



Agenda

Mangum City Hospital Authority

November 18, 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 November 18, 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 October 28, 2025, regular meeting minutes as present.
2. Approve October 2025 Clinic Report.
3. Approve October 2025 CCO Report.
4. Approve October 2025 CEO Report.
5. Discussion related to HIM Delinquencies-none to report.

FURTHER DISCUSSION

REMARKS

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

REPORTS

6. Financial Report for October 2025

OTHER ITEMS

7. Discussion and Possible Action to Approve allowing employees of Cohesive to have a \$0 co-pay for services received at the hospital and clinic.
8. Discussion and Possible Action to Approve the Pharmacy Consultants, Inc. DBA 340B Compliance Partners-Consulting Agreement for Management of 340B rebate submissions services.

- [9.](#) Discussion and Possible Action to Approve the TejasMex Carport proposal
- [10.](#) Discussion and Possible Action to Approve the Velocity National Provider Network Participating Provider Hospital Organization Service Agreement
- [11.](#) Discussion and Possible Action to Approve the Stericycle/Shred-it quote for document destruction services at the Mangum Family Clinic.
- [12.](#) Discussion and Possible Action to Approve the Stericycle/Shred-it quote for document destruction services at Mangum Regional Medical Center.

EXECUTIVE SESSION

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

- Credentialing
 - Teisha Gallego APRN-Courtesy Privileges
 - DIA Schedule 1 List of Providers 11/11/2025

OPEN SESSION

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

STAFF AND BOARD REMARKS

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

NEW BUSINESS

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

ADJOURN

Motion to Adjourn

Duly filed and posted at **3:00 p.m. on the 14th day of November 2025**, by the Secretary of the Mangum City Hospital Authority.

Brittany McClintock Secretary



Minutes

Mangum City Hospital Authority Session

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

Called to order at 5:30 p.m.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

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

CONSENT AGENDA

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

Motion to approve consent agenda items as presented.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

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

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

No further discussion.

REMARKS

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

No remarks.

REPORTS

8. Financial Report for September 2025

The average daily census for the month was 11.63. That's down 2 days from August and up 2 days from the year-to-date monthly average. The acute payer mix for September is 68% for Medicare and Medicare Managed Care with the prior month being 50%. The swing bed payer mix for September was 90% for Medicare and 1% for Medicare Managed care. The year-to-date for Medicare is 78% and Medicare Managed Care is 21%. The operating margin is a loss of \$12,000 which is down \$54,000 from August. The year-to-date operating margin is a loss of \$86,000. Net patient revenue was \$1.58 million for the month, which is a decrease of \$26,000 from last month and an increase of \$123,000 from the year-to-date monthly average. 340B revenue was \$23,000 for September and expenses were \$17,000. Operating expenses were at \$1.63 million for September and that's up \$48,000 from the prior month and 137 from the year-to-date monthly average. Patient days for September were at 349. That's down 70 days from August. Cash receipts for the month were \$1.84 million. That's an increase of \$352,000 from the year-to-date monthly average and an increase of \$566,000 from August. Cash disbursements were at \$2.03 million. Cash balance at the September month end was \$996,000 giving us about 18 days of cash on hand. The clinic average daily visits were 10.13 The year-to-date revenue for the clinic is \$427,000. Operating \$671,000 with a year-to-date net loss of \$244,000. This is the first month in September that we had a positive clinic revenue. Trustee Lively asked, "how did that happen with 10 a day?" The answer given was we got more payments, the expenses came in less and the revenue came in more. Trustee Vanzant asked "is that from a massive decrease from a bill or is this something that we could hope to expect from now on?" The answer given was We think that we are just catching up and more patients. Trustee Vanzant asked "do we know what our average daily census needs to be to break even?" The answer given was it depends on your payer mix if it is Medicare Medicaid we have to have 18 but if its self-pay the number goes down. Trustee Vanzant asked "with the current

situation with the federal government are we looking at a major hinderance in payments?"
The answer given was not so far that will probably come in the next year or so 2026 2027.

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.

This is a proposal that Cohesive wants to make to help our staff use our facilities they are just wanting the board's approval to be able to do this, there's no agreement already. It's just we will no longer charge our employees a co-pay if they use our facilities. Regardless of what insurance they have. It was stated by Trustee Ford that she is under the impression that this isn't legal. It was asked if it is just for Cohesive employees that use Cohesive medical insurance, or can any employee use this program? It was stated that this would only be for employees that are on the Cohesive insurance plan. It was stated that there isn't enough information for this to make a decision on it.

No action taken.

10. Discussion and Possible Action to Approve the Oklahoma Foundation for Medical Quality-Work order for case review services.

Motion to approve.

Motion made by Trustee Ford, Seconded by Trustee Lively.

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

11. Discussion and Possible Action to Approve the Sysmex-Service Agreement Quotation for Beyond Care Remote Services

Motion to approve.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

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

Voting Nay: Trustee Webb

12. Discussion and Possible Action to Approve a proposal for the OR renovation/lab move project between ARC Architecture and LK Architectures.

Motion to approve ARC Architecture.

Motion made by Trustee Vanzant, Seconded by Trustee Lively.

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

Voting Nay: Trustee Webb

13. Discussion and Possible Action to Approve the Greatest of All Time Shredders (GOATS)-Service Agreement for Shredding Services.

GOATS is a new company that Cohesive has brought to the table it was stated that they are considerably cheaper than Shred It. The savings for the Hospital would be \$16,484.00 yearly and for the Clinic would be \$648.00 yearly. It was questioned as to why GOATS is so much cheaper in fear that it is a new vendor that they may not understand the situation and it can end up being triple the price. It was asked if anybody working for Cohesive owns this company. Chee with Cohesive responded stating that a Cohesive employee does in fact

own GOATS his name is Daniel Coffman. It was asked if Daniel is the one in charge of contract negotiations for us and reviewing the contracts for Cohesive on the board. Chee answered yes for certain contracts such as products and equipment. It was requested that every time there is a new vendor that on the vendor sheet it is disclosed to the board whether Cohesive owns a controlling interest or an employee of Cohesive owns a controlling interest. It was also requested that the board would like to know what all organizations that we currently have contracts with that employees of Cohesive or Cohesive owns that we have not been disclosed of at this time. It was requested that this list be compiled prior to the next meeting.

No action taken.

14. Discussion and Possible Action to Terminate the Shred-It Service Agreement for Shredding Services

No action taken

15. Discussion and Possible Action to Approve the proposal from Starr Insurance Companies regarding the Hospital Building Insurance.

Motion to approve.

Motion made by Trustee Lively, Seconded by Trustee Vanzant.

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

STAFF AND BOARD REMARKS

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

Attorney Kendall stated that the city is going through their audit process and the auditors are asking about the Hospital audit and where they are at with that so that the city can communicate with their auditors. It was stated that the Hospital's auditors were still working on the 2022 audit. Then they will move on to 2023, 2024, & 2025. Corry then stated that we need to give something to our city auditors to let them know that it's in process. CEO Martinez stated that he can get the city the engagement letter for the 2023 audit process.

Trustee Webb stated that the item with the employee had that been brought to us up front it might have been something that we could have considered.

NEW BUSINESS

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

CEO Martinez stated that the scope of work for the roof did not include the North and the West awnings for the roof repair. It was stated that when we got a little bit of rain, we noticed that on the north door along the wall and inside the building we had some leaking. Koontz Roofing gave an estimate for sealing the joint it will cost \$8,500.00 to do both the awnings.

Motion made by Trustee Hopper, Seconded by Trustee Ford.

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

Voting Nay: Trustee Vanzant

ADJOURN

Motion to Adjourn

Motion to adjourn at 6:08 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

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

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.

Carson Vanzant, Chairman

Brittany McClintock, Interim City Clerk



Clinic Operations Report

Mangum Family Clinic

October 2025

Monthly Stats	October 2024	October 2025
Total Visits	202	200
Provider Prod	183	182
RHC Visits	196	175
Nurse Visits	6	8
Televisit	0	0
Swingbed	4	24

Provider Numbers	RHC	TH	SB
Ogembo	164		
Sanda	36		

Payor Mix	
Medicare	78
Medicaid	77
Self	5
Private	40

Visits per Geography	
Mangum	162
Granite	21
Willow	15
Altus	2

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	187	183	183	209	205	176	177	218	218	202			

Clinic Operations:

- Nelson Ogembo on PTO 10/30-10/31. No provider available during these dates.

Quality Report:

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	0	0	12 audited
Patient Satisfaction	5	5	4-excellent; 1-good
New Patients	17	10	Excellent
No Show	8.6%	<12%	33 no shows for the month
Expired Medications	0	0	

Outreach:

- Facebook social media posts.

Summary :

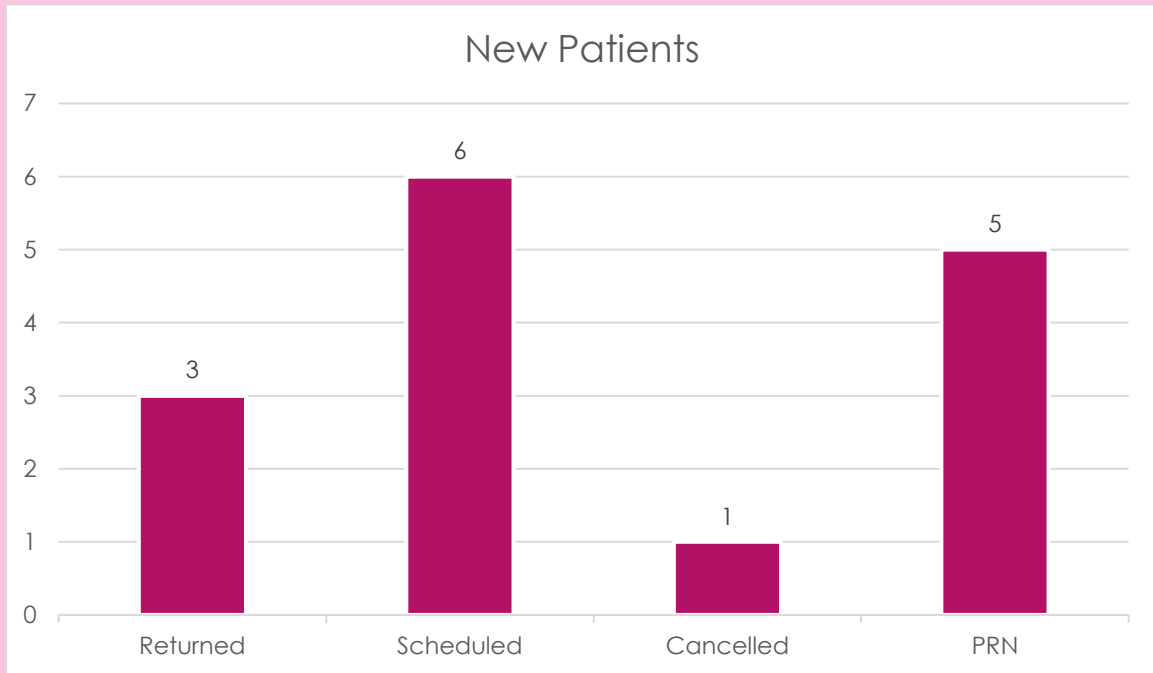
Mangum Family Clinic remains deeply committed to serving our community and providing compassionate, high-quality care. Despite experiencing two days without a provider on staff, our patient volume continued to reflect strong community trust and engagement.

