PR 906
ii.	Pollution and Contamination Clean-Up Endorsement	PR 049 (02/12)
jj.	Pre-Existing Damages Exclusion	PR 909
kk.	Property Cyber and Data Exclusion	LMA 5401 (Starr amended 10/23)
ll.	Radioactive Contamination Exclusion	NMA1191
mm.	Rental Value Insurance Endorsement	PR 053 (02/12)
nn.	Replacement Cost Endorsement	PR 054 (09/14)
oo.	Roof Limitation Endorsement	PR 200 (10/20)
pp.	Schedule of Locations Endorsement	PR 056 (09/14)
qq.	Service of Process Clause Endorsement	SSIL-0005 (07/20)
rr.	Spoilage Endorsement	PR 912
ss.	Standard Mortgage Endorsement	PR 058 (07/13)
tt.	Temporary Removal of Property Endorsement	PR 059 (02/12)
uu.	Terrorism Exclusion (For Certified Acts of Terrorism Under the Terrorism Risk Insurance Act, as amended)	61330 (01/15)
vv.	Terrorism Risk Insurance Act, as amended, Cap on Losses Endorsement	61333 (01/15)
ww.	Total Terrorism Exclusion	61331 (01/15)
xx.	Trade or Economic Sanctions Endorsement	PR 067 (02/12)
yy.	Transit Endorsement	PR 064 (07/13)
zz.	Unnamed Location Coverage Endorsement (Real and Personal Property)	PR 065 (02/12)
aaa.	Vacant Property Endorsement	PR 099 (04/21)
bbb.	Valuable Papers and Records Endorsement	PR 066 (07/13)
ccc.	War and Terrorism Exclusion (as respects Transit)	NMA2918
ddd.	Appendix A – New Madrid Seismic Zone	PR 073 (02/12)
eee.	Appendix B – Pacific Northwest Seismic Zone	PR 074 (02/12)
fff.	Appendix C - Definition of Tier 1 Wind Counties	PR 075 (09/15)
ggg.	Claims Notice	PR 904

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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STARR SPECIALTY PREMIUM:

\$70,000 Annual Premium plus applicable State or Local
Surcharges, Taxes and Fees, Countersignature Fees

STARR SPECIALTY TERRORISM PREMIUM (optional):

^{+tax/fee}
\$5,000 Plus any State or Local Surcharges, Taxes or Fees,
Countersignature Fees (as respects Certified Acts of
Terrorism as defined by the Terrorism Risk Insurance Act, as
amended).

**STARR SPECIALTY LOSS CONTROL ENGINEERING
INSPECTION FEE (mandatory):**

\$2,500 The engineering fee is exclusive of any commissions,
taxes, fees, or surcharges.

The above fee does not include jurisdictional inspections. Please request quote for this inspection separately, if needed.

SECURITY:

Starr Surplus Lines Insurance Company

CANCELLATION:

30 days except 10 days for nonpayment of premium.

THE COMPANY MAY WITHDRAW THIS QUOTATION AT ANY TIME PRIOR TO EFFECTIVE DATE SHOWN ABOVE AND
IN NO EVENT WILL IT REMAIN OPEN FOR ACCEPTANCE BEYOND THE EFFECTIVE DATE SHOWN ABOVE.
COVERAGE MAY NOT BE BOUND WITHOUT PRIOR WRITTEN AUTHORIZATION FROM THE COMPANY.

X 
On Behalf of Starr Specialty Lines Insurance Agency, LLC

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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*******SURPLUS LINES NOTICE*******

The coverage as stated above is being bound on a surplus lines-non admitted basis. As a condition of binding the above coverage, the broker/agent warrants the following:

- 1) The broker/agent holds the surplus lines license in the state where coverage will be provided to the Insured and accepts the full obligation *to comply with each state's surplus lines laws and regulations in conjunction with this transaction.*

- 2) The broker/agent accepts full responsibility for compliance, including but not limited to, the filing of the surplus lines affidavit (as per the state's requirements), and the collection and remittance of the surplus lines tax and any applicable stamping fee on 100% of the premium of this policy. The broker/agent's acceptance of these requirements is to be confirmed by completing, signing and dating the attached Surplus Lines Filings Confirmation form.

NAMED INSURED: CITY OF MANGUM OKLAHOMA

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POLICYHOLDER DISCLOSURE STATEMENT
UNDER
TERRORISM RISK INSURANCE ACT, AS AMENDED

You are hereby notified that under the federal Terrorism Risk Insurance Act of 2002, as amended (the "Act"), you now have a right to purchase insurance coverage for losses arising out of an Act of Terrorism, which is defined in the Act as an act certified by the Secretary of the Treasury in consultation with the Secretary of Homeland Security and the Attorney General of the United States (i) to be an act of terrorism, (ii) to be a violent act or an act that is dangerous to (A) human life; (B) property or (C) infrastructure, (iii) to have resulted in damage within the United States, or outside of the United States in case of an air carrier or vessel or the premises of a U.S. mission and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. You should read the Act for the definition of an "Act of Terrorism" and other terms of the Act. The Secretary's decision to certify or not to certify an event as an Act of Terrorism and thus encompassed by this law is final and not subject to review. Coverage is subject to all policy exclusions (including nuclear hazard and war exclusions) and other policy provisions.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, COVERAGE MAY BE REDUCED.

