Agenda
Mangum City Hospital Authority
July 28, 2026 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 July 28, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.

CALL TO ORDER

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 June 23, 2026, regular meeting minutes as present.
2. Approve June 2026 Medical Staff Meeting Minutes
3. Approve June 2026 Clinic Report
4. Approve June 2026 Quality Meeting Minutes
5. Approve June 2026 CCO Report
6. Approve June 2026 CEO Report
7. Approve the following forms, policies, appointments, and procedures previously approved on 07/16/2026 by Quality Committee and on 7/23/2026 by Medical Staff

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

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

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

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

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

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

8. Discussion related to HIM Delinquencies-none to report

FURTHER DISCUSSION

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

REPORTS

9. Financial Report for June 2026

OTHER ITEMS

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

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

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

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

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

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

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

EXECUTIVE SESSION

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

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

- Re-Credentialing
  - Kimbo Sanda, MD- Courtesy Privileges-Family Medicine

OPEN SESSION

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

STAFF AND BOARD REMARKS
Remarks or inquiries by the governing body members, City Manager, City Attorney or City 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 4:30 p.m. on the 24th day of July 2026, by the Secretary of the Mangum City Hospital Authority.

_____
Brittany McClintock Secretary

Minutes
Mangum City Hospital Authority Session
June 23, 2026 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 June 23, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.

CALL TO ORDER

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

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT
Trustee Cheryl Lively
Trustee Michelle Ford
Trustee Carson Vanzant
Trustee Lisa Hopper

ABSENT
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 as presented.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.
Voting Yea: Trustee Lively, Trustee Ford, Trustee Vanzant, Trustee Hopper

1. Approve May 26, 2026, regular meeting minutes as present.
2. Approve May 2026 Medical Staff Meeting Minutes
3. Approve May 2026 Clinic Report.
4. Approve May 2026 Quality Meeting Minutes
5. Approve May 2026 CEO Report.

6. Approve the following forms, policies, appointments, and procedures previously approved on 6/11/2026 by Quality Committee and on 6/18/2026 by Medical Staff

   Discussion and Possible Action to Approve the Policy and Procedure: MRMC-2026 Hazard and Vulnerability Assessment.

7. Discussion related to HIM Delinquencies-none to report.

FURTHER DISCUSSION

No further discussion.

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

No remarks.

REPORTS

8. Financial Report for May 2026

   The average daily census for the month was 12.55. This is down 3 days from April and up 1 day from the year-to-date monthly average. The acute payer mix for May was 48% for Medicare and Medicare Managed Care with the prior month being 64%. The swing bed payer mix for May was 86% for Medicare and 12% for Medicare Managed care. The year-to-date for Medicare is 83% and Medicare Managed Care is 17%. The operating margin was positive $104,000, which is up $60,000 from April. The year-to-date operating margin is $448,000. Net patient revenue was $1.71 million for the month, an increase of $43,000 from last month and an increase of $74,000 from the year-to-date monthly average. 340B revenue was $8,000 for May and expenses were $7,000. Operating expenses were at $1.62 million, that's down $48,000 from the prior month and up $48,000 from the year-to-date monthly average. Patient days for May were at 389. That's down 66 days from April. Cash receipts for the month were $2.07 million. That's a increase of $418,000 from the year-to-date monthly average and a decrease of $127,000 from April. Cash disbursements were at $1.83 million. Cash balance at month end was $1.02 million, giving 19.5 days of cash on hand. The clinic average daily visits were 14. The year-to-date revenue for the clinic is $387,000. Operating expenses were $460,000, with a year-to-date net loss of $73,000.

   Chairman Vanzant asked if there were any other major expenses that we will see for the clinic for the rest of the year or are we projecting our loss at around $200,000?

   It was stated the 12-month projected is less than $175,000.

OTHER ITEMS

9. Discussion and Possible Action to Approve the MRMC and BancFirst Agent of record Letter for CFC Underwriting Limited for Cyber insurance.

   Motion to approve.

   Motion made by Trustee Vanzant, Seconded by Trustee Hopper.
   Voting Yea: Trustee Lively, Trustee Ford, Trustee Vanzant, Trustee Hopper

STAFF AND BOARD REMARKS
Remarks or inquiries by the governing body members, Hospital CEO, City Attorney or Hospital Employees

An update was given on the Big Beautiful Bill.

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)

None.

ADJOURN
Motion to Adjourn

Motion to adjourn at 5:45 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.
Voting Yea: Trustee Lively, Trustee Ford, Trustee Vanzant, Trustee Hopper

Duly filed and posted at 12:00 p.m. on the 22nd day of June 2026, by the Secretary of the Mangum City Hospital Authority.

Carson Vanzant, Chairman

Brittany McClintock, City Clerk

Mangum Regional Medical Center
Medical Staff Meeting
Thursday
June 18, 2026

MEMBERS PRESENT:

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

ALLIED HEALTH PROVIDER PRESENT

David Arles, APRN-CNP
Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:
Kelley Martinez, RN, CEO
Chelsea Church, PharmD
Alex Sterns, PharmD
Megan Smith, RN – Quality
Lynda James, LPN – Drug Tech
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
    a. The meeting was called to order at 1:10 pm by Dr. John Chiaffitelli, Medical Director.

2. Acceptance of minutes
    a. The minutes of the May 21, 2026, Medical Staff Meeting were reviewed.
        i.Action: Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.

3. Unfinished Business
    a. None.

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4. Report from the Chief Executive Officer

    - Operations Overview -

        - ARC Architecture Firm has submitted all forms to the State Department of Health, and we are awaiting a response Regarding our Lab Relocation/Renovation project.

- We are continuing to still make improvements at the facility currently we are working on painting the inside of the facility starting with the lobby and then we will move down the patient halls.
- Patient rounds being completed 3 times a week has had a great response from the patients and the staff.
- We continue to promote all our service lines at the hospital and at the clinic.
- Upfront collections for the hospital were at $1,509.00 for the month of May.
- Upfront clinic collections for the month of May were $281.07.
- The lab building is almost completed we are awaiting a few pieces of equipment such as the door and windows.

Written report remains in the minutes.

5. Committee / Departmental Reports
   a. Medical Records – No Report for May, 2026

      1. – ER – ER Notes needed out of – Completed
         OBS – out of
         Acute – H&P – Completed
         ER - ER Note Needs to be H&P – Corrected
         DC – DC Summary – Completed
         SWB - out of 2 H&P - Completed
      2. Old Business
         No report in the minutes for the Month of May, 2026

   b. Nursing
      Patient Care
      - MRMC Education included:
        1. Nursing documentation updates are communicated to nursing staff weekly.
        2. Nurse meeting held May 6th with the next meeting scheduled for July 15th.

      - MRMC Emergency Department reports 0 patient Left Without Being Seen (LWBS).
      - MRMC Laboratory reports 0 contaminated blood culture set(s).
      - MRMC Infection Prevention reports 1 CAUTI.
      - MRMC Infection Prevention report 0 CLABSI.
      - MRMC Infection Prevention reports 1 HAI, for the month of May, 2026.

      Client Service

- Total Patient Days for May 2026 were 389. This represents an average daily census of 13.
- All open positions are currently filled at this time.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

c. Infection Control –

- Old Business
  a N/A
- New Business
  - NHSN – Patient Safety Structural Measure needs to be completed in NHSN by May 18, 2026, to meet new CMS requirements.
- Data:
  a, N/A
- Policy & Procedures Review:
  a. Corporate IP and all IPs in the Cohesive system are reviewing 5 IC policies per week.
  b. Plan to have the IC manual review and updates completed by June 2026 to present to the IC committee, Quality, med Staff and Governing Board.
  c. The Employee Health policies were revised to ensure that members who are treated and managed as patients due to a workplace injury or illness in the Hospital shall receive the same protections of their health information as any other patient the Hospital treats in accordance with HIPPA regulations. IC committee approved policy changes as written. Forwarded to Quality, Med Staff, and Governing Board for approval.
     - EHP-001 Employee Health Program
     - EHP-003 Employee Occupational illness and Injury
     - EHP-001 EH Standing Orders
     - FMEH-010 Staff Acknowledgement of Work
     - Restrictions FMEH-0032 Staff Refusal for
     - Drug/Alcohol Test Form Urine Drug Screen Process
- Education/In Services
  a. Nursing Education 4/22/2026
     - Vaccine Administration documentation education sent out via Tiger Text to remind nurses on the required documentation from the OSDH to meet the PI measure.
     - IP Training Only:
       Monthly EPIC meeting April 16, 2026 “CDC Updates” presented by connie Sneed MSN, RN, CIC, FAPIC Infection Preventionist Consultant.

4/30/2026 NHSN Hemovigilance Module Next Steps.

- Updates: None at this time.
- N95 Fit Texts – 5 completed

Annual Items:

a. Construction Risk Assessment - ICRA presented to IC committee for approval during May meeting. IC committee approved as written. Plan forwarded to Quality, Med Staff, and Governing Board for approval.
IP to follow up with documents as soon as signed.

b. Linen Services – Annual site visit will be scheduled for September, 2026.

Written report remains in minutes.

d. Environment of Care and Safety Report

i. Evaluation and Approval of Annual Plan

i.i. Old Business - -

a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.—Talked to contractor 10-4-2025 about cover for hopper – contractor measured and is making quote for cover. – Contractor backed out on making cover - - Will check on repairing hopper.

b.ER Provider office flooring needing replaced. Tile is onsite.- Remodel is postponed.

c. Stained ceiling tile throughout facility from leaking roof – Replacement Started 9-15-2025. Need more tile. Started replacement on 3-9-2026. Complete 5-01-2026.

d. Damaged ceiling in OR2 due to leaking roof.

e. New Hope Roof – Leak in Physical Therapy office after hail storm – City approved vendor to repair.-Roof replaced 1-15-2026 Will get contractor to quote ceiling repair. Contractor will be here 3-10-2026.

f. Need light installed for parking lot at New Hope - - Contractor scheduled for week of 16th. This appointment was used for chiller rewire – contractor rescheduled – Complete 4-14-2026.

g. Front wall of lab building damaged from vehicle – Waiting on start date from contractor for repairs.- - -Repairs started on 4-28-2026.

i.i.i. New Business

a. Vacuum Pump issues – Pump 2 quit 4-28-2026 – Pump 1 quit 5-7-2026 – currently relying on portables – Waiting on ETA for parts to make repairs – depending on parts availability.

b. Refrigerator in Pharmacy quit 5-7-2026 – Replacement ordered 5-8-2026.

c. Approve 2026 HVA Assessment
d. Floor needs replaced in Room 19 and Linen room.
e. North door Alarm not working properly.
f. Ceiling tile by business office needs replaced.

Written report remains in the minutes.

e. Laboratory
   i. Tissue Report – No tissue report for May, 2026
   i.i. Transfusion Report – Approved

Written report remains in minutes.

f. Radiology
   i. There was a total of – 202 X-Rays/CT/US
   i.i. Matters for approval
      - Nothing up for approval
   i.i.i. Updates:
      - No Updates

Written report remains in minutes.

g. Pharmacy
   i. Verbal Report by Clinical Pharmacist
   i.i. P & T Committee Meeting –
   The P&T Committee Meeting was held in June, 2026.
   i.i.i. Azithromycin injectable still on backorder but we were able to get an allocation. IV contrast is on backorder.
   Demerol IV is unavailable. Morphine is on back order.
   i.v. List of meds recommended for standing order are tums, voltaren gel, nystatin powder, nystatin swish and swallow, and melatonin.
   i.v. Reviewing Policies & Procedures to be presented at a later date.

Written report remains in the minutes.

h. Physical Therapy
   i. No report.

i. Emergency Department
   i. No report

j. Quality Assessment Performance Improvement
- Risk Management
  - Grievance – 1
  - Fall with no injury – 1
  - Fall with minor injury – 2
  - Fall with major injury – 0
  - Death – 0
  - AMA/LWBS – 0-In Pt – 1- ER - AMA - 0-OBS – SWB
- Quality – Minutes are in the minutes of Medical Staff

Meeting.

- HIM – ED discharge instructions - Compliance
  100% - D/C Note Compliance
  100% - Progress Notes
  100% - ED DC Instructions
  100% - ED Provider Dx
- Med event – 0
- After hours access was –

Written report remains in the minutes.

k. Utilization Review
   i. Total Patient days for
   i.i. Total Medicare days for
   i.i.i. Total Medicaid days for
   iv. Total Swing Bed days for
   v. Total Medicare Swing Bed days for
   Minutes for May Meeting remain in the minutes.

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

6. New Business
   a. Review & Consideration of Approval of the Hazard and Vulnerability Assessment of 2026
      i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve the Hazard and Vulnerability Assessment of 2026.
   b.Review & Discussion – Running PMP on Patients – CEO led in discussion on Running PMP on Patients.
   c. Revuew & Discussion – On TPA : - Discussion was held on TPA.
      i.Motion: made by John Chiaffitelli, DO Medical Director to remove TPA from the Formulary and to only stock TNKase.

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7. Adjourn
   a. Dr Chiaffitelli made a motion to adjourn the meeting at 1:28 pm.

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Medical Director/Chief of Staff Date

Clinic Operations Report

Mangum Family Clinic

June 2026

Monthly Stats	June 2025	June 2026
Total Visits	176	160
Provider Prod	186	186
RHC Visits	155	150
Nurse Visits	0	1
Televisit	0	0
Swingbed	3	

Provider Numbers	RHC
Ogembo	138
Dr. Sanda	22
Dr. C.	

Payor Mix	
Medicare	72
Medicaid	21
Self	10
Private	57

Visits per Geography	
Mangum	128
Granite	23
Duke	9

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

Clinic Operations:

Quality Report:

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	0	0	Excellent
Patient Satisfaction	4	5	2; Excellent 2; Good, Fair
New Patients	11	10	Good
No Show	0.06%	<12%	11 no shows for the month
Expired Medications	0	0	None noted.

Outreach:

- Nothing specific to report. Clinic continues to support the community by providing compassionate quality care.

Summary :

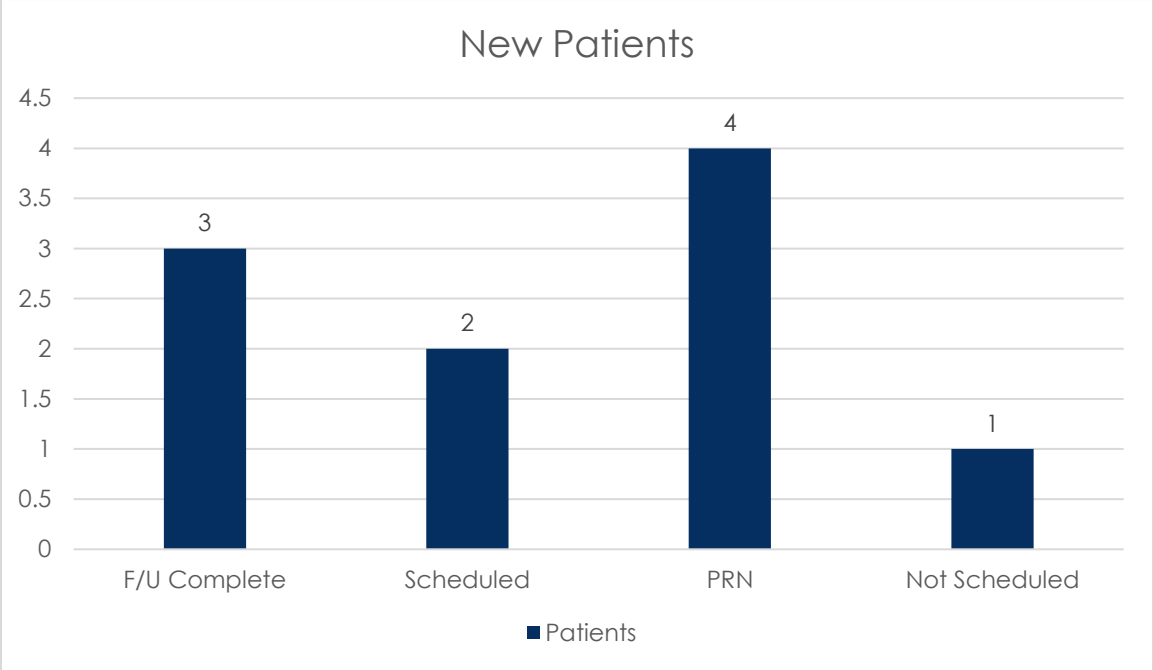
Mangum Family Clinic continues to support and provide quality care to Mangum and surrounding communities.