"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

OCTOBER 2025





Chief Clinical Officer Report October 2025

Patient Care

- MRMC Education included:
 1. Nursing documentation updates are communicated to nursing staff weekly.
 2. Skills Fair 2025 held October 14-16 with a phenomenal turn out!
- MRMC Emergency Department reports that there are 2 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 0 HAI and 0 MDRO for the month of October 2025.

Client Service

- Total Patient Days for October 2025 were 290. This represents an average daily census of 9.
- October 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	13		
Swing Bed	20	11	9	18	10	7	16	14	10	14		
Observation	1	2	1	2	3	2	3	7	1	2		
Emergency Room	146	142	134	148	135	140	169	149	136	150		
Lab Completed	2343	2069	1988	2345	2156	1745	2159	2298	2157	2128		
Rad Completed	178	174	170	236	198	192	231	207	164	220		
Ventilator Days	0	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 October 2025

Operations Overview

- Room remodeling is continuing.
- Looking at clinic collections for October, we collected a total of \$575.36 down from \$314.00 at time of service.
- Hospital upfront collections were at \$985.00 for the month of October down from \$1,190.20 in September.
- Patient rounds continue to provide positive feedback on patient care.
- We continue to look for new revenue streams for the hospital.
- We did 15 patient transports with the Strong Minds van: 4 for the program, 5 for outpatient wound care, 2 to Dr. Office, 1 for outpatient radiology, 1 transport from the ER to home, and 2 back to the nursing home.
- We are meeting with ARC Architecture about lab/OR renovations.
- We are awaiting Koontz roofing to come to the facility and complete the awning repair.
- We have planned a Soup Kitchen Day on Wednesdays for the Community during the Government Shutdown.
- We took donations from staff for meals bags for people in need, we raised enough money for 25 meal bags.
- We are planning what we call the MRMC 2025 Toy Run. This is where we are taking donations from staff and others to buy gifts for kids and place them under our Christmas Tree and a parent can come to the hospital and get a gift for their child.

Mangum Board Meeting Financial Reports

October 31, 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
October 31, 2025

	Current Month	Oct-25 Year-to-Date	Mthly Avg Prior Year	Variance
ADC (Average Daily Census)	9.42	9.91	10.13	-0.71
Payer Mix % (Acute):				
MCR	53.33%	53.75%	53.01%	0.33%
MCR Mgd Care	17.78%	21.67%	24.05%	-6.27%
All Others	28.89%	24.58%	22.94%	5.95%
Total	100.00%	100.00%	100.00%	0.00%
Payer Mix % (SWB):				
MCR	85.83%	78.56%	87.67%	-1.84%
MCR Mgd Care	14.17%	20.33%	11.35%	2.82%
All Others	0.00%	1.11%	0.98%	-0.98%
Total	100.00%	100.00%	100.00%	0.00%
Operating margin	(75,330)	(161,146)	(673,482)	
Operating Margin (monthly average)	(75,330)	(16,115)	(56,124)	40,009
NPR (Net Patient Revenue)	1,474,165	14,587,611	16,708,837	
NPR (monthly average)	1,474,165	1,458,761	1,392,403	66,358
Operating Expenses	1,578,051	15,007,431	17,611,634	
Operating Expense (monthly average)	1,578,051	1,500,743	1,467,636	33,107
NPR % of Oper Exp	93.4%	97.2%	94.9%	
Patient Days	292	3,013	309	(17)
Oper Exp / PPD	\$ 5,404	\$ 4,981	\$ 4,752	\$ 229
# of Months	1	10	12	
Cash Receipts (rnd)	2,266,799	15,644,799	15,058,468	
Cash Receipts (monthly average)	2,266,799	1,564,480	1,254,872	309,608
Cash as a % of NPR (s/b 100% min)	153.8%	107.2%	90.1%	
Days Cash-On-Hand (Net of MCR Pay / Restrictions):				
Calendar Days	31	304	366	
Operating Exp / Day	\$ 50,905	\$ 49,367	\$ 48,119	\$ 2,786
Cash - (unrestricted)	1,488,937	1,488,937	418,015	1,070,921
Days Cash-On-Hand	29.2	30.2	8.7	
Days Cash-On-Hand: Minimum during month	14.3	14.3	4.6	9.7
MCR Rec (Pay) - "as stated - but to be adjusted"	827,337	827,337	176,300	651,037
AP & Accrued Liab	17,108,250	17,108,250	16,520,455	587,794
Accounts Receivable (at net)	1,491,526	1,491,526	1,316,379	175,147
Per AP aging schedule (incl. accruals)	Oct-25	Oct-25	Prior FYE	Net Change
Account Payable - Cohesive	15,018,193	15,018,193	14,328,203	689,990
Account Payable - Other	1,197,332	1,197,332	1,299,528	(102,196)
Total	16,215,526	16,215,526	15,627,731	587,794
Cohesive Loan	4,590,480	4,590,480	4,900,648	(310,168)

Mangum Regional Medical Center
Cash Receipts - Cash Disbursements Summary

10/31/25

	Current Month	COVID	Total Less COVID	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	\$ 2,266,799	\$ -	\$ 2,266,799	\$ 15,644,799	\$ -	\$ 15,644,799
Cash Disbursements	\$ 1,772,799	\$ -	\$ 1,772,799	\$ 14,578,711	\$ -	\$ 14,578,711
NET	\$ 494,000	\$ -	\$ 494,000	\$ 1,066,088	\$ -	\$ 1,066,088

	Prior Month	COVID	Total Less COVID	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	\$ 1,837,975	\$ -	\$ 1,837,975	\$ 13,378,000	\$ -	\$ 13,378,000
Cash Disbursements	\$ 2,032,771	\$ -	\$ 2,032,771	\$ 12,805,912	\$ -	\$ 12,805,912
NET	\$ (194,796)	\$ -	\$ (194,796)	\$ 572,088	\$ -	\$ 572,088



**Board of Directors
Mangum Regional Medical Center**

November 18, 2025

October 2025 Financial Statement Overview

- Statistics
 - The average daily census (ADC) for October 2025 was **9.42**– (PY fiscal year end of **10.12**).
 - Year-To-Date Acute payer mix was approximately **75%** MCR/MCR Managed Care combined.
 - Year-To-Date Swing Bed payer mix was **79%** MCR & **20%** MCR Managed Care. For the prior year end those percentages were **88% & 11%**, respectively.
- Balance Sheet Highlights
 - The cash balance as of October 31, 2025, inclusive of both operating & reserves, was **\$1.49M**. This increased **\$493K** from September 30, 2025.
 - Days cash on hand, inclusive of reserves, was **29.2** based on October expenses.
 - Net AR decreased by **\$316K** from September.
 - Payments of approximately **\$1.77M** were made on AP (prior 3-month avg was **\$1.87M**).
 - Cash receipts were **\$429K** more than in the previous month (**\$1.84M vs \$2.27M**).
 - The Medicare principal balance was completely paid off in the month of August 2024.



- Income Statement Highlights
 - Net patient revenue for October 2025 was **\$1.47M**, which is approximately a decrease of **\$106K** from the prior month.
 - Operating expenses, exclusive of interest & depreciation, were **\$1.58M**.
 - 340B revenue was **\$20K** in October, this is a decrease of **\$3K** from the prior month.

- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):
 - Current month's average visits per day = **10.31**
 - YTD Operating revenues = **\$490K**
 - YTD Operating expenses = **\$754K**
 - YTD Operating loss = **-\$264K**

MANGUM REGIONAL MEDICAL CENTER

Admissions, Discharges & Days of Care
Fiscal Year 2025

Item 6.

12/31/2025

	January	February	March	April	May	June	July	August	September	October	YTD
Admissions											
Inpatient	22	13	16	21	12	11	16	17	8	13	149
Swingbed	20	11	9	18	10	7	16	14	10	14	129
Observation	1	2	1	3	2	2	3	5	1	2	22
	43	26	26	42	24	20	35	36	19	29	300
Discharges											
Inpatient	23	13	15	22	13	9	17	13	11	13	149
Swingbed	19	12	9	13	15	10	6	16	13	16	129
Observation	2	2	1	3	2	2	3	5	1	2	23
	44	27	25	38	30	21	26	34	25	31	301
Days of Care											
Inpatient-Medicare	54	27	25	25	13	18	33	18	21	24	258
Inpatient-Medicare Managed Care	11	4	7	27	9	8	17	13	0	8	104
Inpatient-Other	12	12	8	10	9	9	4	31	10	13	118
Swingbed-Medicare	236	191	157	164	159	112	197	275	287	212	1,990
Swingbed-Medicare Managed Care	20	59	14	85	138	58	21	82	3	35	515
Swingbed-Other	0	0	0	0	0	0	0	0	28	0	28
Observation	4	7	2	4	4	6	6	7	1	7	48
	337	300	213	315	332	211	278	426	350	299	3,061
Calendar days	31	28	31	30	31	30	31	31	30	31	304
ADC - (incl OBS)	10.87	10.71	6.87	10.50	10.71	7.03	8.97	13.74	11.67	9.65	10.07
ADC	10.74	10.46	6.81	10.37	10.58	6.83	8.77	13.52	11.63	9.42	9.91
ER	146	142	134	148	135	140	169	149	136	150	1,449
Outpatient	108	146	140	154	150	126	151	153	149	172	1,449
RHC	197	187	188	243	229	201	197	253	249	252	2,196

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	2,266,799	1,772,799
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>15,644,799</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>15,644,799</u></u>	

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

	Original Balance	Balance as of 10/31/25	Total Interest Paid as of 10/31/25
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	-	(650,718.00)	
Total	7,009,696.31	(827,336.61)	1,355,350.56

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended October 31, 2025
Unaudited