For your information, coverage provided by this policy for losses caused by an Act of Terrorism may be partially reimbursed by the United States under a formula established by the Act. Under this formula, the United States pays an 80% share of terrorism losses covered by this law exceeding a statutorily established deductible that must be met by the insurer. This deductible is based on a percentage of the insurer's direct earned premiums for the year preceding the Act of Terrorism.

Unless you reject coverage under the Act by so indicating below and returning this Policyholder Disclosure statement to us, you will have accepted Terrorism coverage under the Act.

Please indicate your selection below.

_____ I hereby elect to purchase coverage in accordance with the Act.

_____ I hereby reject coverage and accept the exclusion in accordance with the Act.

Signature of Insured

Date:

Print Name/Title



WICHITA INSURANCE

INSURED NAME: City of Mangum Oklahoma

APPLICATION / POLICY #: TBD

Attached please find the **QUOTE** for the above-named insured. Please review this **QUOTE** carefully for coverage's and special terms and conditions. Contact your Underwriter directly for questions.

PROPOSED POLICY TERM: 11/1/2025 --- 11/1/2026

INSURANCE CARRIER: Tokio Marine Specialty Insurance Company

LINE OF BUSINESS: Commercial General Liability

PREMIUM	FEES (FULLY EARNED)	TAXES
\$3,003.00 (EXCL TRIA)	\$250.00 Policy Fee \$50.00 Supplier Fees \$150.00 Supplier Inspection Fee	\$207.18 Surplus Lines Tax \$6.04 SLAS Fee

TOTAL: \$3,666.22 (EXCL TRIA)

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

ADDITIONAL SUBJECTIVITIES REQUIRED FOR BINDING:

- Please see the attached quote for subjectivities

We appreciate the opportunity to offer this **QUOTE** and look forward to binding this for you!



5340 LEGACY DRIVE
 SUITE 135
 PLANO, TX 75024
 (469) 221-7950
www.tmsic.com

Date: October 18, 2025

Account: CITY OF MANGUM

QUOTE

Quote No.: 18898672

Version No.: 1

Previous Policy No:

Tokio Marine Specialty is proud to offer the following quotation for the above subject account:

Insurer: TOKIO MARINE SPECIALTY INSURANCE COMPANY (rated A++ by AM Best)

Coverage: Commercial General Liability Coverage CG 00 01

Policy Period: November 01, 2025 to November 01, 2026

Limits of Insurance:	\$1,000,000	Each Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed-Operations Aggregate
	\$1,000,000	Personal and Advertising Injury Limit
	\$100,000	Damage to Premises Rented to You
	\$5,000	Medical Payments
	N/A	Policy Aggregate
	N/A	Liquor Liability Each Common Cause
	N/A	Liquor Liability Aggregate

Liquor Liability Deductible: N/A

Premium:	\$3,003	Deposit Premium
	\$3,003	Minimum Premium
		Employee Benefit Liability Premium
	\$150	TRIA Premium
	\$3,153	Total Policy Premium + taxes and fees

Fees:	\$50	Insurer Process Fee
	\$150	Inspection Fee
	\$200	Total Fees

Exposure: 45,160 AREA
Rate: \$66.500 PER 1,000 AREA

Terms & Conditions:

COMMON POLICY CONDITIONS	IL 00 17	11-98
NUCLEAR ENERGY LIABILITY EXCLUSION ENDT	IL 00 21	09-08
OKLAHOMA NOTICE	IL 01 79	10-02
SCHEDULE OF LOCATIONS	LOC-SCHED	01-97
ABSOLUTE CYBER LIAB & ELECTRONIC EXCL	PI-ACL-001 OK	01-20
CONFORMITY WITH STATE STATUTES	PIC-ILN-001	04-16
SURPLUS LINES NOTICE	PIC-OK-SLNOTICE1	05-21
NOTICE-REINSTATEMENT FEE	PI-REINS-NOTICE 1	03-18
DISCLOSURE NOTICE OF TERRORISM INSURANCE	PI-TER-DN1	01-21
SERVICE OF SUIT	TMSIC-SOS 2	11-12
COMMERCIAL GENERAL LIABILITY COV FORM	CG 00 01	04-13
EXCL-VIOLATION OF LAW ADDR DATA PRIVACY	CG 00 69	12-23
ADDL INSD - MANAGERS/LESSORS OF PREMISES	CG 20 11	12-19
ADDL INSD-MORTGAGEE,ASSIGNEE OR RECEIVER	CG 20 18	12-19
EXCL-DESIGNATED PROFESSIONAL SERVICES	CG 21 16	04-13
COMMUNICABLE DISEASE EXCLUSION	CG 21 32	05-09
EXCL-NEW ENTITIES	CG 21 36	03-05
LIMIT OF COV TO DESIG PREM, PROJ OR OPER	CG 21 44	04-17
EMPLOYMENT-RELATED PRACTICES EXCLUSION	CG 21 47	12-07
TOTAL POLLUTION EXCL ENDT	CG 21 49	09-99
FUNGI OR BACTERIA EXCLUSION	CG 21 67	12-04
CAP LOSSES FROM CERTIF ACTS OF TERRORISM	CG 21 70	01-15
WAIVER OF TRANSFER RIGHTS OF RECOVERY	CG 24 04	12-19
PROD/COMPLETED OPERATIONS HAZARD REDEFIN	CG 24 07	01-96
COMM GENERAL LIABILITY COVERAGE SUPP DEC	GL-DEC	12-01
COMM GENERAL LIABILITY COVERAGE SCHEDULE	GL-SCHED	01-97
PREMIUM COMPUTATION ENDORSEMENT	PIC-GLN-001	10-12
ASSAULT AND BATTERY EXCLUSION	PIC-GLN-002	07-12
EXCLUSION-CHROMATED COPPER ARSENATE	PIC-GLN-005	07-12
MOLD EXCLUSION	PIC-GLN-010	10-13
EXCL-PUN/EXEMPLARY DMG, CRIM ACTS, FRAUD	PIC-GLN-014	10-13
EXCL-ASBESTOS/SILICA/TOXIC SUBSTANCES	PIC-GLN-021	10-13
EXCLUSION - LEAD LIABILITY	PIC-GLN-022	10-13
EXCLUSION-CROSS SUITS	PIC-GLN-032	08-14
PFAS EXCLUSION	PIC-GLN-077	02-24
LIMITED CONSTRUCTION OPS	PICGLN079	07-22
ABUSE OR MOLESTATION EXCLUSION	PI-SAM-006	01-17

Warranties:

Prior to Binding:

The completed, signed Broker Notification Agreement
 Receipt of copy of tenant's lease agreement
 Loss control Contact Info: Name, phone#, email address
 Subject to receipt of signed applications upon binding

Signed TRIA Rejection (attached) with box checked if declining coverage

Subject to receipt of 3 years currently valued loss runs confirming no losses prior to binding

Special Terms:

The minimum earned premium is 25% of the policy premium

This risk is subject to a Risk Management survey. Final acceptability will be determined based on the results of the Risk Management survey

Tenants must have equal or greater limits to what we are providing and list this insured as an additional insured on their policy.

Subject to:

Premium Quoted Does Not Include Surplus Lines Taxes and Fees

Surplus Lines: This proposal is for coverage on an Excess & Surplus Lines basis. It is the responsibility of the broker to complete state-required documentation and to collect and submit all applicable surplus lines taxes and stamping fees. The quoted premium does not include Surplus Lines taxes or stamping fees. We will require written confirmation of the broker's E&S license number(s) for ALL APPLICABLE STATES for our records prior to binding. Please complete and sign the attached Agency Notification and Agreement section of this letter and return one copy for your records.

Terrorism: Terrorism Coverage has been offered as part of this proposal. Please see the Terrorism Notice provision below that outlines the insureds' options and responsibilities.

Please review information above as it may not provide all coverage specifics included in the submission documents you provided to us.

You are responsible to comply with all applicable state insurance requirements, making the state surplus lines filings and remitting the applicable surplus lines taxes.

This quote is valid for 30 days or until the effective date of coverage, whichever is sooner.

Policy Number: _____ Named Insured: CITY OF MANGUM



One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLY.com

Terrorism Premium (Certified Acts) \$150.00

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act.* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT’S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an “X” in the box below.

NOTE 1: If “included” is shown on your proposal (or policy) for terrorism you WILL NOT have the option to reject the coverage.

NOTE 2: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

EXCEPTION: If you have property coverage on your policy, the following Standard Fire Policy states do not permit an Insured to reject fire ensuing from terrorism: CA, CT, GA, HI, IA, IL, MA, ME, MO, NJ, NY, NC, OR, RI, VA, WA, WV, WI. Therefore, if you are domiciled in the above states and reject terrorism coverage, you will still be charged for fire ensuing from terrorism as separately designated on your proposal.

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from “certified” acts of terrorism, EXCEPT as noted above.
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You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of “terrorism” coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)
The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

INSURED'S SIGNATURE_____

DATE_____