“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

JUNE 2026

NEW PATIENT TRACKING



Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

Meeting Location: OR	**Reporting Period: May 2026**	
Chairperson: Dr Gilmore	**Meeting Date: 06/11/2026**	**Meeting Time: 14:00**
Medical Representative: Dr Gilmore	**Actual Start Time: 1406**	**Actual Finish Time: 1444**
Hospital Administrator/CEO: Kelley Martinez	**Next Meeting Date/Time: 7/16/2026 @ 1400**	

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

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

I. CALL TO ORDER				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Call to Order	QM	**1 min**	Called to order at 1406	Approval: First – K. Martinez Second– S. Hughes
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Quality and Patient Safety Committee 1. ***Approval of Meeting Minutes***	Meghan Smith	**2 min**	Meeting minutes – May 2026	Approval: First – T. Bowen Second – S. Hughes
B. Environment of Care (EOC) Committee 1. ***Approval of Meeting Minutes***	Mark Chapman	**2 min**	Meeting minutes – May 2026	Approval: First – S. Hughes Second – P. Esparza
C. Infection Control Committee 1. ***Approval of Meeting Minutes***	April Summerlin	**2 min**	Meeting minutes – May 2026	Approval: First – K. Martinez Second – S. Hughes
D. Pharmacy & Therapeutics (P&T) Committee 1. ***Approval of Meeting Minutes***	Chelsea Church/ Lynda James	**2 min**	Meeting minutes – Next Meeting July	-
E. Heath Information Management (HIM)/Credentialing Committee 1. ***Approval of Meeting Minutes***	Jessica Pineda/ Kaye Hamilton	**2 min**	Meeting Min –Will present 2 months in July	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

D. Utilization Review (UR) Committee 1. ***Approval of Meeting Minutes***	Chasity Howell	**2 min**	Meeting Minutes – April and May 2026	Approval: First – B. Nelms Second – B. Niles
III. DEPARTMENT REPORTS				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Nursing/Emergency Department	Nick Walker	**5 min**	Blood utilization – Code Blue – Restraint – Emergent Intubations:	Director out
B. Radiology	Pam Esparza	**2 min**	3 / 112 repeats	0/0Contrast reactions 1/1 Critical Test reporting
C. Laboratory	Tonya Bowan	**8 min**	44 – repeated labs, all critical repeats 0 - rejected specimen	
D. Respiratory Care	Heather Larsen	**2 min**	0 vent day Trach days, no decannulations	
E. Therapy	Christopher Larsen	**2 min**	Total # of Sessions Preformed 360 -PT Inpatient/Outpatient 192 -OT Inpatient 0 -ST Inpatient	22/22 Temp checks 22/22 Gait belt Obs
F. Materials Management	Cory Ross	**2 min**	4 - Back Orders 0 - Late Orders 0 - Recalls	
G. Business Office		**2 min**	DL – 99% Cost Share – 56%	
H. Human Resources	Stephanie Hughes	**2 min**	60 employees at end of month	
I. Environmental Services	Mark Chapman	**2 min**	10/10 terminal room cleans	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

J. Facility/Plant Operations	Mark Chapman	**2 min**	24 extinguishers checked 1 boiler checks 1 generator/transfer switch inspection 15 – filter checks 1- egress inspections	
K. Dietary	Treva Derr	**2 min**	Daily meal count – 31	100% on wash temps
L. Information Technology	Hank Hunt	**2 min**	6 high priority tickets completed 49 low priority tickets completed	
M. Strong Minds	Brittany Nelms/Brittany Niles	**2 min**	0 active patient	
IV. OLD BUSINESS				
V. NEW BUSINESS				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. New Business	QM	2 min		
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Volume & Utilization	CM	**5 min**	**AMA: 0**	
B. Case Management	CM	**8 min**	**30 Day readmit**- 0	
C. Risk Management	QM	**10 min**	**Deaths – 1**	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

			- Patient admitted to MRMC on for right lower lobe pneumonia. Patient had a past medical history of hypertension, A-Fib, debility. Patients family reported that patient was being admission to hospice at home. Family reports that patient possibly aspirated at home leading to ER visit. Due to patient's declining condition and current diagnosis, patient to admitted to MRMC. Patient continued to decline and required higher levels of oxygen support. Patient had a DNR on file. Multiple family members were at bedside. Provider discussed options, including intubation and transfer to a higher level of care. Family at bedside declined transfer and requested patient to be placed on comfort measures only on 5/4/26. Patient expired on 5/6/2026. This was an expected death. Lifeshare notified and Lifeshare declined case. **Complaints 0** **Grievances –**.0 **Workplace Violence Events** –1 - While administering a suppository, the patient exhibited visible signs of pain and then escalated to agitation. After insertion of medication into patient's rectum, the patient abruptly drew back elbow and thrust into the nurse's	**Other** - 0 **Skin tear 1:** Patient obtained a new skin tear to left wrist while in bed related to fragile/thin skin. Noted by POC nurse during rounds. **Bodily Injury:0**

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

			left upper arm with significant force. Movement appeared and directed specifically toward this nurse rather than accidental contact associated with repositioning or reflexive movement. **Falls - 3** **Falls w/o injury: 1** - Patient yelled from room "I slipped right out of my chair." HSS entered the room to find patient laying on the floor. Patient denies any pain. Assessment unremarkable. No new injuries apparent. VSS. **Falls with Minor Injury: 1** -Patient notified staff of fall via call light system on 5/6/2026 @ 0200. Reports he fell walking to the bathroom to the bed and hit left side of the corner of his bed. Fall unwitnessed. Patient found laying in bed. Abrasion noted to left lateral side Fall unwitnessed. Patient found laying in bed. Abrasion superficial with no bleeding noted. **Falls with Major Injury: 1** - Noise heard from across the hall. Patient called out for help. RN responded immediately. Upon entering the room the patient was found sitting on floor holding hand over left eye. Patient assessed by RN for injuries and vitals obtained. Provider notified and reported to bedside at assess patient. Patient alert and oriented. Patient reported he had slipped off side of bed. Pt had a	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

			laceration to left brow and large abrasion to right elbow. Vital signs stable. Laceration required 7 sutures for repair. **Delay in Care** **Visitor Event:** **Other Events: 2** - Patient reported to CEO and QM that patient's personal tablet fell off of bedside table when it was moved. The tablet screen was damaged but operational. Facility replaced tablet - Upon entering patient room, POC nurse smelled strong odor of cigarette smoke. Patient educated that there is no smoking in patient rooms or the facility. Patient cooperative with staff and verbalized understanding	
D. Nursing	CCO	**2 min**	**Med reconciliation** – **Preferred Pharmacy** – **Hospital Formulary** –	Director out
E. Emergency Department	CCO/QM	**5 min**	1.) **ER log compliance** – 2.) **EDTC Data** 3.) **LWBS –**	Director Out
F. Pharmacy & Therapeutics (P&T)	Pharmacy	**2 min**	**Next P&T** – **After hours access -**	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

			ADR - 0 **Med errors** – 1 - Patient scheduled to receive Demadex 20mg @ 1700 PO and dose was not administered. Dose was missed by point of care nurse. Education to be provided to make sure to double check EMAR at end of shift and make sure all meds are given and signed out.	
G. Respiratory Care	RT	**2 min**	0 unplanned decannulation 100% resp assessments 100% on Chart checks	
H. Wound Care	WC	**2 min**	1 wound : 1 hospital acquired wound. A blister to right heel. Wound treated by wound care team	
I. Radiology	RAD	**2 min**	Repeat tests: 3 CT Stroke Alert within 45 min: 0 Contrast Reactions: 0	
J. Laboratory	LAB	**5 min**	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	**5 min**	1 – Inpt HAIs 0 – MRDO 0 – VAE 0– Cdiff 1– CAUTI 0 – CLASBI ED Sepsis screens continue to improve 25/26	

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

L. Health Information Management (HIM)	HIM	**2 min**	100% - D/C Note Compliance 100% - Progress Notes 100% - ED DC Instructions 100% - ED provider Dx	
M. Dietary	Dietary	**2 min**	100% - daily meal count	
N. Therapy	Therapy	**2 min**	Gait belt usage – 100%	
O. Human Resources (HR)	HR	**2 min**	90 day evals – 100% Annual evals – 100%	
P. Business Office	BOM	**2 min**	Cost Share Collections – 69% Med Necessity Verification – 100% Drivers Licenses – 99%	
Q. Environmental Services	EVS	**2 min**	10/10 on room cleans	
R. Materials Management	MM	**2 min**	Electronic Requisitions – 66%	
S. Life Safety	PO	**2 min**	Fire extinguisher Inspections - 24 Egress checks – 1	
T. Emergency Preparedness	EP	**2 min**	None for the reporting period	
U. Information Technology	IT	**2 min**		Internet outages reported and repaired at clinic. Overhead paging installed and working
V. Outpatient Services	Therapy	**2 min**	Temp logs – 100%	
W. Strong Minds	SM	2 min	Continuing outreach to boost patient numbers	
VII. POLICIES & PROCEDURES				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

A. Review and ***Approve***	QM	10 min	HVA Assessment	Approval: 1st K. Martinez 2nd M. Chapman
VIII. PERFORMANCE IMPROVEMENT PROJECTS				
IX. OTHER				
X. ADJOURNMENT				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1444 by H. Larsen seconded by K. Martinez	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez CEO	Nick Walker CCO (Out)	Dr Gilmore (Teams)	Treva Derr Dietary Manager	Lynda James DRS
Brittany Nelms NP Strong Minds	Heather Hennessy BO Manager	Cory Ross Materials Management	Pam Esparza Radiology Manger	Mark Chapman Plant Ops/EVS
Tonya Bowen Lab Director	Stephanie Hughes HR	Brittany Niles Strong Minds	Kaye Hamilton Credentialing	Jessica Pineda HIM
Dianna Sanders Wound Care Nurse (out)	April Summerlin RN, IP	Heather Larsen Respiratory	Chris Larsen PT Director	
Non-Voting MEMBERS				
Meghan Smith QM	☐	☐	☐	☐

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
June 2026 Meeting Minutes

Sign-In Sheet
Date of Meeting: 06/11/2026

Title	Print Name	Signature
Chairman		
Administrator		
CCO		
Quality Manager		
Respiratory Care		
Drug Room Supervisor		
Physical Therapy		
Dietary		
Case Management		
HIM		
Business Office		
Infection Control		
Radiology		
Plant Operations		
Materials Management		
Environmental Services		
Laboratory		
Human Resources		
Strong Minds		
Other		

Mangum Regional Medical Center

Chief Clinical Officer Report
June 2026

Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Nurse meeting held May 6th with the next meeting scheduled for July 15th.

- MRMC Emergency Department reports that there are 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 2 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 4 HAI for the month of June.

Client Service

- Total Patient Days for June 2026 were 493. This represents an average daily census of 16.

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

Preserve Rural Jobs and Culture Development

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

Mangum Regional Medical Center

COHESIVE HEALTHCARE MANAGEMENT + CONSULTING

Chief Executive Officer Report
June 2026

Operations Overview

- We have received confirmation from the State that our Lab renovation plan has been approved. We look forward to beginning work in July or the first of August.
- Facility painting has begun and looks good at this time only two halls remain to be painted and then we will go back to updating patient rooms.
- We continue to do patient rounds 3 times a week and administration continues patient rounds, and we continue to get positive feedback from patients and family.
- We continue to promote all our service lines at the hospital and at the clinic.
- Upfront collections for the hospital were at $1,197.00 for the month of June.
- Upfront clinic collections for the clinic were at $855.36 for the month of June.
- The lab building is completed.
- We continue to provide transportation for our patients when needed.
    - 2- strong mind
    - 2- Physical Therapy pick up and drop off
    - 4- inpatient transports to specialty clinic
    - 6- discharged patient transports home
- We are actively reviewing all grant opportunities for the Hospital

Mangum Board Meeting Financial Reports
June 30, 2026

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

Mangum Regional Medical Center
Financial Summary
June 30, 2026

	Current Month	Jun-26 Year-to-Date	Mthly Avg Prior Year	Variance
ADC (Average Daily Census)	**11.80**	**11.80**	**9.73**	**2.07**
Payer Mix % (Acute):				
MCR	**57.58%**	**53.89%**	**54.62%**	**2.95%**
MCR Mgd Care	**18.18%**	**23.83%**	**22.34%**	**-4.16%**
All Others	**24.24%**	**22.28%**	**23.04%**	**1.21%**
Total	**100.00%**	**100.00%**	**100.00%**	**0.00%**
Payer Mix % (SWB):				
MCR	**87.23%**	**83.38%**	**79.71%**	**7.52%**
MCR Mgd Care	**10.90%**	**15.90%**	**19.35%**	**-8.44%**
All Others	**1.87%**	**0.72%**	**0.94%**	**0.93%**
Total	**100.00%**	**100.00%**	**100.00%**	**0.00%**
Operating margin	3,904	452,150	(435,422)	
Operating Margin (monthly average)	3,904	75,358	(36,285)	111,643
NPR (Net Patient Revenue)	1,653,761	9,841,454	17,161,266	
NPR (monthly average)	1,653,761	1,640,242	1,430,106	210,137
Operating Expenses	1,673,626	9,523,972	17,902,547	
Operating Expense (monthly average)	1,673,626	1,587,329	1,491,879	95,450
NPR % of Oper Exp	**98.8%**	**103.3%**	**95.9%**	
Patient Days	354	2,136	3,550	*(3,196)*
Oper Exp / PPD	$ 4,728	$ 4,459	$ 5,043	$ (584)
# of Months	**1**	**6**	**12**	
Cash Receipts (rnd)	**2,153,640**	**10,405,747**	**19,097,911**	
Cash Receipts (monthly average)	2,153,640	1,734,291	1,591,493	142,799
Cash as a % of NPR (s/b 100% min)	**130.2%**	**105.7%**	**111.3%**	
Days Cash-On-Hand (Net of MCR Pay / Restrictions):				
Calendar Days	30	181	365	
Operating Exp / Day	$ 55,788	$ 52,619	$ 49,048	$ 6,739
Cash - (unrestricted)	1,484,986	1,484,986	1,161,872	323,115
Days Cash-On-Hand	**26.6**	**28.2**	**23.7**	**4.5**
Cash - (Net MCR Payable)	686,503	686,503	1,161,872	
Days Cash-On-Hand	**12.3**	**13.0**	**23.7**	
Days Cash-On-Hand: Minimum during month	**8.5**	**8.5**	**12.6**	**(4.0)**
MCR Rec (Pay) - "as stated - but to be adjusted"	(798,483)	(798,483)	92,857	(891,340)
AP & Accrued Liab	15,755,506	15,755,506	16,244,681	(489,175)
Accounts Receivable (at net)	1,645,401	1,645,401	1,192,826	452,574
Per AP aging schedule (incl. accruals)	**Jun-26**	Jun-26	Prior FYE	Net Change
Account Payable - Cohesive	13,290,001	13,290,001	14,084,830	(794,829)
Account Payable - Other	1,572,781	1,572,781	1,267,128	305,653
Total	14,862,782	14,862,782	15,351,958	(489,175)
Cohesive Loan	4,342,346	4,342,346	4,528,447	(186,101)

Mangum Regional Medical Center
Cash Receipts - Cash Disbursements Summary
6/30/26

	Current Month	COVID	Total Less COVID	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	$ 2,153,640	$ -	$ 2,153,640	$ 10,405,747	$ -	$ 10,405,747
Cash Disbursements	$ 2,443,348	$ -	$ 2,443,348	$ 10,085,731	$ -	$ 10,085,731
NET	$ (289,708)	$ -	$ (289,708)	$ 320,016	$ -	$ 320,016

	Prior Month	COVID	Total Less COVID	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	$ 2,068,532	$ -	$ 2,068,532	$ 8,252,106	$ -	$ 8,252,106
Cash Disbursements	$ 1,834,494	$ -	$ 1,834,494	$ 7,642,383	$ -	$ 7,642,383
NET	$ 234,038	$ -	$ 234,038	$ 609,724	$ -	$ 609,724

Board of Directors
Mangum Regional Medical Center

July 28, 2026

June 2026 Financial Statement Overview

- Statistics
  - The average daily census (ADC) for June 2026 was **11.80**– (PY fiscal year end of **9.73**).
  - Year-To-Date Acute payer mix was approximately **78%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **83%** MCR & **16%** MCR Managed Care. For the prior year end those percentages were **80% & 20%,** respectively.