Item 6.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
294,843	303,779	(8,936)	-3%	Inpatient revenue	3,121,225	2,946,652	174,573	6%
1,192,698	1,308,462	(115,764)	-9%	Swing Bed revenue	11,572,084	12,833,354	(1,261,270)	-10%
747,855	686,454	61,402	9%	Outpatient revenue	6,906,769	6,703,293	203,475	3%
175,714	216,108	(40,394)	-19%	Professional revenue	1,789,365	2,118,791	(329,425)	-16%
<u>2,411,110</u>	<u>2,514,802</u>	<u>(103,692)</u>	<u>-4%</u>	Total patient revenue	<u>23,389,443</u>	<u>24,602,090</u>	<u>(1,212,647)</u>	<u>-5%</u>
1,116,462	1,151,033	(34,570)	-3%	Contractual adjustments	9,895,543	11,022,625	(1,127,082)	-10%
(174,477)	-	(174,477)	#DIV/0!	Contractual adjustments: MCR Settlement	(733,173)	-	(733,173)	#DIV/0!
(93,718)	(107,231)	13,513	-13%	SHOPP revenue	(934,480)	(1,072,312)	137,831	-13%
88,678	(102,057)	190,735	-187%	Bad debts	573,942	(1,020,565)	1,594,508	-156%
<u>936,945</u>	<u>1,156,207</u>	<u>(4,800)</u>	<u>0%</u>	Total deductions from revenue	<u>8,801,832</u>	<u>11,074,371</u>	<u>(127,916)</u>	<u>-1%</u>
1,474,165	1,358,595	115,570	9%	Net patient revenue	14,587,611	13,527,719	1,059,892	8%
8,943	1,913	7,030	368%	Other operating revenue	61,070	19,128	41,942	219%
19,613	21,120	(1,507)	-7%	340B REVENUES	197,606	201,997	(4,392)	-2%
<u>1,502,721</u>	<u>1,381,628</u>	<u>121,093</u>	<u>9%</u>	Total operating revenue	<u>14,846,286</u>	<u>13,748,844</u>	<u>1,097,442</u>	<u>8%</u>
				Expenses				
477,225	394,499	82,726	21%	Salaries and benefits	4,369,711	3,903,921	465,790	12%
78,925	74,173	4,752	6%	Professional Fees	799,479	736,426	63,053	9%
464,418	438,559	25,860	6%	Contract labor	4,367,335	4,377,140	(9,805)	0%
129,816	127,899	1,917	2%	Purchased/Contract services	1,247,526	1,278,991	(31,465)	-2%
225,000	225,000	-	0%	Management expense	2,250,000	2,250,000	-	0%
79,125	90,952	(11,827)	-13%	Supplies expense	833,699	896,004	(62,305)	-7%
19,622	19,250	372	2%	Rental expense	169,930	192,500	(22,570)	-12%
11,285	14,275	(2,990)	-21%	Utilities	133,490	142,754	(9,264)	-6%
4,015	918	3,096	337%	Travel & Meals	11,451	9,183	2,268	25%
14,918	11,219	3,699	33%	Repairs and Maintenance	135,189	112,190	22,999	21%
20,684	14,251	6,433	45%	Insurance expense	161,293	142,510	18,784	13%
11,403	11,796	(393)	-3%	Other Expense	112,853	117,957	(5,105)	-4%
11,961	16,200	(4,239)	-26%	340B EXPENSES	133,341	154,943	(21,601)	-14%
<u>1,548,398</u>	<u>1,438,992</u>	<u>109,407</u>	<u>8%</u>	Total expense	<u>14,725,297</u>	<u>14,314,519</u>	<u>410,778</u>	<u>3%</u>
<u>(45,677)</u>	<u>(57,364)</u>	<u>11,687</u>	<u>-20%</u>	EBIDA	<u>120,988</u>	<u>(565,675)</u>	<u>686,663</u>	<u>-121%</u>
<u>-3.0%</u>	<u>-4.2%</u>	<u>1.11%</u>		EBIDA as percent of net revenue	<u>0.8%</u>	<u>-4.1%</u>	<u>4.93%</u>	
(124)	-	(124)	#DIV/0!	Interest	1,082	-	1,082	#DIV/0!
29,776	26,392	3,384	13%	Depreciation	281,052	270,079	10,974	4%
<u>(75,330)</u>	<u>(83,756)</u>	<u>8,426</u>	<u>-10%</u>	Operating margin	<u>(161,146)</u>	<u>(835,754)</u>	<u>674,608</u>	<u>-81%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>(75,330)</u>	<u>(83,756)</u>	<u>8,426</u>	<u>-10%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(161,146)</u>	<u>(835,754)</u>	<u>674,608</u>	<u>-81%</u>
<u>-5.01%</u>	<u>-6.06%</u>	<u>1.05%</u>		Operating Margin %	<u>-1.09%</u>	<u>-6.08%</u>	<u>4.99%</u>	

MANGUM REGIONAL MEDICAL CENTER

Comparative Balance Sheet - Unaudited

Fiscal Year 2025

Item 6.

	January	February	March	April	May	June	July	August	September	October	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	1,488,937	418,015	1,070,921
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	1,491,526	1,316,379	175,147
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	827,018	1,317,110	(490,092)
Inventory	207,642	192,025	230,062	222,929	231,085	231,146	232,065	232,917	238,692	237,637	222,062	15,575
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	1,549,234	1,642,491	(93,256)
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	1,496,929	1,516,213	(19,283)
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	7,091,281	6,432,269	659,011
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	16,215,526	15,627,731	587,794
AHSO Related AP	892,724	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	-	187,436	0	187,436
Due To Medicare	(319)	(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	4,590,480	4,900,648	(310,168)
Notes Payable - Other	17,948	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	252,438	258,209	(5,771)
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	22,156,234	21,696,942	459,292
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)	(15,064,953)	(15,264,672)	199,719
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	7,091,281	6,432,269	659,011

MANGUM REGIONAL MEDICAL CENTER
Statement of Revenue and Expense Trend - Unaudited
Fiscal Year 2025
Item 6.

	January	February	March	April	May	June	July	August	September	October	YTD
Inpatient revenue	525,995	250,434	351,806	383,704	182,461	177,026	370,138	381,902	202,916	294,843	3,121,225
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	1,192,698	11,572,084
Outpatient revenue	573,540	649,689	560,462	592,871	618,008	725,760	925,870	778,421	734,291	747,855	6,906,769
Professional revenue	206,082	179,651	147,487	193,268	145,315	172,089	216,173	169,608	183,979	175,714	1,789,365
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	2,411,110	23,389,443
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	1,116,462	9,895,543
Contractual adjustments: MCR Settlement	-	(61,036)	(199,861)	(65,153)	(121,766)	(214,533)	(70,974)	121,523	53,104	(174,477)	(733,173)
SHOPP Revenue	(77,381)	(114,589)	(114,589)	(85,334)	(85,334)	(85,334)	(113,194)	(72,275)	(92,734)	(93,718)	(934,480)
Bad debts	106,576	113,834	(1,996)	73,791	29,918	75,657	80,325	82,864	(75,706)	88,678	573,942
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	936,945	8,801,832
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	1,474,165	14,587,611
Other operating revenue	15,410	(757)	4,171	2,632	17,751	2,173	(5,247)	2,701	13,292	8,943	61,070
340B REVENUES	23,868	18,212	22,824	15,161	23,471	15,315	22,073	13,727	23,341	19,613	197,606
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	1,502,721	14,846,286
	95.4%	93.7%	94.6%	87.1%	115.2%	95.7%	96.6%	101.6%	97.0%	93.4%	97.2%
Expenses											
Salaries and benefits	439,483	399,707	429,167	396,151	462,629	404,309	420,947	467,610	472,485	477,225	4,369,711
Professional Fees	65,648	65,452	70,812	77,625	88,531	73,881	84,210	116,142	78,253	78,925	799,479
Contract labor	428,978	404,116	416,774	403,022	420,060	416,853	446,206	456,729	510,178	464,418	4,367,335
Purchased/Contract services	107,620	108,704	127,775	101,833	150,387	132,591	125,792	114,954	148,054	129,816	1,247,526
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,250,000
Supplies expense	98,866	101,239	65,720	74,156	72,166	106,426	75,544	87,145	73,311	79,125	833,699
Rental expense	17,598	13,094	21,026	15,207	19,248	15,677	16,968	13,783	17,707	19,622	169,930
Utilities	13,436	17,413	12,834	7,751	12,812	12,388	14,345	17,551	13,675	11,285	133,490
Travel & Meals	315	971	775	336	1,102	1,103	643	1,414	778	4,015	11,451
Repairs and Maintenance	11,240	10,981	12,906	14,947	11,645	14,123	10,526	15,897	18,006	14,918	135,189
Insurance expense	23,837	26,409	(12,321)	10,777	22,979	16,563	17,190	17,202	17,973	20,684	161,293
Other	18,752	11,003	(6,293)	20,999	16,959	10,823	8,596	10,669	9,942	11,403	112,853
340B EXPENSES	14,050	12,401	18,656	10,029	15,235	17,119	7,432	9,932	16,526	11,961	133,341
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	1,548,398	14,725,297
EBIDA	\$ (740)	\$ (44,070)	\$ (19,167)	\$ (132,865)	\$ 304,018	\$ (18,812)	\$ (5,633)	\$ 68,802	\$ 15,132	\$ (45,677)	\$ 120,988
EBIDA as percent of net revenue	-0.1%	-3.3%	-1.4%	-10.8%	16.7%	-1.3%	-0.4%	4.2%	0.9%	-3.0%	0.8%
Interest	199	143	141	232	104	33	61	116	176	(124)	1,082
Depreciation	27,903	27,903	29,428	27,797	27,797	27,797	27,963	27,427	27,260	29,776	281,052
Operating margin	\$ (28,843)	\$ (72,116)	\$ (48,736)	\$ (160,894)	\$ 276,117	\$ (46,642)	\$ (33,657)	\$ 41,259	\$ (12,304)	\$ (75,330)	\$ (161,146)
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)	(75,330)	(23,000)

Mangum Family Clinic
For the Month Ended and Year To Date October 31, 2025

	Current			Last FYE	Net Change
	Month	Year-To-Date	12-Month Projected		
Gross Patient Revenue	31,526	285,859	343,031	217,497	125,534
Less: Revenue deductions	30,725	203,864	244,637	118,420	126,217
Net Patient Revenue	62,251	489,724	587,668	335,917	251,751
Other Income (if any)	-	-	-	-	-
Operating revenue	62,251	489,724	587,668	335,917	251,751
Operating Expenses:					
Leased Salaries	35,619	204,726	245,671	177,825	67,846
Contract labor	-	1,969	2,363	8,191	(5,828)
Benefits	5,302	37,298	44,758	49,899	(5,141)
Provider Fees	5,726	65,607	78,729	41,078	37,651
Purchased/Contract services	8,179	51,722	62,066	70,882	(8,816)
Management expense	11,250	112,500	135,000	135,000	-
Supplies expense	504	6,020	7,223	11,788	(4,565)
Rental expense	1,750	17,862	21,434	23,700	(2,266)
Utilities	618	6,306	7,567	8,567	(1,000)
Travel & Meals	-	574	689	987	(298)
Repairs and Maintenance	22	799	958	1,239	(281)
Insurance expense	-	2,845	3,414	2,705	709
Other expense	2,671	3,783	4,540	6,469	(1,929)
CAH Overhead Allocation	24,154	241,539	289,847	250,979	38,868
Total Operating Expenses	95,795	753,549	904,259	789,309	114,950
Net Income (loss)	(33,544)	(263,825)	(316,590)	(453,392)	136,802

