

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract:** Humana Health Plan
3. **Contract Parties:** MRMC Hospital/Humana
4. **Contract Type Services:** Service Agreement
5. **Impacted Hospital Departments:** Hospital Patient Care
6. **Contract Summary:** Provides an agreement with Humana for the hospital to participate in the Oklahoma Medicaid Network. This agreement outlines terms and conditions with fee for services rendered.
7. **Cost:** No Cost
8. **Prior Cost:** None
9. **Term:**
10. **Termination Clause:** 30 days for cause and 60 days without cause by either party.
11. **Other:**