- Balance Sheet Highlights
  - The cash balance as of June 30, 2026, inclusive of both operating & reserves, was **$686K**. This decreased **$334K** from May 31, 2026.
  - Days cash on hand, inclusive of reserves, was **12** based on June expenses.
  - Net AR decreased by **$513K** from May.
  - Payments of approximately **$2.44M** were made on AP (prior 3-month avg was **$1.61M**).
  - Cash receipts were **$85K** more than in the previous month **($2.07M vs $2.15M).**
  - The Medicare principal balance was completely paid off in the month of August 2024.

- Income Statement Highlights

    - Net patient revenue for June 2026 was **$1.65M**, which is approximately a decrease of **$58K** from the prior month.
    - Operating expenses, exclusive of interest & depreciation, were **$1.65M**.
    - 340B revenue was **$8K** in June, this is an increase of **$2K** from the prior month.

- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):

    - Current month's average visits per day = 13.0
    - YTD Operating revenues = $459K
    - YTD Operating expenses = $572K
    - YTD Operating loss = -($113K)

MANGUM REGIONAL MEDICAL CENTER

Admissions, Discharges & Days of Care

Fiscal Year 2026

12/31/2026

	January	February	March	April	May	June	YTD
Admissions							
Inpatient	14	12	11	7	9	11	64
Swingbed	17	9	14	18	9	9	76
Observation	4	1	2	2	3	7	19
	35	22	27	27	21	27	159
Discharges							
Inpatient	13	11	11	10	8	10	63
Swingbed	18	9	12	14	12	15	80
Observation	4	1	2	2	3	7	19
	35	21	25	26	23	32	162
Days of Care							
Inpatient-Medicare	17	24	29	9	6	19	104
Inpatient-Other	18	13	5	24	15	14	89
Swingbed-Medicare	196	188	254	387	315	280	1,620
Swingbed-Other	95	39	60	35	53	41	323
Observation	6	2	6	2	4	9	29
	332	266	354	457	393	363	2,165
Calendar days	31	28	31	30	31	30	181
ADC - (incl OBS)	10.71	9.50	11.42	15.23	12.68	12.10	11.96
ADC	10.52	9.43	11.23	15.17	12.55	11.80	11.80
ER	132	121	126	144	164	155	842
Outpatient	293	292	306	336	358	347	1,932
RHC	291	253	321	367	277	287	1,796

MANGUM REGIONAL MEDICAL CENTER

Comparative Balance Sheet - Unaudited
Fiscal Year 2026

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

Mangum Regional Medical Center
Cash Receipts & Disbursements by Month

2024			2025			2026		
Month	Receipts	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
Jan-24	1,187,504	1,150,522	Jan-25	1,105,099	996,372	Jan-26	1,348,412	1,491,009
Feb-24	708,816	995,157	Feb-25	1,184,447	1,231,249	Feb-26	1,530,505	1,308,184
Mar-24	1,236,158	1,073,824	Mar-25	1,289,275	1,250,266	Mar-26	1,108,976	1,658,903
Apr-24	1,645,373	1,483,022	Apr-25	1,225,184	1,060,130	Apr-26	2,195,681	1,349,793
May-24	1,273,007	1,062,762	May-25	1,481,774	1,044,123	May-26	2,068,532	1,834,494
Jun-24	950,928	1,216,556	Jun-25	1,530,626	1,607,511	Jun-26	2,153,640	2,443,348
Jul-24	1,344,607	1,562,407	Jul-25	2,452,132	1,209,562	Jul-26		
Aug-24	2,089,281	2,176,381	Aug-25	1,271,486	2,373,927	Aug-26		
Sep-24	1,183,508	1,322,228	Sep-25	1,837,975	2,032,771	Sep-26		
Oct-24	1,779,690	1,154,658	Oct-25	2,266,799	1,772,799	Oct-26		
Nov-24	770,820	1,370,620	Nov-25	2,045,662	1,298,783	Nov-26		
Dec-24	888,776	1,027,058	Dec-25	1,407,450	2,482,755	Dec-26		
	15,058,468			19,097,911			10,405,747	
Subtotal FY 2024	15,058,468		Subtotal FY 2025	19,097,911		Subtotal FY 2026	10,405,747	

Mangum Regional Medical Center
Medicare Payables by Year

	Original Balance	Balance as of 06/30/26	Total Interest Paid as of 06/30/26
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement	(535,974.00)	(318.61)	269,191.14
2017 C/R Settlement Overpayment	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Re -	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) -	(34,322.00)	-	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
FY23 (8-month IRR) -	95,225.46	-	7,038.71
FY23 (8-month IRR) L4315599	1,918,398.00	-	155,799.09
FY23 MCR pay (rec) remaining estimate	-		-
FY24 MCR pay (rec) estimate	-	(91,323.00)	
FY25 MCR pay (rec) estimate	-	(9,775.00)	
FY26 MCR pay (rec) estimate	-	899,900.00	
Total	**7,009,696.31**	**798,483.39**	**1,355,350.56**

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended June 30, 2026
Unaudited

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
222,104	298,927	(76,823)	-26%	Inpatient revenue	1,343,709	1,806,559	(462,850)	-26%
1,604,881	1,114,885	489,996	44%	Swing Bed revenue	8,960,851	6,720,650	2,240,201	33%
854,056	687,851	166,205	24%	Outpatient revenue	4,390,146	4,143,630	246,516	6%
154,252	171,660	(17,408)	-10%	Professional revenue	905,261	1,036,013	(130,751)	-13%
2,835,293	2,273,322	561,971	25%	Total patient revenue	15,599,967	13,706,852	1,893,115	14%
1,115,861	673,100	442,760	66%	Contractual adjustments	5,272,426	4,074,002	1,198,423	29%
127,698	-	127,698	#DIV/0!	Contractual adjustments: MCR Settlement	899,900	-	899,900	#DIV/0!
(77,237)	(93,473)	16,235	-17%	SHOPP revenue	(653,229)	(560,835)	(92,394)	16%
15,210	54,611	(39,400)	-72%	Bad debts	239,416	327,665	(88,250)	-27%
1,181,532	821,184	547,293	67%	Total deductions from revenue	5,758,512	4,962,503	1,917,680	39%
1,653,761	1,452,138	201,623	14%	Net patient revenue	9,841,454	8,744,349	1,097,106	13%
15,339	5,463	9,876	181%	Other operating revenue	61,913	32,758	29,155	89%
8,429	22,073	(13,644)	-62%	340B REVENUES	72,754	130,525	(57,771)	-44%
1,677,530	1,479,675	197,855	13%	Total operating revenue	9,976,121	8,907,632	1,068,490	12%
				Expenses				
487,538	438,578	48,960	11%	Salaries and benefits	2,826,610	2,643,767	182,844	7%
70,317	84,051	(13,735)	-16%	Professional Fees	449,916	505,094	(55,177)	-11%
484,343	430,840	53,503	12%	Contract labor	2,796,701	2,597,775	198,926	8%
163,881	124,407	39,474	32%	Purchased/Contract services	863,560	746,456	117,105	16%
225,000	225,000	-	0%	Management expense	1,350,000	1,350,000	-	0%
108,718	80,162	28,555	36%	Supplies expense	538,407	483,423	54,985	11%
20,360	15,527	4,833	31%	Rental expense	113,033	97,541	15,492	16%
11,685	13,139	(1,454)	-11%	Utilities	69,132	78,834	(9,701)	-12%
1,336	1,298	38	3%	Travel & Meals	7,904	7,795	109	1%
30,224	13,460	16,763	125%	Repairs and Maintnenance	98,149	80,762	17,387	22%
19,652	13,720	5,932	43%	Insurance expense	101,479	82,322	19,157	23%
14,174	13,265	909	7%	Other Expense	78,692	79,589	(898)	-1%
8,764	15,676	(6,912)	-44%	340B EXPENSES	60,965	93,488	(32,523)	-35%
1,645,990	1,469,124	176,867	12%	Total expense	9,354,550	8,846,844	507,706	6%
31,540	10,551	20,989	199%	EBIDA	621,572	60,788	560,784	923%
1.9%	0.7%	1.17%		EBIDA as percent of net revenue	6.2%	0.7%	5.55%	
55	100	(46)	-45%	Interest	479	100	379	377%
27,581	28,257	(676)	-2%	Depreciation	168,943	28,257	140,686	498%
3,904	(17,807)	21,710	-122%	Operating margin	452,150	32,431	419,719	1294%
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
3,904	(17,807)	21,710	-122%	Excess (Deficiency) of Revenue Over Expenses	452,150	32,431	419,719	1294%
0.23%	-1.20%	1.44%		Operating Margin %	4.53%	0.36%	4.17%	

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

	January	February	March	April	May	June	YTD
Inpatient revenue	**233,308**	**235,271**	**265,042**	**233,353**	**154,630**	**222,104**	1,343,709
Swing Bed revenue	**1,240,427**	**1,132,789**	**1,503,209**	**1,833,081**	**1,646,464**	**1,604,881**	8,960,851
Outpatient revenue	**630,118**	**606,237**	**756,922**	**780,822**	**761,990**	**854,056**	4,390,146
Professional revenue	**145,592**	**125,414**	**166,712**	**154,191**	**159,101**	**154,252**	905,261
Total patient revenue	2,249,445	2,099,711	2,691,884	3,001,448	2,722,186	2,835,293	15,599,967
Contractual adjustments	**827,609**	**658,651**	**1,135,029**	**777,595**	**757,681**	**1,115,861**	5,272,426
Contractual adjustments: MCR Settlement	**(30,491)**	**(64,014)**	**47,777**	**482,272**	**336,658**	**127,698**	899,900
SHOPP Revenue	**(108,872)**	**(108,872)**	**(108,872)**	**(90,920)**	**(158,457)**	**(77,237)**	(653,229)
Bad debts	**(11,068)**	**37,583**	**(40,798)**	**163,755**	**74,732**	**15,210**	239,416
Total deductions from revenue	677,178	523,349	1,033,137	1,332,702	1,010,615	1,181,532	5,758,512
Net patient revenue	1,572,267	1,576,362	1,658,748	1,668,745	1,711,571	1,653,761	9,841,454
Other operating revenue	**3,872**	**3,245**	**6,120**	**30,719**	**2,619**	**15,339**	61,913
340B REVENUES	**21,609**	**10,205**	**14,719**	**10,114**	**7,677**	**8,429**	72,754
Total operating revenue	1,597,748	1,589,812	1,679,587	1,709,578	1,721,866	1,677,530	9,976,121
	99.1%	112.2%	105.4%	100.1%	105.8%	98.8%	103.3%
Expenses							
Salaries and benefits	**459,105**	**400,592**	**468,239**	**479,517**	**531,620**	**487,538**	2,826,610
Professional Fees	**71,745**	**83,267**	**75,744**	**71,119**	**77,724**	**70,317**	449,916
Contract labor	**524,512**	**404,584**	**448,343**	**482,533**	**452,386**	**484,343**	2,796,701
Purchased/Contract services	**107,537**	**118,752**	**125,198**	**200,521**	**147,671**	**163,881**	863,560
Management expense	**225,000**	**225,000**	**225,000**	**225,000**	**225,000**	**225,000**	1,350,000
Supplies expense	**83,971**	**66,482**	**104,211**	**95,924**	**79,102**	**108,718**	538,407
Rental expense	**19,350**	**18,104**	**18,205**	**19,284**	**17,730**	**20,360**	113,033
Utilities	**14,051**	**11,001**	**10,994**	**10,627**	**10,774**	**11,685**	69,132
Travel & Meals	**328**	**891**	**1,267**	**2,255**	**1,828**	**1,336**	7,904
Repairs and Maintnenance	**8,128**	**9,273**	**26,832**	**15,211**	**8,481**	**30,224**	98,149
Insurance expense	**16,664**	**19,509**	**13,449**	**13,449**	**18,756**	**19,652**	101,479
Other	**13,863**	**10,320**	**15,647**	**12,306**	**12,382**	**14,174**	78,692
340B EXPENSES	**13,660**	**9,193**	**11,844**	**10,677**	**6,827**	**8,764**	60,965
Total expense	1,557,914	1,376,967	1,544,972	1,638,424	1,590,282	1,645,990	9,354,550
EBIDA	$ 39,834	$ 212,846	$ 134,614	$ 71,154	$ 131,584	$ 31,540	$ 621,572
EBIDA as percent of net revenue	2.5%	13.4%	8.0%	4.2%	7.6%	1.9%	6.2%
Interest	**119**	**69**	**119**	**50**	**68**	**55**	479
Depreciation	**29,247**	**28,183**	**27,977**	**27,977**	**27,977**	**27,581**	168,943
Operating margin	$ 10,467	$ 184,594	$ 106,518	$ 43,128	$ 103,539	$ 3,904	$ 452,150
Other	-	-	-	-	-	-	-
Total other nonoperating income	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Excess (Deficiency) of Revenue Over Expenses	10,467	184,594	106,518	43,128	103,539	3,904	452,150