340B					
Gross revenues	19,613.31	197,606	237,127	191,188	45,939
Operating expenses	11,961.29	133,341	160,009	149,534	10,476
Profit (loss)	7,652	64,264	77,117	41,654	35,463
Net Income (loss) with 340B	(25,892)	(199,561)	(239,473)	(411,738)	172,265

Stats					
Onsite Visits	192	1913	2,296	1,768	528
Swing Bed Visits	60	283	340	76	264
Telehealth, CCM, Nurse Visits	0	0	-	20	(20)
Total Visits	252	2196	2635	1864	771

Payor Mix based on Total Visits					
Medicare		33%	33%	28%	5%
Managed Medicare		6%	6%	4%	2%
Medicaid / Managed Medicaid		23%	23%	31%	-8%
Commercial/Other		38%	38%	37%	1%
Total		100%	100%	100%	0%

Clinic Days	22	213	256	256	-
Average Visit Per Day	11	10	10	7	3

Cost Per Visit	\$ 380.14	\$ 343.15	\$ 343.15	\$ 423.45	\$ (80.30)
Medicare Visit Cap		\$ 292.54	\$ 292.54	\$ 282.65	
Over (Under) Cap		\$ 50.61	\$ 50.61	\$ 140.80	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	10/31/2025	9/30/2025	8/31/2025	7/31/2025
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	14,501.84	-	-	-	14,501.84	5,496.82	6,243.53	8,088.40
ANESTHESIA SERVICE INC	Patient Supplies	-	-	-	-	-	-	1,048.40	496.80
APEX MEDICAL GAS SYSTEMS, INC	Supplies	-	-	-	-	-	900.00	359.24	-
AT&T	Fax Service	3,275.87	-	-	-	3,275.87	-	3,270.35	3,255.25
BADGE BUDDIES LLC	Office Supplies	127.97	-	-	-	127.97	-	-	-
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	-	-	-	4,449.00	-	-	-
CITY OF ERICK	Patient Transportation Service	-	-	-	-	-	-	-	6,144.00
CITY OF MANGUM	Utilities	6,400.66	-	-	-	6,400.66	7,681.67	-	8,143.30
CLEAN THE UNIFORM HOLDING COMP	Linen Services	4,229.87	-	-	-	4,229.87	4,249.77	2,935.43	1,363.22
CLIA LABORATORY PROGRAM	Lab Services	-	-	-	-	-	-	248.00	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	225,000.00	231,116.66	6,521.66	2,735,607.78	3,198,246.10	3,203,479.44	3,367,332.43	3,177,066.68
COHESIVE HEALTHCARE RESOURCES	Payroll	-	-	-	-	-	-	-	1,776,746.77
COHESIVE MEDIRYDE LLC	Patient Transportation Service	-	2,950.00	-	-	2,950.00	-	-	-
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	715,310.87	913,297.46	862,017.85	9,326,371.15	11,816,997.33	12,014,586.58	11,999,980.16	11,506,162.81
CONTROL SOLUTIONS INC.	Patient Supplies	-	-	-	-	-	-	-	161.91
CRITICAL ALERT	Software license	5,966.72	-	-	(3,906.00)	2,060.72	(3,906.00)	(3,906.00)	(3,906.00)
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	2,150.00
DIRECTV	Cable service	297.60	-	-	-	297.60	-	291.40	-
DYNAMIC ACCESS	Vascular Consultant	-	-	-	-	-	-	795.68	1,723.97
EARTHSafe CHEMICAL ALTERNATIVE	Patient Supplies	-	-	-	-	-	-	-	105.00
eCLINICAL WORKS, LLC	RHC EHR	-	-	-	-	-	942.90	-	-
FEDEX	Shipping	78.82	-	-	-	78.82	-	33.66	51.28
FFF ENTERPRISES INC	Pharmacy Supplies	-	-	-	-	-	1,913.10	654.23	-
FIRST DIGITAL COMMUNICATIONS	IT Support Services	(22.32)	-	-	-	(22.32)	-	-	-
FREEBORN DYSPHAGIA ASSOC LLC	Patient Services	-	-	-	-	-	-	550.00	-
FOX BUILDING SUPPLY	Repairs/maintenance	111.92	-	-	-	111.92	504.13	-	-
FUCHA RADIO, LLC	Advertising	-	-	-	-	-	110.00	110.00	110.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	200.00	-	-	-	200.00	200.00	-	-
GLOBAL PAYMENTS INTEGRATED	IT Service	-	-	-	-	-	-	2,757.67	2,757.67
GRAINGER	Maintenance Supplies	366.40	-	142.09	-	508.49	-	-	816.84
HAC INC	Dietary Supplies	101.90	-	-	-	101.90	53.18	67.14	49.45
HENRY SCHEIN	Lab Supplies	-	-	-	-	-	-	-	1,809.35
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	307.10	-	-	-	307.10	307.10	307.10	307.10
HSI	Materials Purch svs	3,150.00	-	-	-	3,150.00	-	-	-
JENTRY BROWN	Van Graphics	-	-	-	-	-	1,875.00	-	-
KELLEY MARTINEZ	Expense Reimbursement	613.16	-	-	-	613.16	-	-	-
LOCKE SUPPLY	Plant Ops supplies	1,737.20	-	-	-	1,737.20	-	-	-
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	937.45	937.45	937.45	0.31	0.31
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	1,936.97	-	-	1.43	1,938.40	1.43	2,254.11	-
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	18,523.79	5,390.30	-	-	23,914.09	29,224.06	20,901.05	18,143.94
MYHEALTH ACCESS NETWORK, INC	Compliance purch svs	758.95	-	-	-	758.95	758.95	758.95	758.95
NATIONAL DATA BANK	IT Service	-	-	-	-	-	-	2.50	2.50
NUANCE COMMUNICATIONS INC	RHC purch svs	-	123.00	-	-	123.00	-	246.00	123.00
ORGANOGENESIS INC	Patient Care/Lab Supplies	-	-	-	-	-	765.00	1,855.00	2,690.00
PHARMA FORCE GROUP LLC	340B purch svs	-	-	-	-	-	595.70	605.90	-
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	3,987.93	-	-	-	3,987.93	2,700.00	2,700.00	2,916.71
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	3,215.58	-	-	-	3,215.58	-	3,215.59	-
PHILIPS HEALTHCARE	Supplies	-	-	-	-	-	-	257.19	-
PURCHASE POWER	Postage Fees	-	-	-	-	-	200.00	200.00	200.00
REYES ELECTRIC LLC	COVID Capital	-	-	-	-	-	525.00	4,250.00	-
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	-	-	-	-	-	805.00	507.50	-
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	-	-	-	-	-	-	353.05	4,491.28
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	-	-	-	1,735.00	1,735.00	1,735.00	1,735.00

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	10/31/2025	9/30/2025	8/31/2025	7/31/2025
SPACELABS HEALTHCARE LLC	Telemetry Supplies	-	-	-	-	-	-	-	245.50
SPARKLIGHT BUSINESS	Cable service	-	-	-	-	-	137.43	129.43	229.58
STANDLEY SYSTEMS LLC	Printer lease	2,509.69	-	-	-	2,509.69	2,345.50	-	2,345.50
STAPLES ADVANTAGE	Office Supplies	949.59	-	-	-	949.59	618.41	494.89	1,418.31
STERICYCLE / SHRED-IT	Waste Disposal Service	1,607.39	-	-	-	1,607.39	1,592.44	-	1,376.69
SUMMIT UTILITIES	Utilities	138.65	-	-	-	138.65	1,095.25	1,204.09	1,241.43
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	-	-	-	-	-	2,710.80	-	4,212.80
TELEFLEX	Patient Supplies	900.00	-	-	-	900.00	-	-	-
TRIOSE INC	Freight	531.99	-	-	-	531.99	-	675.56	-
ULINE	Patient Supplies	-	-	-	-	-	546.50	-	-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	670.79	-	-	(37.86)	632.93	(7.84)	1,714.20	(7.84)
Grand Total		1,025,820.90	1,152,877.42	868,681.60	12,058,829.65	15,106,209.57	15,285,535.47	15,435,877.00	16,535,583.16
					Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	15,451,839.91	15,631,165.81	15,781,298.71	16,880,801.00
					Accrued AP	1,656,409.73	1,728,787.75	1,918,252.44	1,460,485.76
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					TOTAL AP	16,215,525.88	16,467,229.80	16,806,827.39	17,448,563.00
						16,215,525.88	16,467,229.80	16,806,827.39	17,448,563.00
						-	-	-	-

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract: 340B Compliance Partners**
3. **Contract Parties: MRMC/340B Compliance Partners**
4. **Contract Type Services: Consulting Agreement**
5. **Impacted Hospital Departments:** Hospital Pharmacy
6. **Contract Summary:** Consulting services for 340B compliance. This agreement includes a yearly audit. Policy and procedure review with recommendations. Data Submission monitor and resolving data submission issues. This is an amendment to the agreement approved in January and does not change the effective date or termination date. The amendment states we are going to be apart of a pilot program looking at Rebates using the Beacon Platform.
7. **Cost: \$2,770**
 - a. **Last year cost \$2,600**
8. **Term: 1-year**
9. **Termination Clause:**
10. **Other:** Rebate Model Services for ten drugs is \$250 per month as an add on fee.

CONSULTING AGREEMENT

THIS CONSULTING AGREEMENT (the "Agreement") is dated this _____ day of _____, _____.

CLIENT

Mangum Regional Medical Center
1 Wickersham Drive; Mangum, OK 73554
(the "Client")

CONSULTANT

Pharmacy Consultants, Inc. DBA 340B
Compliance Partners
405 Parrish Ave; Point Pleasant, WV
25550
(the "Consultant")

BACKGROUND

- A. The Consultant has the necessary qualifications, experience and abilities to provide consulting services to the Client.
- B. The Consultant is agreeable to providing such consulting services to the Client on the terms and conditions set out in this Agreement.

IN CONSIDERATION OF the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Client and the Consultant (individually the "Party" and collectively the "Parties" to this Agreement) agree as follows:

SERVICES PROVIDED

1. The Client hereby agrees to engage the Consultant to provide the Client with the following consulting services (the "Services"):
 - 1. The Client hereby agrees to engage the Consultant to provide the Client with the following consulting services (the "Services"):
340B Compliance Partners Platinum Plan (Monthly Maintenance)
 - a. Includes annual independent audit, as described in attached proposal.
 - b. Includes having a resource available via phone/email (experienced pharmacist) for questions and guidance throughout the term. This includes reaching out to HRSA/Apexus anonymously on your behalf.
 - c. Fee is parsed over 12 months for ease of budgeting
 - d. Policy & Procedure review with recommendations for edits if gaps identified compared to HRSA expectations, as well as guidance on industry best-practices

- e. Originate (if needed) a facility 340B oversight committee, as well as facilitate meetings with agenda/minutes generation.
- f. Assist with vendor review, negotiation, and selection
- g. Review Contract Pharmacy agreements
- h. Analyze TPA functionality
- i. Review the ongoing monthly audits performed by your staff
- j. Provide written reports to leadership
- k. 340B Compliance Partners assigned analyst for your account to complete monthly internal audits of all relevant universes on your behalf
- l. Analysis of missed opportunities for increased 340B savings
- m. Participate in consolidated monthly meeting with Cohesive Leadership for all their CEs

2. Referral Prescription Capture Services

- a. Referral Strategist assigned to your account to review potential queue created by TPA(s).
- b. View access to your EHR to determine required elements of the medical record.
- c. Will reach out to specialist offices to request care notes be sent to your medical records department, if needed.
- d. Auditable records readily available.
- e. Charged as a percent of net CE benefit

3. 340B Data Management Services

- a. 340B ESP Data Submission includes submission of data on a bi-monthly basis. This encompasses generating data extracts from source systems, performing necessary file manipulations, such as NDC filtering, and ensuring the data is submitted on time.
- b. 340B ESP Data Monitoring including monitoring and resolving issues arising from data submission. This encompasses ensuring all contracted pharmacies are in the appropriate and expected status within the 340B ESP platform and auditing contract loads at the wholesale level.
- c. TPA Data File Creation including the generation of data files from source systems to meet the required specifications for the destination Third Party Administrator.
- d. TPA Data File Automation including the creation of automated processes to generate the needed data files and submit them to the source systems for ingestion.
- e. TPA Data File Maintenance including any needed file edits secondary to changes in the source or destination system to maintain continuous operation.
- f. TPA Data File Monitoring including monthly verification of file transmission from source system and ingestion of file at destination system.
- g. Monthly review of outlier accumulations in the contract pharmacy space (both large positive accumulations and negative accumulations) and corrective action

4. REBATE MODEL PILOT Services

- a. Weekly submission of data to Beacon platform for the ten drugs in the pilot for contract pharmacy(ies).
- b. Track rebate payments by coordinating with internal finance representative.
- c. Report any denials or lack of rebate payments to leadership.
- d. Enter any tickets to Beacon for issues and follow up.
- e. Analyze denials for rebates if information is available.

2. The Services will also include any other consulting tasks which the Parties may agree on. The Consultant hereby agrees to provide such Services to the Client.

TERM OF AGREEMENT

3. The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full force and effect until January 31, 2027. The Term may be extended with the written consent of the Parties.

PERFORMANCE

4. The Parties agree to do everything necessary to ensure that the terms of this Agreement take effect.

CURRENCY

5. Except as otherwise provided in this Agreement, all monetary amounts referred to in this Agreement are in USD (US Dollars).

COMPENSATION

6. The Consultant will charge the Client for the Services as follows (the "Compensation"):
 - The Client will pay the Consultant a monthly flat fee of \$2770.00 and travel reimbursement will be billed at completion of annual onsite 340B audit. For Platinum Plan, the referral prescription capture service is billed at 10% of CE net benefit as defined in proposal. Net= [copay + insurance - dispensing fee- cost of drug]. Threshold to work the claim is net benefit of \$200 and others as time permits. REBATE MODEL Services for ten drugs is \$250 per month as an add on fee.
7. Invoices submitted by the Consultant to the Client are due within 30 days of receipt.
8. In the event that this Agreement is terminated by the Client prior to completion of the Services but where the Services have been partially performed, the Consultant will be entitled to pro rata payment of the Compensation to the date of termination provided that there has been no breach of contract on the part of the Consultant.
9. The Consultant will not be reimbursed for any expenses incurred in connection with providing the Services of this Agreement.

INTEREST ON LATE PAYMENTS

10. Interest payable on any overdue amounts under this Agreement is charged at a rate of 2.00% per annum or at the maximum rate enforceable under applicable legislation, whichever is lower.

CONFIDENTIALITY

11. Confidential information (the "Confidential Information") refers to any data or information relating

to the business of the Client which would reasonably be considered to be proprietary to the Client including, but not limited to, accounting records, business processes, and client records and that is not generally known in the industry of the Client and where the release of that Confidential Information could reasonably be expected to cause harm to the Client.

12. The Consultant agrees that they will not disclose, divulge, reveal, report or use, for any purpose, any Confidential Information which the Consultant has obtained, except as authorized by the Client or as required by law. The obligations of confidentiality will apply during the Term and will survive indefinitely upon termination of this Agreement.
13. All written and oral information and material disclosed or provided by the Client to the Consultant under this Agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Consultant.

OWNERSHIP OF INTELLECTUAL PROPERTY

14. All intellectual property and related material (the "Intellectual Property") that is developed or produced under this Agreement, will be the property of the Consultant. The Client is granted a non-exclusive limited-use license of this Intellectual Property.
15. Title, copyright, intellectual property rights and distribution rights of the Intellectual Property remain exclusively with the Consultant.

RETURN OF PROPERTY

16. Upon the expiration or termination of this Agreement, the Consultant will return to the Client any property, documentation, records, or Confidential Information which is the property of the Client.

CAPACITY/INDEPENDENT CONTRACTOR

17. In providing the Services under this Agreement it is expressly agreed that the Consultant is acting as an independent contractor and not as an employee. The Consultant and the Client acknowledge that this Agreement does not create a partnership or joint venture between them, and is exclusively a contract for service. The Client is not required to pay, or make any contributions to, any social security, local, state or federal tax, unemployment compensation, workers' compensation, insurance premium, profit-sharing, pension or any other employee benefit for the Consultant during the Term. The Consultant is responsible for paying, and complying with reporting requirements for, all local, state and federal taxes related to payments made to the Consultant under this Agreement.

AUTONOMY

18. Except as otherwise provided in this Agreement, the Consultant will have full control over working time, methods, and decision making in relation to provision of the Services in accordance with the Agreement. The Consultant will work autonomously and not at the direction

of the Client. However, the Consultant will be responsive to the reasonable needs and concerns of the Client.

EQUIPMENT

19. Except as otherwise provided in this Agreement, the Consultant will provide at the Consultant's own expense, any and all equipment, software, materials and any other supplies necessary to deliver the Services in accordance with the Agreement.

NO EXCLUSIVITY

20. The Parties acknowledge that this Agreement is non-exclusive and that either Party will be free, during and after the Term, to engage or contract with third parties for the provision of services similar to the Services.

NOTICE

21. All notices, requests, demands or other communications required or permitted by the terms of this Agreement will be given in writing and delivered to the Parties at the following addresses:

- a. Mangum Regional Medical Center
1 Wickersham Drive; Mangum, OK 73554
- b. Pharmacy Consultants, Inc. DBA 340B Compliance Partners
405 Parrish Avenue; Point Pleasant, WV 25550

or to such other address as either Party may from time to time notify the other, and will be deemed to be properly delivered (a) immediately upon being served personally, (b) two days after being deposited with the postal service if served by registered mail, or (c) the following day after being deposited with an overnight courier.

INDEMNIFICATION

22. Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the other Party, and its respective directors, shareholders, affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective directors, shareholders, affiliates, officers, agents, employees, and permitted successors and assigns that occurs in connection with this Agreement. This indemnification will survive the termination of this Agreement.

ADDITIONAL CLAUSE

23. Consultant may agree to additional tasks outside scope of agreement for agreed upon fees, and

an amendment will be created to delineate those services.

MODIFICATION OF AGREEMENT

24. Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

TIME OF THE ESSENCE

25. Time is of the essence in this Agreement. No extension or variation of this Agreement will operate as a waiver of this provision.

ASSIGNMENT

26. The Consultant will not voluntarily, or by operation of law, assign or otherwise transfer its obligations under this Agreement without the prior written consent of the Client.

ENTIRE AGREEMENT

27. It is agreed that there is no representation, warranty, collateral agreement or condition affecting this Agreement except as expressly provided in this Agreement.

ENUREMENT

28. This Agreement will enure to the benefit of and be binding on the Parties and their respective heirs, executors, administrators and permitted successors and assigns.

TITLES/HEADINGS

29. Headings are inserted for the convenience of the Parties only and are not to be considered when interpreting this Agreement.

GENDER

30. Words in the singular mean and include the plural and vice versa. Words in the masculine mean and include the feminine and vice versa.

GOVERNING LAW

31. This Agreement will be governed by and construed in accordance with the laws of the State of Oklahoma.

SEVERABILITY

32. In the event that any of the provisions of this Agreement are held to be invalid or unenforceable in whole or in part, all other provisions will nevertheless continue to be valid and enforceable with the invalid or unenforceable parts severed from the remainder of this Agreement.

WAIVER

33. The waiver by either Party of a breach, default, delay or omission of any of the provisions of this Agreement by the other Party will not be construed as a waiver of any subsequent breach of the same or other provisions.

IN WITNESS WHEREOF the Parties have duly affixed their signatures on this _____ day of _____

Mangum Regional Medical Center

Per: _____

Officer's Name: _____

Date: _____

Pharmacy Consultants, Inc. DBA 340B

Compliance Partners

Per: Sherri D Faber (Seal)

Officer's Name: Sherri D Faber

Date: 11/11/2025



Custom Order - Oct 24, 2025

TejasMex
495 County Road 728
Nacogdoches, TX 75964
(936) 225-1929
support@tejas-mex.com
Sales Rep: Steve Orick

Item 9.



View Online

Design Link

<https://design.tejas-mex.com/?lng=en-US&dealer=Orick#1f19173b2eda5324cea181ea070d3ed5>

Ship To

Name Mangum Hospital Order # 1761320115664973-3
Install Address _____
City Mangum State OK Zip Code 73554
Email dcoffin@chmcok.com Phone # 580-305-2569 Mobile # 580-305-2569

Dealer

Orick Building Sales
20393 E CR 155
Blair, OK 73526
580-481-0809
skcous@yahoo.com

Building Info	Size	Colors	Anchoring & Site Preparation
Style <u>Standard Carport</u>	$\begin{array}{ccc} 18' & 30' & 11' \\ \text{Width} & \text{Frame Length} & \text{Leg Height} \end{array}$	Roof <u>Ivory</u> <input checked="" type="checkbox"/>	Installation Surface <u>Ground</u>
Roof Overhang <u>6"</u>		Trim <u>Polar White</u> <input type="checkbox"/>	Engineer Certified <u>Certified 140 MPH...</u>
Roof Style <u>Vertical Style</u>		Siding <u>Ivory</u> <input checked="" type="checkbox"/>	
Gauge <u>14-Gauge Framing</u>			
Leg Style <u>Single Legs</u>			
Brace <u>Standard Brace</u>			