Mangum Family Clinic
For the Month Ended and Year To Date June 30, 2026

	Current				
	Month	Year-To-Date	12-Month Projected	Last FYE	Net Change
Gross Patient Revenue	41,699	233,619	467,239	342,640	124,599
Less: Revenue deductions	30,139	224,898	449,796	254,389	195,408
Net Patient Revenue	71,838	458,518	917,035	597,028	320,007
Other Income (if any)	-	-	-	-	-
Operating revenue	71,838	458,518	917,035	597,028	320,007
Operating Expenses:					
Leased Salaries	62,185	229,324	458,647	238,089	220,558
Contract labor	(277)	17,671	35,343	1,969	33,374
Benefits	3,977	25,699	51,397	44,085	7,312
Provider Fees	1,952	26,015	52,030	88,636	(36,606)
Purchased/Contract services	5,239	37,207	74,414	67,107	7,306
Management expense	11,250	67,500	135,000	135,000	-
Supplies expense	669	3,946	7,892	7,708	184
Rental expense	1,800	10,719	21,439	21,444	(5)
Utilities	585	3,654	7,309	7,335	(26)
Repairs and Maintenance	-	583	1,166	868	298
Insurance expense	248	1,486	2,971	2,845	126
Other expense	404	3,065	6,129	4,591	1,538
CAH Overhead Allocation	24,154	144,924	289,848	289,847	1
Total Operating Expenses	112,185	571,792	1,143,585	910,335	233,249
Net Income (loss)	**(40,347)**	**(113,275)**	**(226,549)**	**(313,307)**	**86,758**
340B					
Gross revenues	8,429.40	72,754	145,508	234,025	(88,517)
Operating expenses	8,763.74	60,965	121,929	156,577	(34,647)
Profit (loss)	**(334)**	**11,789**	**23,579**	**77,448**	**(53,870)**
Net Income (loss) with 340B	**(40,681)**	**(101,485)**	**(202,970)**	**(235,859)**	**32,888**
Stats					
Onsite Visits	178	1025	2,050	2,268	(218)
Swing Bed Visits	109	771	1,542	379	1,163
Telehealth, CCM, Nurse Visits	0	0	-	-	-
Total Visits	287	1796	3592	2647	945
Payor Mix based on Total Visits					
Medicare		47%	47%	34%	13%
Managed Medicare		14%	14%	6%	8%
Medicaid / Managed Medicaid		18%	18%	23%	-5%
Commercial/Other		20%	20%	37%	-16%
Total		100%	100%	100%	0%
Clinic Days	22	127	254	254	-
Average Visit Per Day	13	14	14	10	4
Cost Per Visit	$ 390.89	$ 318.37	$ 318.37	$ 343.91	$ (25.54)
Medicare Visit Cap		$ 292.54	$ 292.54	$ 282.65	
Over (Under) Cap		$ 25.83	$ 25.83	$ 61.26	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	2,865.99	-	-	-	2,865.99	9,771.67	7,188.61	10,756.85	10,759.15
APEX MEDICAL GAS SYSTEMS, INC	Supplies	4,822.71	-	-	-	4,822.71	-	-	-	-
AT&T	Fax Service	-	-	-	-	-	2,008.37	-	-	(794.71)
BIO-RAD LABORATORIES INC	Lab Supplies	-	-	-	-	-	483.84	465.88	-	2,638.52
BLUE CARDINAL CHEMICAL, LLC	Patient Supplies	323.43	-	-	-	323.43	-	-	-	-
BRIAN SHIDELER	Repairs/maintenance	-	-	-	-	-	-	1,370.00	-	-
CARDINAL HEALTH 110, LLC	Patient Supplies	-	-	-	(144.30)	(144.30)	(144.30)	(144.30)	(144.30)	(144.30)
CAREFUSION	Rental Equipment	-	-	-	-	-	-	4,449.00	4,449.00	-
CARLOS MENDOZA	Education/Training	1,050.00	-	-	-	1,050.00	-	-	-	-
CARRIER CORP	Shipping	-	-	-	-	-	-	-	3,673.40	-
CASAD COMPANY INC	Supplies	-	-	-	-	-	-	282.50	-	-
CITY OF MANGUM	Utilities	7,027.05	-	-	-	7,027.05	-	6,021.31	-	-
CLEAN THE UNIFORM HOLDING COMP	Linen Services	4,050.07	-	-	-	4,050.07	4,466.93	4,256.17	3,012.78	4,132.87
CLIA LABORATORY PROGRAM	Lab Services	-	-	-	-	-	-	-	-	3,840.00
COHESIVE HEALTHCARE MGMT	Mgmt Fees	-	225,000.00	229,766.66	2,066,522.83	2,521,289.49	3,011,668.73	2,996,971.13	2,992,204.47	3,183,437.81
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	465,600.28	1,194,484.43	888,375.87	8,220,251.17	10,768,711.75	11,164,020.68	11,560,574.47	10,941,186.41	11,131,764.74
CONVATEC, INC	Patient Supplies	3,597.00	1,199.00	-	-	4,796.00	1,407.00	-	1,133.00	4,921.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	-	-	-	-	-	-	-	2,000.00	-
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	5,000.00	-	-	-	5,000.00	-	2,650.00	295.44	-
DELL FINANCIAL SERVICES LLC	Server Lease	-	-	-	-	-	1,270.62	-	-	-
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	2,150.00	-	-	-	2,150.00	2,150.00	2,150.00	2,150.00	2,150.00
DIRECTV	Cable service	297.60	-	-	-	297.60	297.60	297.60	-	-
DOYLE HOPPER	Repair and Maintenance	-	-	-	-	-	-	-	-	125.00
DP MEDICAL SERVICES	Rental	-	-	-	-	-	-	1,750.00	-	-
DTG MEDICAL ELECTRONICS	Patient Supplies	146.60	-	-	-	146.60	-	1,999.64	-	-
DYNAMIC ACCESS	Vascular Consultant	2,387.04	-	-	-	2,387.04	1,193.52	3,713.17	1,591.36	3,607.08
ENTRUSTED TRANSPORT, LLC	Patient Transportation Service	-	-	-	-	-	-	678.75	-	-
FEDEX	Shipping	18.25	-	-	-	18.25	54.42	18.75	-	17.39
FOX BUILDING SUPPLY	Repairs/maintenance	465.85	-	-	-	465.85	-	-	-	-
FUCHA RADIO, LLC	Advertising	110.00	-	-	-	110.00	-	110.00	110.00	110.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	200.00	-	-	-	200.00	-	-	200.00	200.00
GE PRECISION HEALTHCARE LLC	Patient Supplies	-	-	-	-	-	-	-	-	606.40
GRAINGER	Maintenance Supplies	1,350.76	-	-	-	1,350.76	330.59	-	256.32	700.91
GREER COUNTY TREASURER	Insurance	-	-	-	-	-	-	-	4,680.00	4,680.00
HAC INC	Dietary Supplies	21.86	-	-	-	21.86	152.96	102.91	6.49	50.74
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	307.10	-	-	-	307.10	307.10	307.10	307.10	307.10
INMAR RX SOLUTIONS INC.	Pharmacy Supplies	-	-	-	-	-	3,780.00	-	-	-
INTEGO SOFTWARE, LLC	Software license	-	-	-	-	-	-	-	481.36	-
KIRKS EMERGENCY MEDICAL SERVIC	Patient Transportation Service	-	-	-	-	-	-	19,632.00	-	-
LOCKE SUPPLY	Plant Ops supplies	-	-	-	-	-	-	99.10	156.08	-
MARK CHAPMAN	Employee Reimbursement	882.73	-	-	-	882.73	-	-	-	-
MCKESSON - 340 B	Pharmacy Supplies	35.72	-	-	-	35.72	-	464.83	-	-
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	3,943.70	-	-	-	3,943.70	1,441.71	-	-	-
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	16,935.76	-	-	-	16,935.76	28,137.58	27,530.87	11,666.81	18,168.99
MYHEALTH ACCESS NETWORK, INC	Compliance purch svs	758.95	-	-	-	758.95	758.95	758.95	758.95	758.95
NICHOLAS WALKER	Expense Reimbursement	-	-	-	-	-	175.00	-	-	-
NUANCE COMMUNICATIONS INC	RHC purch svs	123.00	-	-	-	123.00	-	123.00	-	246.00
OFMQ	Quality purch svs	-	-	-	-	-	360.00	360.00	360.00	360.00
OK STATE DEPT OF HEALTH	License	-	-	-	-	-	-	-	-	180.00
OKLAHOMA DEPARTMENT OF LABOR	License	-	-	-	-	-	-	50.00	-	-
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	-	-	-	-	-	2,770.00	3,777.67	2,770.00	2,770.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	-	-	-	-	-	-	-	-	3,215.58
PITNEY BOWES GLOBAL FINANCIAL	Postage rental	-	-	-	-	-	-	29.34	-	-
PM BIOMEDICAL INC.	Repair and Maintenance	-	-	-	-	-	-	-	-	595.00

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026
REYES ELECTRIC LLC	COVID Capital	-	-	-	-	-	-	775.00	-	-
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	-	-	-	-	-	35.00	-	-	35.00
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	-	-	-	-	-	3,163.63	5,149.53	872.57	-
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	-	-	-	1,735.00	1,735.00	1,735.00	1,735.00	1,735.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies	635.00	-	-	-	635.00	-	-	-	-
SPARKLIGHT BUSINESS	Cable service	122.15	-	-	-	122.15	383.01	141.43	129.43	149.43
STANDLEY SYSTEMS LLC	Printer lease	2,465.50	-	-	-	2,465.50	2,509.69	2,345.50	2,345.50	2,509.69
STAPLES, INC.	Office Supplies	1,685.35	-	-	-	1,685.35	3,966.57	635.99	1,296.68	72.59
STERICYCLE / SHRED-IT	Waste Disposal Service	-	-	-	-	-	-	-	-	766.00
STERICYCLE INC	Waste Disposal Service	1,856.16	-	-	-	1,856.16	1,079.17	-	1,553.28	-
SUMMIT UTILITIES	Utilities	1,273.74	-	-	-	1,273.74	1,369.88	1,357.81	2,131.46	3,524.47
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	-	-	-	-	-	4,222.00	4,598.23	-	2,133.23
TEJASMEX LLC	Carport	-	-	-	-	-	-	-	4,348.72	
TOPJET SALES, INC	Software license	-	-	-	-	-	-	-	-	225.50
TRIOSE INC	Freight	208.70	-	-	-	208.70	246.75	114.92	-	-
T & S LAWN SERVICES	Repairs/maintenance	-	-	-	-	-	-	-	-	1,200.00
ULINE	Patient Supplies	595.30	-	-	-	595.30	-	-	-	-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	5,131.01	-	-	-	5,131.01	3,312.13	7,655.08	4,857.85	4,246.29
Grand Total		**540,179.36**	**1,420,683.43**	**1,118,142.53**	**10,286,629.70**	**13,365,635.02**	**14,258,885.80**	**14,672,546.94**	**14,003,332.01**	**14,396,001.42**
					Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	13,710,722.24	14,604,516.14	15,018,177.28	14,348,962.35	14,744,742.67
					Accrued AP	2,044,783.65	1,930,667.29	1,649,986.02	2,002,235.17	1,698,661.12
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					TOTAL AP	**14,862,782.13**	**15,642,459.67**	**15,775,439.54**	**15,458,473.76**	**15,550,680.03**
						14,862,782.13	15,642,459.67	15,775,439.54	15,458,473.76	15,550,680.03

Hospital Vendor Contract Summary Sheet

1. ☒ **Existing Vendor** ☐ **New Vendor**

2. **Name of Contract: THE OKLAHOMA BLOOD INSTITUTE**

3. **Contract Parties: OBI/MRMC**

4. **Contract Type Services:** The procurement of blood, blood components and related services

5. **Impacted Hospital Departments:** Laboratory (Blood Bank Dept.)

6. **Contract Summary:** Allows the lab to send all blood bank samples to them for any blood bank need. The lab will have on hand units for emergency release only!

7. **Cost: Patients will be billed according to what is done by OBI by the hospital. Lab will no longer have any blood bank cost for reagents or supplies in that department.**

8. **Term: July 31, 2031.**

9. **Termination Clause: If any party fails to fulfill any one or more of its obligations.**

10. **Other: none**

Our Blood Institute

MEMORANDUM

DATE: June 30, 2026

TO: Transfusion Service Facilities

FROM: Client Relations & Contracting

RE: 2026-31 Transfusion Service Contract Renewal and 2026-27 Fee Schedule

On behalf of Our Blood Institute (OBI), thank you for teaming with us to serve patients and their families with life-saving transfusions and blood related care. An updated Agreement between your Facility and Oklahoma Blood Institute is enclosed, along with the applicable fee schedule for 2026-27. These documents have an effective date of August 1, 2026. **Please respond to this notice with the name and email address of the individual who will sign on behalf of your organization, or with any requested changes or edits, or to make alternate arrangements for signature.** Upon receipt of the signer's name and email address, a final version will be forwarded via DocuSign for signature.

The Transfusion Service contract language contains several updates that have been implemented since the previous contract, and an overview of these changes is as follows:

- 2.2 Fees for extended term are capped at 5% per year, excluding any of the changes outlined in section 2.1
- 3.0 Billing and Payment. As detailed in this section, the contract now includes an ACH Authorization Form, which will only be utilized 45+ days post invoicing for any undisputed balance. Additionally, per section 3.1 any balance due from a previous Agreement must be paid prior to initiation of a new Agreement.
- 6. Delivery and Storage terms have been updated to include storage requirements for Facilities without a refrigerator approved for blood product storage.
- 10. OBI Medical Services language has been added to define Medical Services provided by OBI.
- 20. Termination includes without cause termination (60 day notice) or with cause (30 day notice)
- 23. Inventory Control now includes language regarding stocking by type and inventory limitations due to availability constraints.
- 30. Communications and Community Relations – this language outlines expectations for assisting OBI in collections efforts. Transfusion Service facilities are expected to host or co-sponsor four blood drives per year with minimum collections of 40 units annually, unless Parties mutually agree upon alternative standards.
- 31. Service Performance Indicators have been added to document expected service parameters including Transfusion Service Turnaround Time.
- Schedule 24.0 Credit/Return Policy has been updated to include more detail regarding units returned for quarantine or evaluation.
- Exhibit C – Transfusion Service Remediation Request form. This form is included as an example of the form that would be used for events requiring remediation.

We understand the budget pressures you are currently facing, and we continue to work to control our portion of medical costs. OBI can hold blood product, reference testing, and clinical services fee increases to 4% this year. This is although we are facing increased collection costs because of the changing blood collection environment, increased staffing costs, and significant increases in vendor and supplier costs to provide these services.

Please note that there are a few additional changes to the fee schedule to reflect new services offered and an upcoming billing process change. A summary of these updates is as follows.

Billing Code(s)	**Description**	**Explanation**
44PD5 44PD10	Pooled Cryoprecipitate (5 or 10) – Whole Blood Derived	New products available to Transfusion Service
64 61I	Leukoreduced Pooled Platelets – Whole Blood Derived (64I includes Irradiation)	New products available to Transfusion Service in Oklahoma (licensure pending)
Removed: 40, 40PED, 42PED, 42	Plasma billing codes no longer in use	These billing codes represent types of plasma collections that have been discontinued. Note, plasma billing codes 40-2, 50, and 42HR are still in distribution and are not new this year.
NCIRR	Credit for Irradiation Not Requested	If orders are filled with irradiated products not ordered as irradiated, this credit offsets the irradiation portion of the product fee.
AGGENO	Antigen typing required by molecular methods	New service added to fee schedule
HLABID	HLA Antibody ID	New service added to fee schedule
OTH	Rare Antigen Type – Ag types requiring rare antisera	Description changed, no longer includes “or genotyping”. See new billing code AGGENO.

Thank you for continuing to engage in this life-saving partnership with Our Blood Institute. Advocates like you are key to ensuring the health of the blood supply for local patients. If you have comments, questions, or concerns about the blood supply, pricing, or other topics in blood banking, please contact us. We welcome the opportunity to be of service.

Client Relations and Contracting Department

Randy Petty	Executive Director, Client Relations and Contracting	Randy.Petty@obi.org	(405) 278-3118
David Alters	Manager, Client Relations	David.Alters@obi.org	(405) 297-5524
Charlene Gibson	Manager, Client Relations	Charlene.Gibson@obi.org	(405) 312-1211
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Adrienne Spanagel	Contracts Specialist	Adrienne.Spanagel@obi.org	(405) 297-5631

Reference Laboratory Department

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Emily Flippo, MLS(ASCP)SBB	Transfusion Service Manager	Emily.Flippo@obi.org	(405) 564-2773
Afton Gilliland MSTM,MLS(ASCP)SBB	Special Projects Manager, Reference Laboratory	Afton.Gilliland@obi.org	(405) 297-5655
Kacy Oliver, MLS(ASCP)	CMBC Transfusion Service Coordinator	Kacy.Oliver@obi.org	(806) 331-8868
Tracy Huffman MT(ASCP)SBB	Tulsa Reference Lab Manager	Tracy.Huffman@obi.org	(918) 703-4833

AGREEMENT BETWEEN
MANGUM CITY HOSPITAL AUTHORITY d/b/a MANGUM REGIONAL MEDICAL CENTER
AND
THE OKLAHOMA BLOOD INSTITUTE

THIS AGREEMENT is entered into as of August 1, 2026, by Mangum City Hospital Authority d/b/a Mangum Regional Medical Center, 1 Wickersham Drive, Mangum, OK 73554 ("Facility") and the Sylvan N. Goldman Center, Oklahoma Blood Institute, an Oklahoma not for profit corporation with its principal office located at 1001 North Lincoln Boulevard, Oklahoma City, OK, 73104 ("Blood Institute").

The Facility desires to utilize the services of the Blood Institute for the procurement of blood, blood components, and related services. The charges and fees payable to the Blood Institute for blood and blood components are to compensate the Blood Institute for its direct and indirect costs incurred for the administrative, medical, and technical services provided in the drawing, processing, storage, and delivery of blood or blood components; for donor recruitment; and for the maintenance of an inventory of blood and blood components (collectively, "blood services").

The Facility and the Blood Institute agree as follows:

1. Provision of Blood and Blood Components. During the term of this Agreement, the Facility will obtain from the Blood Institute all of the blood components required by the Facility in its daily operations, and the Blood Institute will supply all such blood components and services, subject to Paragraph 23 herein. These products and services are for the sole use of the Facility and will be utilized only within the Facility's facility at the address above and the Facility's affiliated facilities.

2. Processing and Services Fees. The Facility shall pay the Blood Institute the processing and services fees shown on the attached Schedule 2.0.

   2.1 Fee Increases. The Blood Institute, in its sole discretion, may increase the fees paid by the Facility during the term of this Agreement if one or more of the following should occur:

      (a) The U.S. Food and Drug Administration ("FDA") mandates, endorses, or licenses the implementation of a new test; or

      (b) Significant change occurs in the cost of compliance with blood banking industry standards, in either the technology used in product manufacturing, testing, or the offering of new products for patient use.

   2.2 Fees for Extended Term. The Blood Institute may increase the processing and services fees in each year (effective August 1) by up to five (5) percent, excluding the increased cost of any new test.

   2.3 Notice of Changes. The Blood Institute will provide the Facility with at least 30 days written notice of any changes to the fees payable under this Agreement.

3. Billing and Payment. The Blood Institute will provide an itemized monthly statement of charges to the Facility as of the last day of the month, unless the Facility has requested semi-monthly billing. Payment in full is expected no later than thirty (30) days from the date of the invoice. A

prompt payment discount of 0.5% will be applied to all invoices paid within ten (10) days of the invoice date. The Facility will permit the Blood Institute to draw payments at 45 days post invoicing via an Automated Clearing House (ACH) payment, according to the terms in Schedule 3.0 ACH Authorization Form. A late penalty of 1.5% per month will be added to each invoice not paid within 30 days from the date of the invoice. At the Blood Institute's discretion, the late payment penalty may be suspended for a reasonable period of time in order to resolve any good faith disputes over payment.