Description	Qty	Unit Price	Price	Totals
Base Price: 18'x30'	1	\$2,897.00	\$2,897.00	Subtotal \$5,901.84
Installation Surface: Ground	1	-	-	
Trim: Polar White	1	-	-	+ Exempt (Exempt) \$0.00
Roof: Ivory	1	-	-	Total Order Amount \$5,901.84
Wall Exterior: Ivory	1	-	-	
Frame Spacing: 5' OC	1	-	-	- Deposit Amount 18.00% \$1,062.33
Roof Style: Vertical Style	1	-	-	Remaining Due \$4,839.51
Roof Pitch: 3/12 (Standard)	1	-	-	
Roof Overhang: 6"	1	-	-	
Trusses: Center Brace	1	-	-	
Gauge: 14-Gauge Framing	1	-	-	
Brace: Standard Brace	1	-	-	
Engineer Certified: Certified 140 MPH - 35 PSF	1	\$392.00	\$392.00	
Leg Height: 11'	1	\$587.00	\$587.00	
Left Side: Top - 6' Panel - Siding: Horizontal	1	\$307.00	\$307.00	
Right Side: Top - 6' Panel - Siding: Horizontal	1	\$307.00	\$307.00	
Back End: Extended Gable End - 6' - Siding: Horizontal	1	\$666.00	\$666.00	
Frameout Garage Door (14' to 19' Wide) (16'x6')	1	\$522.00	\$522.00	
Anchor Package: Mobile Home Anchors	1	\$216.00	\$216.00	
Additional Fees				
Legs Cut On Site	1	\$145.00	\$145.00	
26 Gauge Metal (Entire Building)	1	\$376.04	\$376.04	

Description	Qty	Unit Price	Price	Item 9.
Galvanized Screws (Standard)	1	-		
October Sale	1	-\$513.20	-\$513.20	
Additional Notes				
Contact Me:I'm simply exploring building options right now.				
Customer Signature	Date		Desired Delivery Date	
Dealer or Manufacturer Signature	Date		Delivery Notes	



Perspective View



Front



Left Side

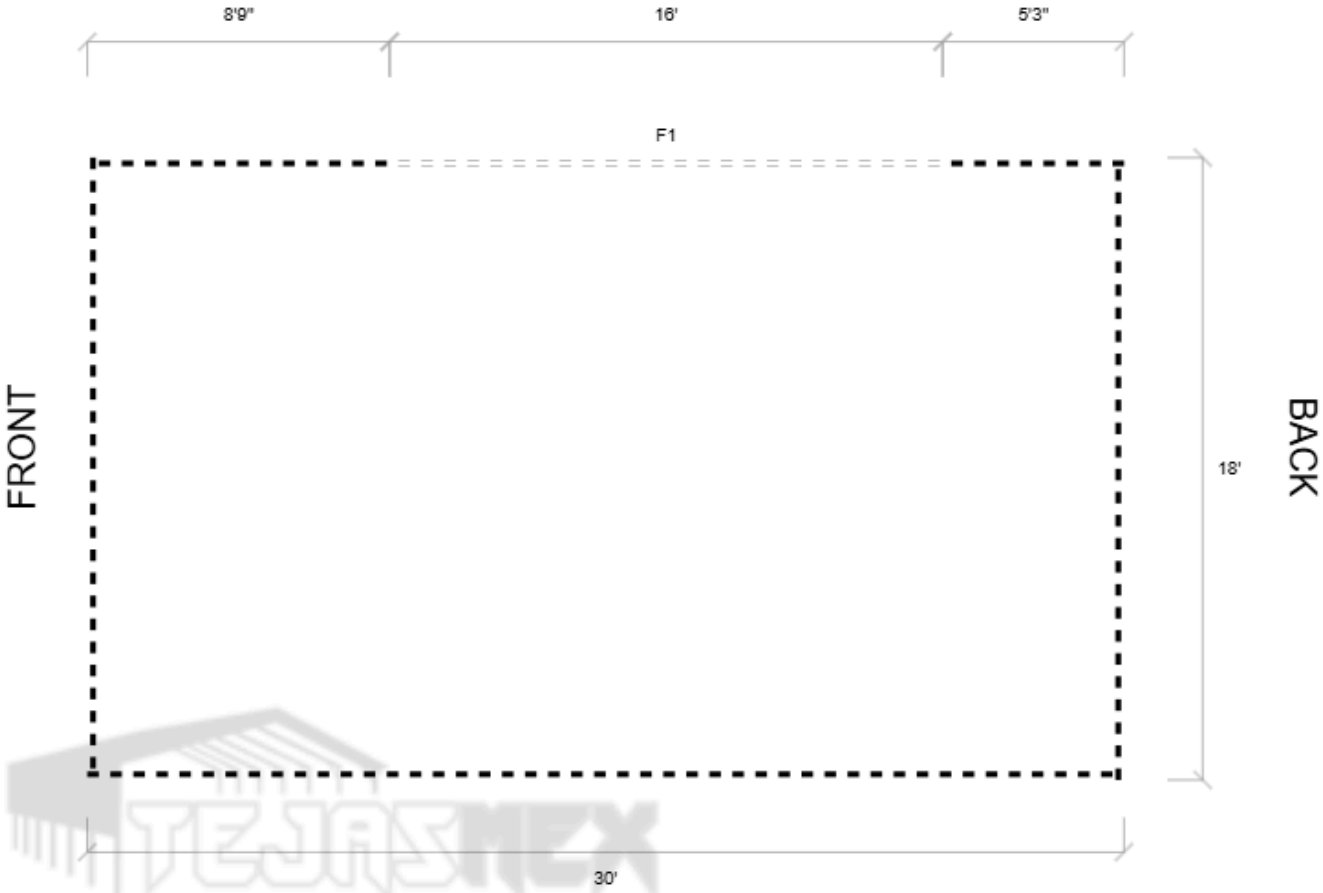


Right Side



Back

LEFT SIDE



SYMBOL LEGEND		
F1	Frameout Garage Door (14' to 19' Wide) Open Wall

Hospital Vendor Contract Summary Sheet

1. ☐ Existing Vendor ☒ New Vendor
2. **Name of Contract:** TejasMex
3. **Owner of Company:** Felipe Oliveros
4. **Contract Parties:** TejasMex/MRMC.
5. **Contract Type Services :** Carport
6. **Impacted Hospital Departments:** Strong Minds
7. **Contract Summary:** This is a quote for a shelter/carport for the Strong Minds transport van.
8. **Cost:** ☐ \$5,901.84
9. **Prior Cost:** ☐ none
10. **Term:** 1-time purchase
11. **Termination Clause:** none
12. **Other:**

VELOCITY NATIONAL PROVIDER NETWORK

PARTICIPATING PROVIDER HOSPITAL ORGANIZATION SERVICE AGREEMENT

This PARTICIPATING PROVIDER HOSPITAL ORGANIZATION SERVICE AGREEMENT ("Agreement") is made and entered into as of the Effective Date as it appears on the signature page of this Agreement, by and between Velocity National Provider Network, LLC. ("VNPN"), a Delaware LLC located at 16515 S 40th St, Suite 125 Phoenix, AZ 85048, and Mangum City Hospital Authority dba Mangum Regional Medical Center and Mangum Family Clinic at 1 Wickersham Dr, Mangum, OK 73554 and 118 South Louis Tittle Ave, Mangum, OK 73354, respectively ("Participating Provider Hospital Organization").

WHEREAS, VNPN arranges for the provision of high-quality, cost-effective health care services to qualified health plans and their covered individuals; and

WHEREAS, VNPN intends to enter into agreements with Participating Facilities and Providers which authorize VNPN to contract with third party administrators, self-insured employer groups, health and welfare trust funds, insurance companies, Native American tribes, and workers' compensation programs as permitted by law; and

WHEREAS, Participating Provider Hospital Organization is licensed to practice medicine and follows applicable local and state laws, and

WHEREAS, VNPN and Participating Provider Hospital Organization desire to enter into an agreement whereby Participating Facility agrees to provide Covered Services to Members of Health Plans which contract with VNPN and Participating Provider agrees to comply with certain VNPN quality assurance and administrative requirements, utilization review and peer review procedures, in providing such Covered Services to the Members, and

NOW, THEREFORE, and in consideration of the mutual covenants and promises contained herein, and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, the parties agree as follows:

ARTICLE I Definitions

1.1 "Clean Claim" means a properly completed paper billing form (whether a UB-04, CMS 1500, or other applicable form, and as such forms may be amended from time to time) for Covered Services provided to a Member, or an electronic transaction providing such information that contains all information reasonably necessary to accurately adjudicate such claim and that complies with all applicable laws and regulations governing such transactions.

1.2 "Covered Services" means the healthcare treatment services and related benefits to which Covered Individuals are entitled under the Evidence of Coverage and for which the Health Plan provides funding.

1.3 "Emergency" means the unexpected onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected as determined by a prudent layperson to jeopardize the Member's life, cause serious injury or

impairment of bodily functions, or cause serious injury or permanent dysfunction of any bodily organ or part.

1.4 “Evidence of Coverage” means a document which explains Members’ services and benefits covered by a Health Plan and defines the rights, responsibilities and benefits of the Member.

1.5 “Health Plan” means a group policy issued through a licensed insurance company or a benefit agreement offered by a self-funded organization pursuant to which a Member has a financial incentive to use Participating Providers of VNPN.

1.6 “Medically Necessary” means Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

1.7 “Members” means subscribers, enrollees or dependents of the subscriber or enrollee to a Health Plan who are eligible to receive covered services under a Health Plan which utilizes Participating Providers.

1.8 “Participating Hospital” means a hospital which has entered into an agreement with VNPN to provide hospital services to Members in accordance with the terms and conditions of the Evidence of coverage and has opted in to one or more of the VNPN programs.

1.9 “Participating Provider” means a healthcare provider, such as a doctor, physician, ancillary facility, or medical practice that has an agreement or contract with VNPN.

1.10 “Payors” means any entity with group health benefits offered to their employees, a worker’s compensation program.

1.11 “Program” means any contract, insurance policy, health benefit plan or other plan or program under which Participants are eligible for benefits. Program shall not include:

- a. auto medical plans;
- b. government programs, <including Medicare or Medicaid>
- c. Discount Card Programs. Discount Card Program means a non-insured business arrangement offered by VNPN under which, in exchange for a fee or other consideration paid by Health Plan or Members, and upon presentation of identification bearing the VNPN authorized name and/or logo, a Participant has the right to reimburse Participating Hospital or Providers directly at the Contract Rate as payment in full for health care services rendered.;
- d. Practitioner Only Plans. Practitioner Only Plan means a Benefit Program offered by VNPN or Health Plan that (i) provides benefits for Practitioner/Professional Only access, which may include certain laboratories and ancillaries, as determined by VNPN and Health Plan, **and** (ii) is identified by an VNPN authorized name and/or logo with a “Practitioner Only” or “Practitioner & Ancillary Only” tagline on Participant’s identification;
- e. Referenced Based Plans. A referenced based plan means a Benefit Program offered by Health Plan whose benefit plan design only allows reimbursement to either the Member or any Provider at a pre-determined rate calculated as a percentage of Medicare and does not calculate the allowable amount on claims at the rate contracted for under this Agreement.

ARTICLE II

Obligations of VNPN

2.1 VNPN shall establish and maintain a network or networks of Participating Providers and Participating Hospitals, who will provide Covered Services to Members upon the terms and conditions set forth herein.