3.1 In the event that the Facility has a previous Agreement with the Blood Institute, the Facility shall, within 15 days of the termination date of the Agreement, pay the Blood Institute any and all amounts owing for blood products and related services provided through the date of termination.

4. Sample Labeling Requirements. The Facility shall provide properly identified blood samples in sufficient volume to the Blood Institute for laboratory testing in accordance with the Blood Institute's Standard Operating Procedures (SOPs) and Association for the Advancement of Blood and Biotherapies (AABB) and FDA guidelines. The Blood Institute may refuse mislabeled samples and require the Facility to collect new, properly labeled samples. If multiple mislabeled samples are received from the Facility, the Blood Institute may suspend cross-matching services until the Facility can provide reasonably satisfactory written assurance to the Blood Institute that corrective action has been implemented.

5. Transfusion Records. A copy of the blood administration record (Bag Tag) documenting the transfusion of the product must be maintained at the facility in accordance with AABB and regulatory guidelines.

6. Delivery and Storage. It shall be the responsibility of the Facility to arrange with the Blood Institute for the pickup and delivery of blood samples and components. Once the components have left the Blood Institute's premises, it shall be the responsibility of the Facility to maintain the proper storage temperature of the components according to AABB and FDA guidelines.

6.1 The Facility shall store blood components only in a refrigerator that is approved for blood product storage. The Facility will monitor the storage unit and immediately notify the Blood Institute if any blood component has not been maintained at the appropriate temperature. The Facility will return such component in accordance with the Facility's SOPs.

6.2 If the Facility does not have a refrigerator that is approved for blood product storage, the blood components are to remain in the shipping container with the associated packing materials and the lid closed. Components are removed as they are needed. Once the need for the components is over, the Facility will return the components. The shipping container is validated to maintain temperature for 24 hours. The components must be returned within the 24 hour time window.

7. Peer Review. The Facility is responsible for the peer review of its transfusion practices. Upon request, the Blood Institute can provide transfusion related statistical data compilations for the Facility's review. If Facility is not able to perform peer review of its transfusion practices, the Blood Institute can provide this service.

8. Quality Standards and Regulatory Compliance. The Blood Institute shall maintain standards of performance consistent with its experience, research, and expertise in blood banking. Both parties shall maintain standards of performance in accordance with the applicable recommendations of the Center for Biologics Evaluation and Research (CBER) of the FDA, conform to the applicable requirements of all applicable state regulatory agencies, and comply with all other applicable laws, rules, and regulations. The Facility shall notify the Blood Institute

as soon as practicable of any transfusion reactions resulting from the administration of any blood product it receives from the Blood Institute. The Facility shall maintain a record of the adverse reaction, conduct an investigation, and provide a completed Investigation of Suspected Transfusion Reaction Form (OBI-CL-FORM 255) to the Blood Institute, as required by 21 CFR §606.170(a). Both parties shall comply with OSHA Bloodborne Pathogen Exposure Final Rule 29 CFR Part 1910.1030, effective March 2, 1996, and any subsequent revisions thereof. Compliance Statements are included in Schedule 8.0. All of the foregoing requirements are collectively referred to as the "Regulations." The Facility agrees that it will comply with the Quality Standards outlined in Exhibit B.

9. Records and Patient Information. The Facility will provide the Blood Institute with all transfusion records and patient information necessary for the provision of products and services under this Agreement. The parties will use and disclose protected health information in accordance with and as required by the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic & Clinical Health Act and the implementing regulations thereunder, as they may be amended from time to time (collectively, "HIPAA"), and will execute the Business Associate Agreement set forth in the attached Exhibit A. The Blood Institute will provide the Facility such information as may be required by the FDA for recommended guidelines about look back and product recalls.

10. OBI Medical Services.

10.1 The Blood Institute's medical directors shall have medical oversight over Blood Institute personnel who perform transfusion medicine-related activities and provide blood bank quality oversight on behalf of the Facility. The Blood Institute medical directors will provide interpretation of a suspected transfusion reaction based on laboratory evaluations as well as clinical information provided by the Facility. The Blood Institute's medical directors will not provide any direct patient care services; direct patient care duties are solely the responsibility of the clinical staff at the Facility.

10.2 Blood Institute will provide the Facility with clinician-to-clinician medical consultation services for transfusion-related issues and for recommendations regarding blood product utilization as requested and/or warranted.

10.3 The Blood Institute at its discretion will provide technical and transfusion education support under supervision of Blood Institute medical staff (web based or in person format) and maintain a section on the Blood Institute website dedicated to Transfusion services - https://ourbloodinstitute.org/hospital/. Transfusion services are strongly encouraged to participate in educational activities offered by or through the Blood Institute.

11. Indemnification.

11.1 The Blood Institute shall indemnify the Facility and its officers, directors, employees, and agents and hold each of them harmless from liability to and claims by third parties, including reasonable attorneys' fees, to the extent that they result from or arise in connection with the negligence or willful misconduct of the Blood Institute or its officers, directors, employees, or agents in the performance of this Agreement.

11.2 The Facility shall indemnify the Blood Institute and its officers, directors, employees, and agents and hold each of them harmless from liability to and claims by third parties, including reasonable attorneys' fees, to the extent that they may result from or arise in connection with the negligence or willful misconduct of the Facility or its officers, directors, employees, or agents in the performance of this Agreement.

12. Insurance. Each of the parties shall, at its own expense, maintain in effect a policy of professional liability insurance with coverage in the amount of not less than $1,000,000 per claim and $3,000,000 in aggregate. This coverage shall insure a party and its employees against liability for damages directly or indirectly related to the performance of any services and other respective obligations under this Agreement. Each party shall provide the other with a certificate from the insurance carrier evidencing the required coverage. With the Blood Institute's prior written consent, the Facility may opt to self-insure as to specifically identified risks. Each party shall notify the other of any adverse change in insurance coverage required by this Agreement.

13. Force Majeure. Neither party will be liable for any failure to perform its obligations (except payment obligations) for any reason beyond the party's reasonable control, including acts of terrorism, strikes, fires, explosion, flood, riot, lock out, injunction, interruption of transportation, unavoidable accidents, or a significant change in any applicable law or regulation.

14. Affirmative Action. The Blood Institute wishes to comply with the provisions of Executive Order 11246 of September 24, 1965; Executive Order 11375 of October 13, 1967; Executive Order 11758 of January 15, 1974; Section 503 of the Rehabilitation Act of 1973; the Vietnam Era Veterans Readjustment Act of 1974, as amended, 38 U.S.C. 4212 (formerly 2012); and the implementing regulations at 41 CFR Chapter 60. The Facility will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, handicap, or status as a disabled veteran or a veteran of the Vietnam Era. This policy to not discriminate in employment includes hiring, transfer, training during employment, and rates of pay.

15. Term. The term of this Agreement will begin **August 1, 2026** and continue through **July 31, 2031** (the "Initial Term"). After the Initial Term, the Agreement automatically renews from year to year (a "Successive Term") unless a Party provides written notice of termination at least thirty (30) days before the expiration of the Initial Term or any Successive Term. All terms and conditions of this Agreement shall remain in effect during any Successive Term. The Initial Term and any Successive Terms shall be referred to as the "Term". Processing and services fees may be adjusted each year as provided in Section 2.

16. Confidentiality. Both parties acknowledge that the terms, conditions, and fee schedules of this Agreement are confidential. This confidential information shall not be disclosed to any officer, director, employee, or agent of a party, except as necessary in carrying out the person's respective duties under this Agreement. This confidential information shall not be used other than in connection with this Agreement. Additionally, the parties shall keep confidential and not divulge to anyone else any of the proprietary, confidential information of the other party, including information relating to such matters as finances, methods of operation and competition, pricing, marketing plans and strategies, operational requirements, and information concerning personnel, referral sources, patients and suppliers.

17. Construction and Governing Law. The rule of construction that a document is to be construed most strictly against the party who drafted the document shall not be applicable because all parties participated in the preparation of this Agreement. "Includes" and "including" are not limiting. The laws of the State of Oklahoma shall govern this Agreement and the legal relations between the parties without giving effect to any conflict of law provision (whether of the State of Oklahoma or any other jurisdiction) that would cause the application of the law of any other jurisdiction.

18. No Assignment. Neither party may assign its rights or delegate its duties under this Agreement without the prior written consent of the other party; such consent shall not be unreasonably withheld.

19. No Third Party Beneficiaries. Nothing in this Agreement, express or implied, is intended to confer upon any person, firm, or corporation, other than the parties named herein, any right, remedy, or claim under or by reason of this Agreement, as third party beneficiaries or otherwise.

20. Termination. The Agreement may be terminated in the event that one or more of the following should occur: (a) by Blood Institute, without cause by providing a 60-day written notice to Facility; or (b) by reason of material breach, as provided below.

A Party may unilaterally terminate this Agreement (a) if the other Party fails to fulfill any one or more of its obligations under this Agreement ("Breach") and the Breach continues for a period of thirty (30) days after the non-breaching Party sends written notice of the Breach; (b) if any of the Regulations are amended in a way that precludes a Party from performing its obligations under this Agreement, effective upon the effective date of the amended Regulation; (c) if a Party ceases to operate or otherwise function as a business; (d) if a Party fails to maintain professional liability insurance as required herein; (e) if a Facility fails to address items documented on the Transfusion Service Remediation Request form (provided in **Exhibit C**) within the appropriate timeframe (e.g., failure to implement blood safety recommendations provided by Blood Institute medical or laboratory staff based upon onsite inspection/assessment findings); or (f) if Facility does not meet established annual blood drive collections goals provided in Section 30 or mutually agreed upon alternative Blood Donor Recruitment Standards following annual review.

The Blood Institute may unilaterally terminate this Agreement upon notice to the Facility if (x) the Facility's state license to operate as a hospital is suspended, terminated, or revoked by the State Department of Health, or (y) the Facility is excluded from participation in Medicare, Medicaid, or any other federal health care program. Termination of this Agreement pursuant to this provision shall not constitute an election of remedies, and the terminating party shall retain all rights and remedies that may be available at law or in equity with respect to the default by the other party. Upon termination, the Facility shall, within 15 days of the termination date, pay the Blood Institute any and all amounts owing for blood products and related services provided through the date of termination.

21. Entire Agreement; Amendments; Waiver. This Agreement is the final expression of the entire agreement of the parties. This Agreement supersedes all prior agreements and understandings between the parties. This Agreement may not be amended, modified, or waived except by a written agreement designated as such and signed by the party against whom it is to be enforced. The failure of a party to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment thereof with respect to subsequent defaults.

22. Counterparts. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will constitute one and the same Agreement. The exchange of copies of this Agreement and of signature pages by facsimile transmission shall constitute effective execution and delivery of this Agreement and may be used in lieu of the original Agreement for all purposes.

23. Inventory Control. If applicable, a minimum standing inventory of transfusable blood products will be agreed upon between the Blood Institute and the Facility. In keeping with accepted transfusion practice, Red Blood Cell (RBC) product inventory may include one or more O Rh-positive RBC units and/or units of other blood types. Limitations on Facility O Rh-negative inventory or supply may be applied by the Blood Institute in times of O-Rh negative RBC availability constraints. Such inventory shall be maintained at the Facility by the Blood Institute on a consistent basis, in the amount and variety of RBC unit types and blood components necessary to meet the routine needs of the Facility. The Facility will promptly notify the Blood Institute of any requests for specialized

blood products, services, or variations to the Facility's standing inventory. Such requests may be subject to the Blood Institute's medical review and approval.

24. Credit/Return Policy (if applicable). Regular communication between the Facility and the Blood Institute must occur to prevent the expiration and destruction of blood or blood components. Credit will only be issued in accordance with the guidelines stated on the attached Credit/Return Policy, Schedule 24.0. The Blood Institute may modify the Credit/Return policy during the term of this Agreement by giving 30-days written notice to the Facility.

25. Donor Source. Only blood donations from volunteer donors will be utilized in the preparation of blood products for transfusion.

26. Charges by Facility. The Facility fees provided in this Agreement are intended to defer the Blood Institute's previously described operational costs. This Agreement does not restrict the Facility's ability to add service charges as it deems reasonable and prudent to ensure proper patient service and as may be permitted by applicable law.

27. Notice. Any notice, consent, or communication required or permitted to be given under this Agreement shall be deemed to have been duly given if in writing and delivered personally, sent by electronic transmission, or sent by United States first class mail, postage prepaid, to the addresses set forth in the introduction of this Agreement.

28. Binding Effect. This Agreement shall be binding upon, and inure to the benefit of, the parties and their respective legal representatives, successors, and assigns.

29. Survivability of Terms. The terms and provisions and each party's obligations and/or agreements under Sections 9, 11, and 16 shall survive any termination or expiration of this Agreement and will be construed as agreements independent of any other provisions of this Agreement.

30. Communications and Community Relations. The Facility plays a critical role in the Blood Institute's ability to support the Facility with blood products, and the Facility desires to assist the Blood Institute in its efforts. The Facility can accomplish this objective by encouraging community support of the Blood Institute. Through the use of its public relations and communications efforts, the Facility can encourage the public to make blood donations to the Blood Institute. In communities where the Blood Institute is the new blood provider, the Facility can help to introduce the Blood Institute to the community as the blood provider. In furtherance of these goals, the Facility will issue news releases to the local media announcing the Blood Institute as the provider of blood and blood products. The news releases will advise Facility staff of the collaboration between the Facility and the Blood Institute to ensure that the Facility staff is knowledgeable and supportive of the relationship. The Facility shall allow the Blood Institute to place approved printed materials in strategic locations within the Facility (*e.g.*, in lobbies, waiting rooms, *etc.*) stating the Blood Institute is the blood provider and encouraging blood donations. From time to time, the Facility may have the appropriate persons in Facility administration send communications to community leaders (*e.g.*, business leaders, ministers, school superintendents, civic group leaders, governmental leaders, *etc.*) encouraging personal and group support of blood donations to the Blood Institute. The Facility may provide ongoing support for the Blood Institute with the media, the Facility, and the community. The Blood Institute will provide staff and resources to assist with any or all of the Facility's public relations efforts on behalf of the Blood Institute. **The Facility agrees to encourage blood donations and to assist Blood Institute personnel and the Facility's Blood Drive Coordinator in efforts to procure blood and components within the Facility's service area. Any blood drives held on the Facility's premises will be conducted by and for the Blood Institute. The Facility will host or co-sponsor a minimum of four (4) blood drives with minimum collections totaling 40 units annually, unless Parties mutually agree upon alternative Blood Donor Recruitment Standards.**

31. Review of Service Performance Indicators. The Facility is solely responsible for monitoring service provided by the Blood Institute in the following areas:

a. Laboratory Transfusion Service Turnaround Time (TAT). Transfusion Service testing turnaround time begins upon receipt of the sample into the Blood Institute Reference Lab.

STAT	2-4 hours from sample receipt (does not include transportation time)
ASAP	5-8 hours from sample receipt (does not include transportation time)
ROUTINE	8-24 hours from sample receipt (does not include transportation time)

If complex testing is required, including but not limited to multiple antibodies or warm or cold autoantibodies, the laboratory turnaround times above do not apply but testing will be completed as soon as possible. Reasonable effort will be made to communicate delays related to case/specimen complexity with the Facility.

Total Turnaround Time. The Blood Institute makes no claims to total turnaround time, from physician order to product transfusion, as total turnaround time is influenced by Facility specimen acquisition, transportation, laboratory testing time, Facility blood administration and product release to patient by Facility staff.

b. Billing Accuracy. Billing and coding of monthly invoices from the Blood Institute will be reviewed for accuracy.

c. Compliance with Standards and Regulations. The Parties will comply with accreditation standards and regulatory requirements affecting the Facility in the performance of the Agreement.

FOR: THE FACILITY

_____
Signature

_____
Date

_____
Print Name

_____
Print Title

FOR: THE BLOOD INSTITUTE

_____
John Armitage, M.D., President and CEO

_____
Date

Schedule 3.0
Automated Clearing House (ACH) Authorization Form

Please complete the information below:

I, _____, authorize Oklahoma Blood Institute to charge my bank account
(Facility)

indicated below, the balance due, 45 days following the invoice date.

Billing Address _____

City, State, Zip _____

Phone# _____

Email _____

Bank Name _____

Account Name _____

Account # _____

Bank Routing # _____

Bank City/State _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Oklahoma Blood Institute in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Oklahoma Blood Institute may at its discretion attempt to process the charge again within 30 days and agree to an additional $25 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Schedule 8.0
COMPLIANCE STATEMENTS

The Oklahoma Blood Institute (OBI) manufactures Blood and Blood Products under Food and Drug Administration (FDA) license number 0766. Each OBI facility has an FDA assigned Establishment Identification Number (FEIN) and is inspected by the FDA to evaluate current Good Manufacturing Practices (cGMP) and compliance with relevant sections of 21 CFR 200, 600, 800 and 1200.

Association for the Advancement of Blood and Biotherapies (AABB) Blood Banks and Transfusion Services accreditation is maintained by OBI. In accordance with the Social Security Act and 42 CFR Parts 422.156, 422.157, and 422.158, the Centers for Medicare and Medicaid Services (CMS) has granted AABB deemed status to provide oversight for compliance with the Clinical Laboratory Improvement Amendments (CLIA). Therefore, AABB standards have been found to meet or exceed all relevant CMS requirements for participation. AABB bi-annual assessments evaluate OBI against these standards.

Infectious Disease Testing is provided under CLIA number 37D0470358 and Immunohematology Testing is provided under CLIA number 37D2175055 in the headquarters location in Oklahoma City. Immunohematology Testing is also provided under CLIA number 37D0931105 in the Tulsa location, CLIA number 04D2096885 in the Little Rock location, and CLIA number 45D0507042 in the Coffee Memorial Blood Center location. CLIA compliance inspections and renewals are performed bi-annually by the AABB. OBI Laboratories participate in CMS approved proficiency testing programs. AABB Immunohematology Reference Laboratory Accreditation is maintained by the Clinical Laboratory in Oklahoma City.

OBI maintains a Quality Plan, Quality Manual, Emergency Preparedness and Disaster Plan, Transfusion Associated Disease Investigation Procedures, Look-Back Procedures (HCV and HIV), and Consignee Notification Procedures for Positive Test Results, Market Recalls and Market Withdrawals for non-conforming blood or blood components. Initial consignee notifications occur in accordance with federal and state statutes and regulations. Specifically, they occur within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection; within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available; and within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA. These documents can be made available for reference during relevant facility inspections.

Except for apheresis platelets treated using an FDA-approved pathogen reduction process, OBI performs bacterial detection testing on all apheresis platelet components. This test is a culture that is incubated throughout the shelf life of the product. If a unit tests positive on the BACT/ALERT VIRTUO Microbial Detection System after shipment, OBI will notify consignees of the affected product.

OBI maintains a Privacy Policy and Business Associate Agreements that include relevant requirements identified in 45 CFR 164, Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

For Regulatory or Compliance Issues, Call
VP, Quality Management (405) 297-5527
Compliance Officer (405) 297-5733

Revised 3.1.2026

Schedule 24.0
BLOOD PRODUCTS CREDIT/RETURN POLICY
OKLAHOMA BLOOD INSTITUTE

The following blood products may be returned for credit or exchange to the Oklahoma Blood Institute in accordance with the following established guidelines:

Product	**Timeframe**
	Restrictions required to receive credit:
LEUKOREDUCED RED CELLS	a. Stored at 1 to 6 degrees Centigrade as documented by a continuous recording device;
	b. The blood container has neither been entered nor its closure disturbed;
	c. Product storage has met all other applicable CBER/FDA and AABB requirements;
	d. At least one crossmatch segment remains attached; and
	e. Greater than 7 days of shelf life remain before the product outdates/expires.
LEUKOREDUCED PLATELETS (Single donor) (Apheresis-derived)	Greater than 24 hours of shelf life, providing such products have been: a. Stored at 20 to 24 degrees Centigrade as documented by a continuous recording device; b. Stored with continuous agitation; and c. The blood container has neither been entered nor its closure disturbed.
	If less than 24 hours of shelf life, OBI will assist the Facility in offering the product to another facility [provided products also meet the requirements above]. If successful, credit will be issued to the Facility; if unsuccessful, credit will not be issued. *This policy provision will not apply where the product had 48 hours or less of remaining shelf life when supplied to the Facility by OBI.*
PLASMA and PLASMA PRODUCTS	Plasma and Plasma products will not be accepted for credit.
MODIFIED PRODUCTS	Products modified by the Blood Institute or the Facility will not be accepted for credit, including thawed plasma and plasma products.
AUTOLOGOUS UNITS	No returns will be accepted/credited.

The Blood Institute may request product returns for investigation of visual issues and/or clots. The Facility will tag units returned for evaluation with Quarantine tags provided by Blood Institute. If a product has been thawed at Facility, the product shall be returned thawed, as refrozen products can impede product evaluation. The Blood Institute may request that the Facility provide a photo of the unit prior to return. Units returned for investigation will be subject to the Blood Institute's review and approval for credit.

Exhibit A
BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT is entered into as of August 1, 2026, by Mangum City Hospital Authority d/b/a Mangum Regional Medical Center, 1 Wickersham Drive, Mangum, OK 73554 ("Facility") and the Sylvan N. Goldman Center, Oklahoma Blood Institute, an Oklahoma not for profit corporation with its principal office located at 1001 North Lincoln Boulevard, Oklahoma City, OK, 73104 ("Blood Institute").

A. The Blood Institute provides services for the procurement of blood and blood components and related services (the "Services") for the Facility pursuant to a written agreement between the parties (the "Services Agreement").

B. The Blood Institute and the Facility are subject to the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic & Clinical Health Act, and the implementing regulations promulgated thereunder, as amended from time to time (collectively, "HIPAA").

C. To facilitate the provision of Services by the Blood Institute, it may be necessary for the Facility to disclose protected health information concerning its patients to the Blood Institute. "Protected health information" is demographic information collected from a patient which (a) is created or received by the Facility, (b) relates to the past, present, or future physical or mental health condition, the provision of health care or the past, present, or future payment for the provision of health care of a patient, and (c) identifies the patient, or the information can be used to identify the patient. "Protected health information" includes information that is transmitted, maintained, or received electronically. Demographic information that identifies the patient or that could be used to identify a patient includes: name, street address, city, county, precinct, zip code, birth date, admission date, discharge date, date of death, telephone number, fax number, email address, social security number, medical record number, health plan beneficiary number, account number, certificate/license numbers, vehicle identifier and serial number, and full face photographic images and any comparable images.

D. The Facility wishes to obtain satisfactory assurances from the Blood Institute that the Blood Institute will safeguard protected health information from misuse and unauthorized disclosure and that the Blood Institute will assist the Facility in complying with other requirements related to protected health information.

In consideration of the covenants, terms, and conditions set forth in this Agreement, the Facility and the Blood Institute agree as follows:

1. Protected Health Information. The Blood Institute and the Facility shall appropriately safeguard from misuse and unauthorized disclosure all data that is protected health information.

2. Business Associate Standards. By virtue of this Agreement, the Blood Institute may receive protected health information on behalf of Facility and is thereby subject to the "business associate" standards set forth herein. The Blood Institute may use and disclose protected health information it receives from the Facility, in accordance with HIPAA, strictly for the following purposes, and only to the extent necessary for the Blood Institute to perform its obligations under the Services Agreement:

a. The Blood Institute may use and disclose protected health information it receives from the Facility (i) in the proper management and administration of the Blood Institute; (ii) as required by law; (iii) to carry out its legal responsibilities; (iv) to perform blood banking and transfusion services in accordance with recognized standards of care; or, (iv) to other person(s) who provide reasonable written assurances that the information will be held confidentially, under the same conditions and restrictions that apply to the Blood Institute, and used or further disclosed only as required by law or for the purpose for which it was disclosed to such person, and that such person(s) will notify the Blood Institute of any instances which it is aware or becomes aware that the confidentiality of the information has been breached;

b. The Blood Institute may use and disclose protected health information it receives from the Facility to provide data aggregation services relating to the health care operations of the Facility;

c. The Blood Institute may use and disclose protected health information it receives from the Facility for purposes related to the testing and analysis of specimens and for internal operational purposes, including: conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, or auditing functions; business planning, development, and management; implementing and conducting compliance programs; performing aggregate data analysis; research; and conducting due diligence in connection with the sale of part or all of the business.

d. With respect to information that it has received from Facility, the Blood Institute shall:

   (i) Not use or further disclose the information other than as permitted or required by this Agreement or as required by law; not copy, duplicate or otherwise reproduce any part of the information except as required to perform services under the Services Agreement; and comply with the HIPAA privacy regulations with respect to any obligations under HIPAA that the Blood Institute is performing on behalf of the Facility;

   (ii) Promptly report to the Facility if the Blood Institute becomes aware of any use or disclosure of protected health information not permitted by this Agreement or any other security incident related to the protected health information, and take all necessary actions to promptly remedy the situation and to minimize any adverse consequences of such use, disclosure, or security incident;

   (iii) Ensure that any agents, representatives, subcontractors, or others to whom the Blood Institute provides protected health information received from, or created or received by the Blood Institute on behalf of the Facility (each, a “Subcontractor”) enters into a written agreement with the Blood Institute that imposes the same obligations on the Subcontractor that are imposed on the Blood Institute under this Business Associate Agreement;

   (iv) Make available protected health information in accordance with 45 CFR 164.524;

(v) Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with 45 CFR 164.526;

(vi) Make available the information required to provide an accounting of disclosures in accordance with 45 CFR 164.528;

(vii) Make its internal practices, books, and records relating to the use and disclosure of protected health information received from, or created or received by the Blood Institute on behalf of the Facility, available to the Secretary of the Department of Health and Human Services for purposes of determining the Facility's compliance with 45 CFR 164.500 – 534; and,

(viii) At termination of this Agreement, if feasible, return, destroy, or permanently delete all protected health information received from, or created or received by the Blood Institute on behalf of the Facility that the Blood Institute still maintains in any form and retain no copies of such information, except (A) the Blood Institute may retain, use, and disclose such protected health information to meet quality standards and public health and regulatory requirements related to its blood banking and transfusion services, or (B) the Blood Institute may retain such protected health information if return or destruction is not feasible and the Blood Institute extends the protections of this Agreement to retained information and limits further uses and disclosures to the purposes that make return or destruction infeasible.

e. The Facility shall be responsible for obtaining all consents and authorizations of patients, in accordance with HIPAA.

3. Use of Safeguards. The Blood Institute shall use appropriate safeguards to prevent the use or disclosure of the protected health information other than as provided for by this Agreement. If protected health information is transmitted, maintained, or received electronically, the Blood Institute shall use administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of such information, including access controls, workstation security, integrity controls, data backup, and storage and encryption.

4. Reporting. The Blood Institute shall promptly report to the Facility not later than 30 days after the Blood Institute becomes aware of (a) any acquisition, access, use, or disclosure of protected health information not permitted by this Agreement or HIPAA, or (b) any other security incident related to protected health information of which the Blood Institute becomes aware (an "Incident") whether or not the Incident qualifies as a "reportable breach" under HIPAA. With respect to a reportable breach, the Blood Institute shall provide the following information to the Facility: (a) a brief description of the Incident; (b) a description of the nature and extent of protected health information involved in the Incident; (c) the individual who impermissibly used the protected health information; (d) a description of the Blood Institute's actions to mitigate the consequences of the Incident and to prevent further Incidents; and (e) if requested by the Facility, contact procedures for individuals to contact the Blood Institute for additional information. Except as directed by the Facility, the Blood Institute shall not directly report an Incident to the Secretary, the media, or any individual, and shall keep the matter strictly confidential. The parties shall take all necessary actions to promptly remedy the situation and to minimize any adverse consequences of such Incident.

5. Independent Contractor Status. The Blood Institute is performing services for the Facility as an independent contractor. Nothing in this Agreement shall be construed as creating an agency, partnership, employment, or joint venture relationship between the Blood Institute and the Facility. Neither party may bind, or create any obligations on behalf of, the other party.

6. Obligation to Disclose Information. This Agreement does not impose any specific obligations on the Facility to disclose protected health information.

7. Binding Effect. This Agreement shall be binding upon the parties hereto and their respective legal representatives, successors, and assigns.

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

9. Assignment. This Agreement may not be assigned by the Blood Institute, nor may the Blood Institute delegate its duties hereunder, without the express prior written consent of the Facility.

10. Amendments. This Agreement may not be amended except by an instrument in writing signed by the Facility and the Blood Institute.

11. Notices. Any and all notices, consents, or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States, postpaid, to the addresses or numbers set forth below the signatures of the parties.

12. No Waiver. No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed as a waiver of such breach.

13. Entire Agreement. This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the parties.

EXECUTED as of the date written above.

FOR: THE FACILITY

_____
Signature

_____
Date

_____
Print Name

_____
Print Title

FOR: THE BLOOD INSTITUTE

_____
John Armitage, M.D., President and CEO

_____
Date

Exhibit B
Quality Standards

The Facility, through its employees, agents or consultants, agrees to be solely responsible for performing and documenting these quality requirements. Additionally, the Facility agrees to provide the Blood Institute with documentation of compliance, when requested by the Blood Institute.

1. The Facility agrees that it will use only trained individuals to perform sample collections, patient consents, and blood transfusions. The Facility further agrees to annually assess and document the competency of these individuals as required by federal law in 42 CFR 493.1235 and 42 CFR 493.1451.

2. The Facility agrees to maintain a list of the employees, agents, or consultants, identifiers or initials used by the Facility to track those responsible for collecting samples, consenting patients, or performing transfusions. This list will contain the inclusive dates of employment.

3. The Facility agrees that blood or blood products will only be stored in a validated storage device or container, that the device will be continuously monitored and equipped with an alarm system, and to notify the Blood Institute of temperature excursions.

4. The Facility agrees to develop and administer transfusion consent forms that adequately describe risks associated with transfusions and to utilize the transfusion service physician or designee as a resource in identifying and describing the associated risks.

FOR: THE FACILITY

_____
Signature

_____
Date

_____
Print Name

_____
Print Title

FOR: THE BLOOD INSTITUTE

_____
John Armitage, M.D.
President and CEO

_____
Date

Exhibit C
Transfusion Service Remediation Request

Facility Name:	
Reason for Remediation Request:	
☐Financial - Section 3, Billing and Payment - 30 days	☐ Contractual/Other: - Section 20, Termination - 30 days

Description of Issue or Area of Concern:

_____

_____

_____

_____

Remediation Request Details:

_____

_____

_____

_____

_____

Requested remediation should be completed within the timeframe noted above.

Name/Title of Person Notified at the Transfusion Service Facility:

_____

Method of notification (Certified Mail, Email, Fax, Phone):

_____

Date and Time of Notification: _____

Form Completed by: _____

Date of Completion: _____

Attach any additional documentation to this form.

Hospital Vendor Contract Summary Sheet

1. ☐ **Existing Vendor** ☒ **New Vendor**

2. **Name of Contract:** Southwest Tech Agreement for Clinical Affiliation

3. **Contract Parties:** Southwest Tech /MRMC

4. **Contract Type Services:** Affiliation Agreement

5. **Impacted Hospital Departments:** Hospital

6. **Contract Summary:** To allow Southwest Technology students to use facility for clinical experience. The facility provides clinical staff an area for conference/classroom space. The school shall provide instruction/supervision of the students. Students and instructors will adhere to all hospital policies, rules, and regulations. The school will maintain professional and comprehensive general liability insurance on an-occurrence basis on the instructors and students in the minimum amount of $1,000,000.00 per occurrence.

7. **Cost:** None

8. **Prior Cost:** None

9. **Term:** 1 year agreement effective upon execution and then automatically renewed for 1-year terms unless terminated by either party

10. **Termination Clause:** At any time without cause with 90-day written notice prior to renewal date.

711 West Tamarack
Altus, OK 73521
580-477-2250
www.swtech.edu

AGREEMENT FOR CLINICAL AFFILIATION

THIS AGREEMENT, is made by and between MANGUM REGIONAL MEDICAL CENTER, hereinafter referred to as "HOSPITAL", and SOUTHWEST TECHNOLOGY CENTER hereinafter referred to as "SCHOOL".

THAT WHEREAS, the SCHOOL desires to enter into an agreement with the HOSPITAL to permit the use of the HOSPITAL as a clinical laboratory for education of students in the SCHOOL'S programs (Practical Nursing, Nursing Assistant (CNA-CMA), Health Science Technology, and other medical training programs) and the HOSPITAL desires to enter into an agreement to provide such facilities for such educational purposes.