2.2 Explanation of Benefits (EOBs) must contain a reference to VNPN utilization by Payors in order for this Agreement to apply.

2.3 Participating Provider and Participating Hospital hereby acknowledges and understands that VNPN is not liable for payment of Covered Services under any circumstance. Any and all payments for services are the sole responsibility of VNPN's Payor. VNPN will use best efforts to facilitate any discussions that take place should improper payment occur.

2.4 VNPN shall ensure that Payors adhere to the terms of the Agreement and will assist Participating Providers as requested to receive payment from Payor.

2.5 VNPN may market, advertise and promote Participating Providers to VNPN Payors.

ARTICLE III

Obligations of Participating Provider and Participating Hospital

3.1 Participating Provider and Participating Hospital shall provide Covered Services to Members within the scope of the Participating Provider's license, certification, and specialty. Participating Provider and Participating Hospital agrees to adhere to all applicable state and federal laws. Participating Provider and Participating Hospital shall make best effort to provide Covered Services in the same manner, with the same availability, and in accordance with the same standards as provided to other patients and without discrimination based on subjects including but not limited to sources of payment of services, race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, handicapped or lawful employment.

3.2 Participating Provider and Participating Hospital agrees to notify VNPN of any and all changes, additions and deletions as it pertains to the demographics requested in Exhibit A and Exhibit B of this Agreement for the purposes of maintaining a Participating Provider and Participating Hospital database for VNPN directories. Notification may be submitted to VNPN electronically at updates@velocityppo.com

3.3 Participating Provider and Participating Hospital agrees that the tax identification number(s) in this agreement are contractually obligated to all the terms of this Agreement.

ARTICLE IV

Referral to Participating Providers

4.1 Participating Provider and Participating Hospital agrees, whenever reasonably and medically appropriate, to send a patient to another practitioner (ex. specialist) for consultation or a health care service that the referring source believes is necessary but is not prepared or qualified to provide.

ARTICLE V

Participating Provider and Participating Hospital Billing Procedures

5.1 Participating Provider and Participating Hospital agrees to submit claims on all Covered Services directly to the entity designated on the Member's identification card.

5.2 Participating Provider and Participating Hospital agrees to accept as payment in full for Covered Services rendered to a Member the lesser of billed charges or the negotiated rate. Participating Providers may only bill the Member for any co-payment, deductible or co-insurance required by the Health Plan. Participating Providers may bill a Member for services that are not Covered Services under the Member's Health Plan. Participating Provider and Participating Hospital agrees that all payments shall be made subject to Medical Necessity provisions and subject to any Payor utilization review and procedure.

5.3 Participating Providers shall submit, within one hundred and eighty (180) days of date of service to Payor, the claim for Covered Services rendered to Members consistent with Article V of this Agreement. Such services shall show gross charges for all Covered Services rendered identified by code as it appears in the current Physician's Current Procedural Terminology (CPT) or Revenue Cycle Management (RCM) revenue codes. Claims shall be submitted on standard HCFA 1500 Universal Claims Forms, UB-04 Claims Forms, or on other forms or using electronic media acceptable to VNPN.

5.4 This provision shall survive the termination of this Agreement on services rendered while this Agreement was in effect.

ARTICLE VI

Payment to Participating Providers

6.1 Payors shall cause automatic assignment of benefits and pay directly to the Participating Provider for Covered Services. Payment will never come from VNPN directly.

6.2 Payors shall remit payment for a Clean Claim within thirty (30) days from the date of receipt of a non-electronic Clean Claim and within thirty (30) days from the date of receipt of an electronic Clean Claim for services rendered by a Participating Provider, unless one of the following has occurred:

- a. The claim submitted is not a Clean Claim;
- b. Billing of services rendered is not consistent with current CPT or RCM revenue codes;
- c. Services rendered are subject to coordination of benefits and/or utilization review; or

d. Members eligibility is under review.

6.3 If a Participating Provider claim is not paid within the timeframes specified in section 6.2 for one of the reasons described in sub-sections 6.2.a through 6.2.d, Payor will issue Participating Provider an EOB describing specifically why the claim was not paid using standard industry denial codes wherever possible or will notify Participating Hospital that that a claim is not a Clean Claim and what additional information is required for adjudication within thirty (30) days.

6.4 Participating Providers will be provided with each approved payment an explanation of the payment for the Participating Provider's services rendered to Members. The explanation of payment shall identify any portion of the bill or claim which has been disallowed as non-covered or covered but deemed medically inappropriate or unnecessary, any amounts of applicable co-payments and any amounts paid by others through coordination of benefits.

6.5 Payors shall pay to the Participating Hospital the lesser of state fee schedule maximum allowed if applicable, billed charges or the agreed upon reimbursement rate for the Covered Service rendered for all services that are payable in accordance with the Agreement.

6.6 Provider agrees to participate in the VNPN Group Health and Workers Compensation lines of business. Participating Provider agrees to accept from VNPN Payors as payment in full for Covered Services rendered to Members as follow;

- a. Group Health: 15% below Participating Provider's billed charges.
- b. Workers Compensation: 2% below the current state mandated workers compensation fee schedule or 15% below Participating Provider's billed charges for non-fee schedule states or unlisted services.

ARTICLE VII

Payment to Participating Hospitals

7.1 Payors shall cause automatic assignment of benefits and pay directly to the Participating Hospital for Covered Services. Payment will never come from VNPN directly.

7.2 Payors shall remit payment for a Clean Claim within forty-five (45) days from the date of receipt of a non-electronic Clean Claim and within thirty (30) days from the date of receipt of an electronic Clean Claim for services rendered by a Participating Hospital, unless one of the following has occurred:

- a. The claim submitted is not a Clean Claim;
- b. Billing of services rendered is not consistent with current CPT or RCM revenue codes;
- c. Services rendered are subject to coordination of benefits and/or utilization review; or
- d. Members eligibility is under review.

7.3 If a Participating Hospital claim is not paid within the timeframes specified in section 7.2 for one of the reasons described in sub-sections 7.2.a through 7.2.d, Payor will issue Participating Hospital an EOB describing specifically why the claim was not paid using standard industry denial codes wherever possible or will notify Participating Hospital that that a claim is not a Clean Claim and what additional information is required for adjudication within thirty (30) days.

7.4 Participating Hospitals will be provided with each approved payment an explanation of the payment for the Participating Hospital's services rendered to Members. The explanation of payment shall identify any portion of the bill or claim which has been disallowed as non-covered or covered but deemed medically inappropriate or unnecessary, any amounts of applicable co-payments and any amounts paid by others through coordination of benefits.

7.5 Payors shall pay to the Participating Hospital the lesser of state fee schedule maximum allowed if applicable, billed charges or the agreed upon reimbursement rate for the Covered Service rendered for all services that are payable in accordance with the Agreement.

7.6 Hospital agrees to participate in the VNPN Group Health and Workers Compensation lines of business. Participating Hospital agrees to accept from VNPN Payors as payment in full for Covered Services rendered to Members as follow;

- a. Group Health: 15% below Participating Hospital's billed charges.
- b. Workers Compensation: 2% below the current state mandated workers compensation fee schedule or 15% below Participating Hospital's billed charges for non-fee schedule states or unlisted services.

ARTICLE VIII

Utilization Review

8.1 Participating Provider and Participating Hospital agrees to participate in and comply with the requirements of the utilization review, quality improvement, peer review, credentialing and re-credentialing, grievance procedures and other utilization management programs established by Payors.

8.2 Participating Provider and Participating Hospital agrees that Payors shall have the authority to reduce or omit payment to the extent that review has identified Covered Services that were not Medically Necessary or appropriate or were not otherwise Covered Services. If the Participating Provider and Participating Hospital has obtained pre-certification of Medical Necessity, the Payor shall accept the determination of Medical Necessity for payment purposes, unless the Participating Provider and Participating Hospital has information showing no Medical Necessity and failed to disclose this or failed to present complete and accurate information.

8.3 Pre-certification or any other determination of Medical Necessity does not guarantee payment, which may be denied by Payors for reasons other than Medical Necessity.

ARTICLE IX

Patient Relationship

9.1 It is understood and agreed to by the parties that each Participating Provider and Participating Hospital shall maintain an independent physician/patient relationship with each Member and shall be solely responsible to such Member for his or her treatment. Nothing herein shall be construed to require any Participating Provider and Participating Hospital to take any action, or refuse to take any action inconsistent with professional judgment.

ARTICLE X

Liability and Insurance

10.1 Each Participating Provider, at their sole and individual expense, shall maintain professional liability insurance with limits of no less than one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) aggregate professional liability coverage, or levels that are in line with local, state, or federal law, with an approved carrier. Documentation supporting the Participating Provider and Participating Hospital's coverage through these means must be provided upon request. Other individual considerations may be given at the discretion of VNPN. If the form of insurance described above is "claims made," appropriate tail coverage shall be purchased to insure against claims made after the expiration of such insurance relating to acts or omissions occurring during the term of this Agreement.

10.2 Each Participating Provider and VNPN shall maintain such other insurance as shall be necessary to insure each other, their respective agents and employees against damages arising from their respective duties and obligations under this Agreement or that which would impair their individual ability to carry out the terms of this Agreement. The Participating Provider and Participating Hospital will be liable for any claims, actions, damages or litigation arising solely from any negligent, fraudulent or dishonest acts of the Participating Provider and Participating Hospital.

ARTICLE XI

General Provisions

11.1 Notice. Any notice required by this Agreement shall be given only in written form, sent by United States mail, return receipt requested, with postage prepaid and addressed to VNPN at 16515 S 40th St, Suite 125, Phoenix, AZ 85048 and to Participating Provider and Participating Hospital at the last known address. Notice shall be deemed given on the date of delivery or refusal as shown on the return receipt.

11.2 Severability. The invalidity of any term or provision of this Agreement shall not affect the validity of any other term or provision of this Agreement.

11.3 Waiver. Waiver of a breach of any provision of this Agreement shall not be deemed a waiver of any other breach of a different provision.

11.4 Amendments. Provider and VNPN will comply with any and all of the amendments to this Agreement. All Amendments must be signed by both parties and mutually agreed upon prior to being put into effect.

11.5 Assignability. This Agreement shall be binding upon execution and shall inure to the benefit of the parties to it, their respective heirs, legal representative, successors and assigns. Either party may assign any of their respective rights or delegate any of their respective duties hereunder without receiving the prior written consent of the other party.