NOW THEREFORE, in consideration of the promises and covenants herein contained, the parties agree as follows:

1. The HOSPITAL agrees to provide facilities for clinical laboratory experiences of the SCHOOL'S program including classroom/conference room space and opportunity for student observation and practice in assigned patient areas. The SCHOOL recognizes and agrees that such facilities and clinical resources shall be limited to availability and appropriateness as determined by the HOSPITAL.

2. The HOSPITAL agrees to promote acceptance of the programs by the professional and administrative staffs and foster coordinated relationships between the SCHOOL and the various hospital departments. The HOSPITAL'S Chief Executive Officer shall appoint a liaison person responsible for planning and coordination of the HOSPITAL'S facilities and clinical resources.

3. The HOSPITAL shall have complete authority relative to the care of the patients and the use of physical facilities, equipment, and other clinical resources.

4. The HOSPITAL shall report to the Director of Practical Nursing, Southwest Technology Center any deficiencies of substandard quality of care on surveys conducted by the Oklahoma Department of Public Health.

5. The SCHOOL and the HOSPITAL shall mutually agree to the following:

   a. The goals of the program related to the needs of the HOSPITAL and the community.

   b. The assignment of available facilities and clinical resources of the HOSPITAL including clinical hours and classroom by day, hour, and place of assignment.

c. The ratio of student to instructor(s).

d. The number of students to be assigned to a given unit.

e. The level of expected student performance.

f. To abide by any and all applicable federal and/or state equal opportunity statutes, including Title VII of the Civil Rights Act of 1964, and Equal/Employment Opportunity Act of 1972, the Rehabilitation Act of 1973, and the Occupational safety and Health Act of 1970.

6. The SCHOOL agrees to provide necessary and appropriate instruction/ supervision of the students. Evidence of current licensure of any and all instructors shall be provided annually by the SCHOOL to the HOSPITAL. The SCHOOL is responsible for all costs of salaries of the SCHOOL'S instructors.

7. The SCHOOL recognizes and agrees that instructors and students shall abide by all HOSPITAL policies, rules, and regulations.

8. The SCHOOL will educate the student in the epidemiology of Hepatitis B and AIDS prior to first clinical day and will submit documentation to the HOSPITAL of either Hepatitis B vaccination or signed waiver.

9. The SCHOOL shall obtain and maintain professional and comprehensive general liability insurance on an occurrence basis covering the SCHOOL, the SCHOOL'S instructors, and the SCHOOL'S students in the minimum amount of $1,000,000 per occurrence. The SCHOOL shall provide the HOSPITAL with a Certificate of Insurance as evidence that said coverage is in full force and effect at all times. It is understood and agreed by the SCHOOL that the HOSPITAL assumes no liability for any student illness, accident, or injury both personally and as related to all other persons and the SCHOOL agrees to hold harmless the HOSPITAL for any cause of action.

10. The SCHOOL shall at all times maintain approval, and advise the HOSPITAL of the current status of the Practical Nursing Program, by the Oklahoma State Board of Nursing Registration.

11. Under the Agreement, the SCHOOL shall be at all times, acting as an independent contractor and not as an employee of the HOSPITAL, and any of the SCHOOL'S licensed employees and students shall at all times be acting and performing independently and not as employees of the HOSPITAL.

711 West Tamarack
Altus, OK 73521
580-477-2250
www.swtech.edu

12. SCHOOL agrees that it will:
Instruct students to follow all applicable administrative policies, standards, and practices of the HOSPITAL relative to clinical education, clinical performance, and patient care, including confidentiality of Protected Health Information as described by the Health Insurance Portability and Accountability Act (HIPAA).

13. SCHOOL agrees that it will:
Require students to review and sign the Confidentiality Agreement attached hereto as Appendix A. SCHOOL will send a copy of the Confidentiality Agreement signed by each student to the HOSPITAL.

No assignment of the Agreement or the right and obligations there under shall be valid without the specific written consent of both parties.

This Agreement shall be effective upon execution by authorized representatives of both parties and shall be automatically renewed for one (1) year terms thereafter unless terminated by one of the parties hereto. Either party may terminate this agreement by giving written notice to the other ninety (90) days prior to the annual renewal date. This agreement may be terminated or amended by mutual agreement of both the HOSPITAL and the SCHOOL. This Agreement may also be terminated by either party for breach of this Agreement by one party giving notice to the other party, that such default shall be corrected within fifteen (15) days following the giving of such notice and if such default is not cured, the party giving notice shall have the right to immediately terminate this Agreement.

Southwest Technology Center offers equal opportunities for employment, enrollment, and job placement assistance for graduates without regard to handicap, religious beliefs, sex, race, age, or national origin.

IN WITNESS WHEREOF the HOSPITAL and the SCHOOL have caused this Agreement to be executed in their respective names:

FOR SCHOOL:

By: Ericka Wiginton 7/9/26
Ericka Wiginton, M.B.E. Date
Superintendent
Southwest Technology Center

By: 7/9/2026
Tyler Tims, MSN, RN, PN Coordinator Date
Southwest Technology Center

711 West Tamarack
Altus, OK 73521
580-477-2250
www.swtech.edu

FOR HOSPITAL:

By: _____ _____
Kelly Martinez, CEO Date
Mangum Regional Medical Center

By: _____ _____
Nick Walker, COO Date
Mangum Regional Medical Center

711 West Tamarack
Altus, OK 73521
580-477-2250
www.swtech.edu

APPENDIX A

CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement ("Agreement") is effective this ____ day of _____, 2026, by and between the _____ ("HOSPITAL") and _____, ("Student"), a student at the _____ ("SCHOOL").

Student acknowledges that as a result of the clinical and related educational activities he or she will undertake at or through Hospital, Student may have access to confidential information, including patient identities and health information. Student shall hold confidential all identifiable patient and Hospital information obtained as a participant in these activities and will not disclose any personal, medical, financial, or related information to third parties, including family members, students, faculty members, or other health care providers without prior written approval of the supervisor or course coordinator. Student is committed to protecting from any disclosure, whether written or oral, any and all confidential information that Student may come into contact with. Student may not view, copy, or remove from the premises patient schedules, procedure schedules, patient medical records, or similar documents, except as permitted under this Agreement and any related affiliation agreements. Student may not use any confidential information in presentations, reports, social media, or publications of any kind without prior written approval of the supervisor or course coordinator.

Student will not bring to School the confidential information of Hospital or store such in or on School property.

Student will not use or disclose patient information in a manner that would violate the applicable requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Student acknowledges that any breach of confidentiality or misuse of confidential information may result in termination of Student's participation hereunder and in other actions deemed necessary by Hospital. Unauthorized disclosure may cause irreparable injury to the owner of the information.

I have read these terms and I understand and agree to abide by them. I also understand I may have additional obligations or limitations under the related Memorandum of Understanding between SCHOOL and Hospital.

_____
Student Printed Name

_____ _____
Student Signature Date

Hospital Vendor Contract Summary Sheet

1. ☒ **Existing Vendor** ☐ **New Vendor**

2. **Name of Contract: Mangum Sports KHIM 97.7**

3. **Contract Parties: Classic Hits KHIM97.7 /MRMC**

4. **Contract Type Services: Marketing**

5. **Impacted Hospital Departments:** Hospital

6. **Contract Summary:** The hospital will get recognition during games for all sports and 6 commercials every week on 97.7.

7. **Cost: $125.00/month**

8. **Prior Cost: $110.00/month**

9. **Term:** August 2026-July 2027

10. **Termination Clause: None**

11. **Other:**

FOX RADIO NETWORK

MUSIC • NEWS • SPORTS

SPORTS SPONSORSHIP AGREEMENT
2026-2027 SPORTS YEAR

Sponsor Information

Business Name: Mangum Regional Medical Center

Contact Name: Kelly Martinez

Phone: 580-782-3353 Email: kmartinez@chmcok.com

Team Coverage Selection

☐ Hobart Bearcats & Lady Cats – KTIJ 106.9 The Zone
☑ Mangum Tigers & Lady Tigers – Classic Hits 97.7 KHIM
☐ Cordell Blue Devils & Lady Blue Devils – KTJS 1420/102.1 Great Plains Country

■ ANNUAL SPORTS SPONSORSHIPS

COMMITMENT PERIOD: AUGUST 1, 2026 – JULY 31, 2027

ANNUAL SPONSORSHIP RATES ARE DISCOUNTED RATES OFFERED IN EXCHANGE FOR A COMMITMENT THROUGH JULY 31, 2027.

Annual Sports Sponsorships provide coverage throughout the entire sports year, including Football, Basketball, and Spring Sports.

ROS (Run of Schedule) commercials air Monday through Friday between 6 AM and 7 PM.

Choose	Package	Monthly Rate	Monthly Commercials	Guaranteed Game Ads
☐	Sports Presence	$125	10 ROS	1
☐	Sports Builder	$250	18 ROS	2
☐	Sports Advantage	$350	25 ROS	3
☐	Sports Premier	$500	25 commercials/month including 10 guaranteed Prime Time placements (6am-1pm) plus 15 ROS commercials	4

■ SEASONAL SPORTS SPONSORSHIPS

SEASONAL SPONSORSHIPS REQUIRE PARTICIPATION FOR THE ENTIRE SELECTED SEASON.

Football Season (September-November)

Choose	Package	Monthly Rate
☐	Sports Presence	$200
☐	Sports Builder	$325
☐	Sports Advantage	$450
☐	Sports Premier	$650

Basketball Season (December-February)

Choose	Package	Monthly Rate
☐	Sports Presence	$200
☐	Sports Builder	$325
☐	Sports Advantage	$450
☐	Sports Premier	$650

Spring Sports Season (March-May)

Choose	Package	Monthly Rate
☐	Sports Presence	$150
☐	Sports Builder	$275
☐	Sports Advantage	$375
☐	Sports Premier	$550

Sponsorship Acknowledgment

PLEASE INITIAL BELOW TO ACKNOWLEDGE YOUR COMMITMENT PERIOD.

Sponsor Initials: _____

Sales Representative Initials: _____

☐ Annual Sports Sponsorship (Commitment through July 31, 2027)

☐ Seasonal Sports Sponsorship (Commitment for the entire selected season)

Optional Add-On Sponsorships

☐ Big Play of the Game Sponsor – $150 Per Month
☐ Halftime Sponsor – $150 Per Month
☐ Scoreboard Sponsor – $150 Per Month
☐ Streaming Sponsorship (logo on screen) – $200 Per Month

Streaming Sponsorship inventory is limited and subject to availability.

Playoff Coverage

Playoff Coverage is available for $25 per playoff round, per selected school.

This fee helps offset OSSAA licensing, streaming, and broadcast costs associated with playoff coverage.

Advertisers participating in playoff coverage will continue to receive the benefits associated with their selected sponsorship package and any active add-on sponsorships during playoff broadcasts.

Sport	Include Automatically	Contact Me First	Opt Out
Football	☐	☐	☐
Basketball	☐	☐	☐
Baseball	☐	☐	☐
Softball	☐	☐	☐

Payment Terms

- Invoices are due within 15 days of the invoice date.
- Accounts more than 60 days past due may have advertising placed on hold until payment is received.
- Missed spots during a hold period will not be made up.
- Accounts more than 90 days past due may be cancelled.

Cancellation Policy

- Annual Sports Sponsorships require a commitment through July 31, 2027.
- Seasonal Sports Sponsorships require participation for the entire selected season.
- Early cancellation of an Annual Sponsorship requires payment of 50% of the remaining contract balance.
- Early cancellation of a Seasonal Sponsorship requires payment of 50% of the remaining balance for the selected season.
- Cancellation requests must be submitted in writing.

Notes / Special Instructions

Agreement Acceptance

Sponsor Signature: _____

Printed Name: _____

Date: _____

Fox Radio Network Representative: _____

Date: _____

Hospital Vendor Contract Summary Sheet

1. ☒ **Existing Vendor** ☐ **New Vendor**
2. **Name of Contract:** KnowBe4
3. **Contract Parties:** KnoeBe4/MRMC
4. **Contract Type Services:** IT
5. **Impacted Hospital Departments:** Hospital
6. **Contract Summary:** Provides education to all staff regarding Phishing and IT security.
7. **Cost:** $2,817.90 for 12months; $8,453.70 for 36 months; $14,089.50 for 60 months
8. **Prior Cost: $**11,938.20 purchased with COVID funds
9. **Term:** 8/2026-8/2031
10. **Termination Clause:** 30-day written notice before subscription term ends**.**
11. **Other:** Net-30

KnowBe4
33 N Garden Avenue, Suite 1200
Clearwater, FL
33755 US

Created Date 7/2/2026 11:49 AM
Expiration Date 9/24/2026
Quote Number Q-1624222
Payment Terms Net 30

Prepared By Jourdan Alfarone
Email jourdant@knowbe4.com

Contact Name Jarod Palmer
Contact Phone
Contact Email jpalmer@mangumregional.org

Bill to Name
Mangum Regional Medical Center
1 WICKERSHAM ST
MANGUM, OK 73554-9117
UNITED STATES

Ship to Name
Mangum Regional Medical Center
1 WICKERSHAM ST
MANGUM, OK 73554-9117
UNITED STATES

Description Dates: 9/25/2026 - 9/24/2027

Notes

Total Term(Months) 12

PRODUCT	DESCRIPTION	QTY	LIST PRICE	SPECIAL DISCOUNT (%)	SALES PRICE	MONTHLY NET PRICE	TOTAL PRICE
KSATD	KnowBe4 Security Awareness Training Subscription Diamond	101	USD 31.80	50	USD 15.90	USD 1.33	USD 1,605.90
PHISHER	KnowBe4 PhishER Subscription	101	USD 12.00		USD 12.00	USD 1.00	USD 1,212.00

Grand Total USD 2,817.90

Signature
Name
Title
Date

Terms & Conditions

By accepting this Quote, you confirm your authority to bind your organization. The Subscription Term begins when we receive the signed Quote or accept a corresponding purchase order. For renewals signed before the current Subscription Term expires, the renewal begins the day after expiration. Unless included on the invoice, Customer is responsible for applicable sales and use tax. KnowBe4's Terms of Service (KnowBe4.com/Terms) and Product Privacy Policy (KnowBe4.com/Product-Privacy-Notice) apply, unless mutually agreed otherwise in writing signed by both parties. Capitalized undefined terms have the meaning set forth in the KnowBe4 Terms of Service. THE SUBSCRIPTION WILL AUTOMATICALLY RENEW FOR EQUIVALENT TERMS IN ACCORDANCE WITH KNOWBE4'S TERMS OF SERVICE, UNLESS CUSTOMER PROVIDES WRITTEN NOTICE AT LEAST THIRTY DAYS BEFORE THE SUBSCRIPTION TERM ENDS. UPON EACH AUTOMATIC RENEWAL, FEES SHALL INCREASE YEAR-OVER-YEAR BY A MINIMUM OF FOUR PERCENT, BASED ON FEES AT EXPIRY OF THE SUBSCRIPTION TERM, CALCULATED AND COMPOUNDED ANNUALLY. NON-SUBSCRIPTION OR ONE-TIME SERVICES, SUCH AS PROFESSIONAL SERVICES, DO NOT AUTOMATICALLY RENEW. IF CUSTOMER REQUIRES A PURCHASE ORDER, ANY ADDITIONAL TERMS & CONDITIONS WILL NOT BECOME PART OF THE AGREEMENT.