11.6 Captions. Captions are solely for convenience and shall not be used in interpreting the text of this Agreement.

11.7 Dispute Resolution.

- a. Company will provide an internal mechanism under which Provider can raise issues, concerns, controversies or claims ("Dispute(s)") regarding the obligations of the Parties under this Agreement.
- b. In the event the Parties have exhausted the mechanism under Section 7.1.1 to resolve the Dispute, the Parties agree, within thirty (30) days' written notice from the other Party, to make an executive management personnel authorized to resolve the Dispute available to meet and confer with the other Party's executive management personnel in order to resolve the Dispute.
- c. Provider will exhaust the dispute resolution mechanisms described in Sections 7.1.1 and 7.1.2 before instituting any mediation or other permitted legal proceeding. The Parties agree that any discussions and negotiations held during the processes described in Sections 7.1.1 and 7.1.2 will be treated as settlement negotiations and will be inadmissible into evidence in any court proceeding, except to prove the existence of a binding settlement agreement. This Section 7.1 will survive the termination of this Agreement.

Mediation.

Both Parties agree to confer in good faith to resolve any dispute that may arise under the terms of this Agreement. Should any dispute not be resolved, the Parties agree to refer such dispute to mediation pursuant to the rules of the American Arbitration Association. Such referral shall be made within sixty (60) days of the last attempted resolution by the Parties. The compensation and expenses of the Mediator and any administrative fees or costs associated with the mediation proceedings shall be borne equally by the Parties. In addition, each Party shall pay its own fees and expenses incurred in connection with any mediation proceeding, including but not limited to attorneys' fees and expenses, expenses incurred preparing for mediation, witness fees and expenses, copying expenses, and other similar fees and expenses. Any mediation proceedings shall take place in Caddo County.

11.8 Independent Contractors. VNPN, the Payors and Participating Provider and Participating Hospitals, their agents and employees respectively, are at all times acting and performing as independent contractors in the performance of their obligations under this Agreement.

11.9 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Oklahoma.

11.10 HIPAA. Both parties agree, solely to the extent applicable to the terms of this agreement to comply with the Healthcare Insurance Portability and Accountability Act of 1996 regulations and rules regarding access to personal information for the transmission of healthcare data including but not

limited to the Standards for Electronic Transactions and Code Sets, Privacy and Individually Identifiable Health Information, Security and Electronic Signatures, National Standard Health Care Identifier, and National Standard Employer Identifier. Both parties agree to be in compliance with Standards published as the “Final Rule” in the Federal Register not later than the compliance implementation date furnished by the Department of Health & Human Services.

11.11 Indemnity. Both parties shall indemnify and hold the other party harmless from all liability, loss, damage and cost arising out of any claims, demands, actions or other proceedings by third parties of any nature (including, but not limited to, attorney fees as and when incurred), to the extent the same arises out of (i) the breach of any covenant, agreement or obligation of the party contained in or contemplated by this Agreement, (ii) any representation or warranty of the party set forth in this Agreement having been untrue in any material respect when made, except to the extent in either (i) or (ii) above that such claim arises from the indemnified party's willful misconduct or negligence.

11.12 Entire Agreement. This Agreement constitutes the entire agreement between the parties and as of the effective date hereof supersedes all other agreements and understandings between the parties with respect to the subject matter hereof.

ARTICLE XII

Term and Termination

12.1 This Agreement shall be for an initial term of one (1) year commencing on the Effective Date and ending on the first anniversary of the Effective Date (the “Initial Term”). Thereafter, this Agreement shall continue from year to year unless terminated pursuant to the Termination provision. Either party may notify the other party in writing of its intention to terminate this Agreement or specific line of business. Such written notice shall be provided at least ninety (90) days prior to the date of termination.

12.2 Notwithstanding any other provision of this Agreement, VNPN and Participating Facility and/or Provider shall have the right to cancel this Agreement immediately in the event VNPN or Participating Facility and/or Provider is determined to be in violation of or failing to comply with any of the requirements of this Agreement or for any other reason after thirty (30) days written notice and failure to comply with the applicable code of standards and ethics.

12.3 This Agreement will automatically terminate on the earlier of:

(1) The date legislation is effective or any court interprets a law so as to prohibit the continuation of this Agreement; or

(2) The date on which VNPN or the Participating Provider and Participating Hospital ceases doing business, or files for protection in the U. S. Bankruptcy Court.

In consideration of the promises and the mutual covenants and undertakings set forth in this Agreement, receipt and sufficiency of which is hereby acknowledged, the parties have executed this Agreement through their duly authorized representatives with an effective date as of the date of a fully executed Agreement.

Participating Provider Hospital Organization

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Federal Tax ID: __ 82-2087512 _____

Velocity National Provider Network, LLC

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Hospital Vendor Contract Summary Sheet

1. ☐ Existing Vendor ☒ New Vendor
2. **Name of Contract:** Velocity National Provider Network
3. **Owner:** Jerry Ramsland
4. **Contract Parties:** Velocity National Provider Network/MRMC.
5. **Contract Type Services :** Insurance Services
6. **Impacted Hospital Departments:** Hospital Wide
7. **Contract Summary:** This is an agreement for MRMC to participate in the Velocity National Provider Network. This will allow us to be under contract with Velocity and care for their patients and receive payment.
8. **Cost:** ☐ none
9. **Prior Cost:** ☐ none
10. **Term:** 1-year with a yearly renewal unless terminated by either party
11. **Termination Clause:** 90-day written notice
12. **Other:**

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract:** Stericycle/Shred-It
3. **Owner:** Stericycle, Inc owned by Waste Management
4. **Contract Parties:** Stericycle/Shred-it/MRMC.
5. **Contract Type Services :** Shredding Services.
6. **Impacted Hospital Departments:** All Departments
7. **Contract Summary:** This agreement replaces our current agreement with Shred-It providing shredding services.
8. **Cost:** ☒
9. **Prior Cost:** ☐
10. **Term:** 24-months
11. **Termination Clause:** None
12. **Other:**

Location	# of Consoles	Shred-It costs	New Shred-It Cost	Average Monthly Savings	Average Annual Savings
Hospital	17	Current avg monthly cost \$2342.70	Proposed monthly cost \$328.00	Avg Monthly savings \$2,014.70	Avg Annual savings \$24,176.40
Clinic	2	Current avg monthly cost \$168.00	Proposed monthly cost \$118.00	Avg Monthly Savings \$50.00	Avg Annual savings \$600.00

Total average annual savings for the agreement will be \$24,776.40!

Shred-it Order Form
Effective Date 09/23/2025
Between Stericycle, Inc. (Shred-it) and MANGUM FAMILY CLINIC

Sold To:

Company Name: MANGUM FAMILY CLINIC
Address: 118 S LOUIS TITTLE AVE
Floor/Suite:
City / State / Zip: MANGUM, Oklahoma, 73554-4441
Phone: (580) 782-3353
Email: kmartinez@chmcok.com
Contact: Kelley Martinez
Title:

Bill To:

Company Name: Mangum Family Clinic
Address: 118 S LOUIS TITTLE AVE
Floor/Suite:
City / State / Zip: MANGUM, Oklahoma, 73554-4441
Phone: (580) 782-3353
Email: kmartinez@chmcok.com
Contact: Kelley Martinez
Title:

Services

Ship To Name: MANGUM FAMILY CLINIC Ship To Address: 118 S LOUIS TITTLE AVE, MANGUM, Oklahoma, United States, 73554-4441			
Service Name	Pick Up Frequency	Planned Units For Pick Up	Contracted Price
REGULAR SERVICE ON-SITE (PAPER)	Every 4 Weeks	1 Each	\$ 90.00 Minimum Per Pickup
CONSOLE (STANDARD)	Every 4 Weeks	2 Each	\$ 14.00 Per Container - Minimum Includes 2 Each

This offer will expire: 10/23/2025

GPO: NONE

Initial Term: 24 Months; **Renewal Term Length:** 24 Months

Annual Price Increase: API - 7%; **Months Until First Price Increase:** 12

Payment Terms: Net 30

Billing Schedule: Monthly

Additional Taxes and Surcharges May Apply

Surcharges: Fuel: None; **Environmental:** None; **Recycling Recovery:** None;

Fuel/Environmental Cap: None; **Recycling Recovery Surcharge Cap:** None

This Order Form is subject to the Shred-it Terms and Conditions, which are located at <https://www.shredit.com/en-us/service-terms-and-conditions>, and which are incorporated by reference hereto. Shred-it may update the Shred-it Terms and Conditions and/or URL from time to time.

Stericycle, Inc.:

Name: Bryce Johnson

Title:

Date:

Signature:

Customer:

Name: Kelley Martinez

Title: Chairman of the Board

Date:

Signature:

By signing above, I acknowledge that I am the Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions of this Agreement. I acknowledge that Customer is a company, and not an individual person. To the extent this transaction is subject to any applicable business-to-consumer laws or regulations, I expressly waive and relinquish any and all rights and claims against Stericycle, Inc. thereunder.

Shred-it Order Form
Effective Date 09/18/2025
Between Stericycle, Inc. (Shred-it) and MAGNUM REGIONAL MEDICAL CENTER

Sold To:

Company Name: MAGNUM REGIONAL MEDICAL CENTER
Address: 1 WICKERSHAM ST
Floor/Suite:
City / State / Zip: MANGUM, Oklahoma, 73554-9117
Phone: (580) 782-3353
Email: kmartinez@chmcok.com
Contact: Kelley Martinez
Title:

Bill To:

Company Name: Magnum Regional Medical Center
Address:
Floor/Suite:
City / State / Zip: , ,
Phone: (580) 782-3353
Email: kmartinez@chmcok.com
Contact: Kelley Martinez
Title:

Services

Ship To Name: MAGNUM REGIONAL MEDICAL CENTER Ship To Address: 1 WICKERSHAM ST, MANGUM, Oklahoma, United States, 73554-9117			
Service Name	Pick Up Frequency	Planned Units For Pick Up	Contracted Price
REGULAR SERVICE OFF-SITE (PAPER)	Every 4 Weeks	1 Each	\$ 90.00 Minimum Per Pickup
CONSOLE (STANDARD)	Every 4 Weeks	17 Each	\$ 14.00 Per Container - Minimum Includes 2 Each

This offer will expire: 10/18/2025

GPO: NONE

Initial Term: 24 Months; **Renewal Term Length:** 24 Months

Annual Price Increase: API - 7%; **Months Until First Price Increase:** 12

Payment Terms: Net 30

Billing Schedule: Monthly

Additional Taxes and Surcharges May Apply

Surcharges: Fuel: None; Environmental: None; Recycling Recovery: None;

Fuel/Environmental Cap: None; **Recycling Recovery Surcharge Cap:** None

This Order Form is subject to the Shred-it Terms and Conditions, which are located at <https://www.shredit.com/en-us/service-terms-and-conditions>, and which are incorporated by reference hereto. Shred-it may update the Shred-it Terms and Conditions and/or URL from time to time.

Stericycle, Inc.:

Name: Bryce Johnson

Title:

Date:

Signature:

Customer:

Name: Kelley Martinez

Title: Hospital Administrator

Date:

Signature:

By signing above, I acknowledge that I am the Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions of this Agreement. I acknowledge that Customer is a company, and not an individual person. To the extent this transaction is subject to any applicable business-to-consumer laws or regulations, I expressly waive and relinquish any and all rights and claims against Stericycle, Inc. thereunder.