KnowBe4
33 N Garden Avenue, Suite 1200
Clearwater, FL
33755 US

Created Date 7/2/2026 11:47 AM
Expiration Date 9/24/2026
Quote Number Q-1624216
Payment Terms Net 30

Prepared By Jourdan Alfarone
Email jourdant@knowbe4.com

Contact Name Jarod Palmer
Contact Phone
Contact Email jpalmer@mangumregional.org

Bill to Name
Mangum Regional Medical Center
1 WICKERSHAM ST
MANGUM, OK 73554-9117
UNITED STATES

Ship to Name
Mangum Regional Medical Center
1 WICKERSHAM ST
MANGUM, OK 73554-9117
UNITED STATES

Description Dates: 9/25/2026 - 9/24/2029

Notes

Total Term(Months) 36

PRODUCT	DESCRIPTION	QTY	LIST PRICE	SPECIAL DISCOUNT (%)	SALES PRICE	MONTHLY NET PRICE	TOTAL PRICE
KSATD	KnowBe4 Security Awareness Training Subscription Diamond	101	USD 95.40	50	USD 47.70	USD 1.33	USD 4,817.70
PHISHER	KnowBe4 PhishER Subscription	101	USD 36.00		USD 36.00	USD 1.00	USD 3,636.00

Grand Total USD 8,453.70

Signature
Name
Title
Date

Terms & Conditions

By accepting this Quote, you confirm your authority to bind your organization. The Subscription Term begins when we receive the signed Quote or accept a corresponding purchase order. For renewals signed before the current Subscription Term expires, the renewal begins the day after expiration. Unless included on the invoice, Customer is responsible for applicable sales and use tax. KnowBe4's Terms of Service (KnowBe4.com/Terms) and Product Privacy Policy (KnowBe4.com/Product-Privacy-Notice) apply, unless mutually agreed otherwise in writing signed by both parties. Capitalized undefined terms have the meaning set forth in the KnowBe4 Terms of Service. THE SUBSCRIPTION WILL AUTOMATICALLY RENEW FOR EQUIVALENT TERMS IN ACCORDANCE WITH KNOWBE4'S TERMS OF SERVICE, UNLESS CUSTOMER PROVIDES WRITTEN NOTICE AT LEAST THIRTY DAYS BEFORE THE SUBSCRIPTION TERM ENDS. UPON EACH AUTOMATIC RENEWAL, FEES SHALL INCREASE YEAR-OVER-YEAR BY A MINIMUM OF FOUR PERCENT, BASED ON FEES AT EXPIRY OF THE SUBSCRIPTION TERM, CALCULATED AND COMPOUNDED ANNUALLY. NON-SUBSCRIPTION OR ONE-TIME SERVICES, SUCH AS PROFESSIONAL SERVICES, DO NOT AUTOMATICALLY RENEW. IF CUSTOMER REQUIRES A PURCHASE ORDER, ANY ADDITIONAL TERMS & CONDITIONS WILL NOT BECOME PART OF THE AGREEMENT.

KnowBe4
33 N Garden Avenue, Suite 1200
Clearwater, FL
33755 US

Created Date 6/26/2026 4:12 PM
Expiration Date 9/24/2026
Quote Number Q-1619779
Payment Terms Net 30

Prepared By Jourdan Alfarone
Email jourdant@knowbe4.com

Contact Name Jarod Palmer
Contact Phone
Contact Email jpalmer@mangumregional.org

Bill to Name
Mangum Regional Medical Center
1 WICKERSHAM ST
MANGUM, OK 73554-9117
UNITED STATES

Ship to Name
Mangum Regional Medical Center
1 WICKERSHAM ST
MANGUM, OK 73554-9117
UNITED STATES

Description Dates: 9/25/2026 - 9/24/2031

Notes

Total Term(Months) 60

PRODUCT	DESCRIPTION	QTY	LIST PRICE	SPECIAL DISCOUNT (%)	SALES PRICE	MONTHLY NET PRICE	TOTAL PRICE
KSATD	KnowBe4 Security Awareness Training Subscription Diamond	101	USD 159.00	50	USD 79.50	USD 1.33	USD 8,029.50
PHISHER	KnowBe4 PhishER Subscription	101	USD 60.00		USD 60.00	USD 1.00	USD 6,060.00

Grand Total USD 14,089.50

Signature
Name
Title
Date

Terms & Conditions

By accepting this Quote, you confirm your authority to bind your organization. The Subscription Term begins when we receive the signed Quote or accept a corresponding purchase order. For renewals signed before the current Subscription Term expires, the renewal begins the day after expiration. Unless included on the invoice, Customer is responsible for applicable sales and use tax. KnowBe4's Terms of Service (KnowBe4.com/Terms) and Product Privacy Policy (KnowBe4.com/Product-Privacy-Notice) apply, unless mutually agreed otherwise in writing signed by both parties. Capitalized undefined terms have the meaning set forth in the KnowBe4 Terms of Service. THE SUBSCRIPTION WILL AUTOMATICALLY RENEW FOR EQUIVALENT TERMS IN ACCORDANCE WITH KNOWBE4'S TERMS OF SERVICE, UNLESS CUSTOMER PROVIDES WRITTEN NOTICE AT LEAST THIRTY DAYS BEFORE THE SUBSCRIPTION TERM ENDS. UPON EACH AUTOMATIC RENEWAL, FEES SHALL INCREASE YEAR-OVER-YEAR BY A MINIMUM OF FOUR PERCENT, BASED ON FEES AT EXPIRY OF THE SUBSCRIPTION TERM, CALCULATED AND COMPOUNDED ANNUALLY. NON-SUBSCRIPTION OR ONE-TIME SERVICES, SUCH AS PROFESSIONAL SERVICES, DO NOT AUTOMATICALLY RENEW. IF CUSTOMER REQUIRES A PURCHASE ORDER, ANY ADDITIONAL TERMS & CONDITIONS WILL NOT BECOME PART OF THE AGREEMENT.

Hospital Vendor Contract Summary Sheet

1. ☒ **Existing Vendor** ☐ **New Vendor**

2. **Name of Contract: TruBridge**

3. **Contract Parties: TruBridge/MRMC**

4. **Contract Type Services: Electronic Health Record**

5. **Impacted Hospital Departments:** IT

6. **Contract Summary:** This addition to our Electronic Health Record will allow an interface between TruBridge and the Oklahoma State Department of Health. This unidirectional interface will allow for Syndromic Surveillance and demographic data to be transmitted.

7. **Cost: $0**

8. **Prior Cost: NA**

9. **Term: 3 years**

10. **Termination Clause: None**

TruBridge, Inc.

System Solution

for

MANGUM REGIONAL MEDICAL CENTER

Submitted by:

Jennifer Hester
Regional Business Develop

Submitted to:

Leslie DeSmet

Date Submitted: **July 8, 2026**

MANGUM REGIONAL MEDICAL CENTER

INTERFACE MANAGEMENT SYSTEM

Interface

Unidirectional Interface - Syndromic Surveillance
Includes: Outbound Patient Demographics (ADT)

INTERFACE TOTAL

Once an order is placed and timeline confirmed, our assigned analyst will work with the client and vendor to complete the project in a timely manner. If there is no client and/or vendor engagement for a period of ten(10) business days, the assigned contacts for the project will be alerted and the project will be monitored for signs of progress. If after ten additional business days there is still no client/vendor engagement, the project will be flagged as inactive, removed from the assigned analyst and returned to a resource coordinator to discuss a future timeline for the project.

MANGUM REGIONAL MEDICAL CENTER
SUMMARY - INTERFACE MANAGEMENT SYSTEM

Interface Management System Unidirectional Interface - Syndromic Surveillance	**$0**
SYSTEM PRICE	**$0**
TOTAL	**$0**

Proposal is based on Performance Expectations (PE) provided for review.
Signed Performance Expectations required prior to order placement.
Best efforts will be made to have testing begin within 90 days from date of order placement.
If on-site assistance is requested or becomes necessary, expenses will be billed as incurred.

Hardware prices in this proposal will remain valid for a period of 15 days. All other prices will remain valid for 90 days.

Interface Performance Expectations

Third Party System: State Syndromic Surveillance

Revised: April 21, 2026

In response to the hospital's request, TruBridge has performed a preliminary level of effort review of an interface between the software provided by TruBridge and the third-party system indicated above. The attached Interface Performance Expectations have been developed by TruBridge to reflect the communication protocols and functionality of the proposed interface. To ensure a clear understanding of the interface to be delivered by TruBridge, we require that representatives of the hospital review the attached performance expectations and provide confirmation of your agreement with interface communication protocols and functionality by signing below.

Please note that both this signed document and an order for the interface must be received by TruBridge before we will begin any additional development efforts as may be needed to deliver the interface.

However, it is understood that

1. the signing of this document **only** signifies agreement with the Interface Performance Expectations;
2. signing by the hospital **does not** obligate the hospital to order the proposed interface;

Hospital Name: _____
(Print Clearly)

Hospital Location (City/State): _____

Hospital

By: _____
(Authorized Signature)

Name: _____
(Printed)

Title: _____

Date: _____

Interface Performance Expectations

Third Party System: State Syndromic Surveillance

Revised: April 21, 2026

- Interface functionality:
  Outbound from TruBridge EHR – Patient Demographics (HL7 ADT message)

- With TCP/IP communications TruBridge will be configured as the client for sending data. HL7 Minimal Lower Layer Protocol will be followed for data framing. TruBridge expects to receive HL7 message acknowledgements from the receiving application.

- Transmission of data via the interface:
  - Only the last ten days of messages at any given time can be transmitted via the interface.
  - Archived or historical data is ***not*** available for transmission via the interface.

- TruBridge EHR is ONC-ACB certified to the 2015 certification edition. This performance expectation addresses the Syndromic Surveillance Reporting Measure 170.315 (f)(2). Any interface transmitting data to meet Promoting Interoperability Program measures will be configured in HL7 v2.5.1 only.

- The proper functionality of this interface is dependent upon the facility being on the latest version of the TruBridge EHR software. Modifications to the HIS programs are limited to the current software release and updates.

- Communication Options:
  - Data can be transmitted utilizing TCP/IP socket communications.
  - Data can be transmitted utilizing SOAP
  - Data can be transmitted utilizing HTTPS (HTTP via SSL)
  - Data will be transmitted utilizing Secure File Transfer Protocol. TruBridge supports SFTP (SSH - Secure File Transfer Protocol) and FTPS (SSL - File Transfer Protocol over Secure Sockets Layers). The location to which the files are transmitted must have FTP enabled.
    Note: In order for TruBridge to deliver files to a PC we must be able to connect to the PC via a VPN, or the PC must be on the hospital network. In addition, an FTP service must be running on the PC for both options.
    - File names can be a combination of available data such as patient last name, first name, TruBridge EHR patient visit number, date of birth, etc.
    - When opting to use SFTP, TruBridge will be provided with an IP address, username, password, and directory for install.
    - When FTPS is required, the facility or third-party vendor is responsible for purchasing or providing certificates if the exchange of certificates is necessary. When certificates are used, it is the responsibility of the facility or third-party vendor to notify TruBridge of the certificate expiration date.
  - The facility is responsible for contacting their State Department of Health to determine the requirements for data exchange software, i.e., PHINMS, MOVEit, HL7 Bridge, etc. TruBridge is not responsible for the configuration or installation of the State's required data exchange software.
    Note: Any communication requirement beyond the scope outlined in this PE may require facility involvement in the file delivery process.

- ADT messages may be sent in Real Time (TCP/IP) or by Batch. When sent by batch the following will apply:
  - ADT Message segments for batch files are: FHS, BHS MSH, EVN, PID, PV1, PV2, OBX, DG1, PR1, IN1, BTS and FTS.

Interface Performance Expectations

Third Party System: State Syndromic Surveillance

Revised: April 21, 2026

- File Name: ****IMMUMMDDYYYYhhmmss.TXT Where **** is a facility identifier and the date/time is the file generation date/time.
- The batch file will be generated automatically and transmit daily reporting patient data for the prior day.
- Suggested file naming convention:
  - Example File Name(s): ****MMDDYYYY.TXT
  - The date in the file name can be the file generation date. The date(s) cannot be the date or date range for which the file was generated.
  - **** may be a facility/vendor identifier.

- Patient Demographics Outbound from TruBridge EHR –
  - Patient demographics will be sent as HL7 ADT messages and will include the following HL7 segments: MSH, EVN, PID, PV1, PV2, OBX, DG1, PR1 and IN1.
  - The following ADT event types will be transmitted for outbound messaging. Event types can be filtered or mapped based on third-party needs.
    - A01 – Admit to a Room
    - A03 – Discharge from a Room
    - A04 – Patient Registration
    - A08 – Update to Patient Information
  - ADT update messages (A08) will be triggered based upon the following TruBridge EHR registration updates:
    - patient type or subtype, hospital service code, chief complaint, medical record number (if previously blank), admit and discharge dates,
    - patient name, date of birth, race, gender, SSN, address, home phone number, marital status
    - guarantor name, address, date of birth, SSN, phone number
    - insurance company name or phone number, policy number, policy group, subscriber name or relationship to patient
    - attending physician, second physician, primary care physician
    - patient allergies
  - Upon request any message segment or event type not supported by the vendor may be suppressed.
  - ADT messages may be filtered by Stay Type, Service Code, or Subtype. Other filter options may be evaluated at install.
  - TruBridge EHR utilizes Truven Micromedex allergy codes and descriptions. These codes cannot be translated by TruBridge.
  - The patient Pulse oximetry measurement ***cannot*** be provided in the ADT message.
- Translations may be required for some table-driven fields in TruBridge EHR, such as race, relationship, etc.
  - For any translations not performed by the third-party vendor, the facility will need to provide TruBridge with a one-to-one cross-reference of TruBridge EHR codes to third-party codes prior to development of the interface.
  - The cross-reference file provided can be an Excel file or comma-delimited text file. Once the initial translation tables are created, the facility will be responsible for any future maintenance to the tables.

- TruBridge can accommodate minor mapping and filtering requirements that may be determined during the installation, i.e., physicians and patient types.

Interface Performance Expectations

Third Party System: State Syndromic Surveillance

Revised: April 21, 2026

- Sample messages from the facility's TruBridge EHR system can be provided after the scheduled implementation begins and messages are being generated.

- As TruBridge strives to meet the changing needs of the healthcare industry and the complexities required with interoperability, future enhancements to the software may necessitate modifications to existing facility interfaces. We encourage all facilities to plan accordingly for the potential of longer development time, supplementary input from parties involved and additional fees. TruBridge is not responsible for any third-party vendor costs that may be incurred for interface changes.

- The above requirements meet the preliminary needs for the interface. This initial sign-off is needed prior to development of the interface. Relatively minor changes during development are permitted if both the third-party vendor and TruBridge agree that it will not impact development resources/timelines and implementation target dates. Please note that changes outside the scope of this initial interface performance expectation will require review for level of effort and may necessitate an additional quote.

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE ONE OF 2 PAGES

TO OWNER:
City of Mangum
130 N Oklahoma Ave
Mangum, OK 73554

FROM CONTRACTOR:
Coontz Roofing Inc
14708 Santa Fe Crossing Dr.
Edmond, OK 73013

CONTRACT FOR:

PROJECT:
Mangum Regional Medical Center Re-roof
Mangum, OK

VIA ARCHITECT:
ARC Architecture, LLC
701 W Sheridan, Suite 302
Oklahoma City, OK 73102

APPLICATION #: 4-FINAL
PERIOD TO: 09/30/25
PROJECT NOS: 2501M

CONTRACT DATE: 05/19/25

Distribution to:
- [ ] Owner
- [ ] Const. Mgr
- [x] Architect
- [ ] Contractor
- [ ]

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	$	562,750.00
2. Net change by Change Orders	$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	$	562,750.00
4. TOTAL COMPLETED & STORED TO DATE-$ (Column G on Continuation Sheet)		562,750.00
5. RETAINAGE:		
a. _____ of Completed Work (Columns D+E on Continuation Sheet)	$	
b. _____ of Stored Material (Column F on Continuation Sheet)	$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet)	$	
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	562,750.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	534,612.50
8. CURRENT PAYMENT DUE	$	28,137.50
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR:

By: Scott Coontz Date: 9-22-25

State of: Okla.
County of: Okla.

Subscribed and sworn to before me this 22nd day of September, 2025

Notary Public: Kacie Legrand
My Commission expires: May 18, 2028

KACIE LEGRAND NOTARY PUBLIC No. 20005655 EXP. 5/18/2028 IN AND FOR STATE OF OKLAHOMA

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED $ 28,137.50

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: Date: 12/4/2025

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
Mangum Regional Medical Center Re-roof
Mangum, OK

APPLICATION NUMBER: 4-FINAL
APPLICATION DATE: 09/22/25
PERIOD TO: 30-Sep-25
ARCHITECT'S PROJECT NO: 2501M

A	B	C	D	E	F	G		H	I
Item No.	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not In D or E)	Total Completed And Stored To Date (D + E + F)	% (G/C)	Balance To Finish (C - G)	Retainage
			From Previous Application (D + E)	This Period					
1	**Roofing Material Delivered**	270,000.00	270,000.00			270,000.00	100%		
2	**Roofing Labor OH & Profit**	252,000.00	252,000.00			252,000.00	100%		
3	**Sheet Metal Material**	20,000.00	20,000.00			20,000.00	100%		
4	**Sheet Metal Labor**	15,000.00	15,000.00			15,000.00	100%		
5	**Bonds**	5,750.00	5,750.00			5,750.00	100%		
6									
7									
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10									
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	SUBTOTALS PAGE 2	562,750.00	562,750.00			562,750.00	100%		