

Quotation

Your Service Sales Representative
Devon Holgate
Phone: 412-406-4424
Fax:
devon.holgate@bayer.com

Issue PO to:
Bayer HealthCare LLC
1 Bayer Drive
Indianola, PA 15051



Q-00069749 | 8/29/2023

Prepared for
Mangum Regional Medical Center

1 Wickersham St
Mangum, OK 73554

Service types
DirectCARE Basic (DCB)
All pricing is in USD

Valid until
10/28/2023

GPO
GPO pricing applied
PREMIER RADIOLOGY T1-T4

Summary

What's Here:

- // This document presents an agreement tailored to the specific needs of your facility.
- // The information that follows will provide a detailed overview of the service agreement you have selected.

What's Next:

- ☐ Please review this quotation in full to ensure it accurately reflects your request.
- ☐ Fully execute the agreement by completing the Acceptance and Billing section on the final page and returning the signed agreement along with your purchase order to your Inside Sales Representative for processing.

At every step, Bayer is there
with Services that deliver a
lifetime of value


Innovative
CT and MR
Technology


Simplifying
Integration


Warranty
Protection
and Flexible
Service
Agreements


Enhancing
Performance


Teams of
Solution Delivery
Specialists


Maximizing
Uptime


myRadiologySolutions
Customer Portal


Device and
Software
Upgrades


Driving
Quality

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Program Details

DirectCARE Basic* (DCB)

The following items are available 8 AM - 5 PM M-F:

- Bayer EPM™
 - Calibration per OEM specifications and procedures
 - Software updates
 - EPM™ certified part replacements
 - Complete inspection and safety testing
- Onsite service by a Bayer certified field engineer
- Hardware system coverage

Also included:

- Enhanced access to the myRadiologySolutions customer portal
- 24/7 Technical Support
- VirtualCARE® Remote Support

*Please see additional details of your service program in the attached terms and conditions



This Service Program meets CMS requirements for hospital equipment maintenance accreditation.

Medrad® Stellant FLEX CT Injection System

| Catalog Number | Serial No. | Location | PMs | Effective Date | Expires 9/7/2024 | Expires 9/7/2025 | Expires 9/7/2026 |
|---|------------|----------|-----|----------------|---------------------|---------------------|---------------------|
| DCB-FLEX | 120485 | | 3 | 9/8/2023 | \$4,633.77 | \$4,633.77 | \$4,633.77 |
| Subtotals for Medrad® Stellant FLEX CT Injection System | | | | | \$4,633.77 | \$4,633.77 | \$4,633.77 |

| | | | | |
|------------------|------------------|--------------------|--------------------|----------------------|
| Subtotal for DCB | Per-year costs | \$4,633.77 | \$4,633.77 | \$4,633.77 |
| | Cumulative costs | \$4,633.77 | \$9,267.54 | \$13,901.31 |
| | | One-year agreement | Two-year agreement | Three-year agreement |

- Cost is pro-rated

| | | | | |
|------------------|-----------------|------------------------|------------------------|---------------------------|
| Total, all plans | Per-year costs | \$4,633.77 | \$4,633.77 | \$4,633.77 |
| | Cumulative cost | \$4,633.77 Year One | \$9,267.54 Year Two | \$13,901.31 Year Three |

Billing Plan

To aid your planning, here is a schedule for your service agreement invoices.

| Invoices | | Total |
|----------|--------------------------------------|-------------|
| | \$13,901.31 Due: On Receipt of PO | |
| | | \$13,901.31 |

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Comments

VirtualCARE Remote Support Acknowledgement

Please note, VirtualCARE is not applicable for Provis, Vistron or Veris equipment.

I acknowledge VirtualCARE Remote support as an entitlement of our Bayer service coverage and agree to the install at the time of Bayer's next service visit.

IT Contact Name

Type or write name

Phone

(000) 000-0000

Email

Type or write email address

Customer Approver Name

Type or write name

Customer Approver Title

Type or write title

Customer Approver Signature

X

Please print and sign

Date

MM/DD/YY

☐ I would like to opt out of VirtualCARE Remote Support.

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Acceptance

Your signature below indicates your acceptance of this Agreement, including the terms and conditions included as part of this document. Please complete the information below, along with your Purchase Order referencing Quote # Q-00069749, and email this form to your Bayer Service Sales Representative, Devon Holgate at devon.holgate@bayer.com

If pricing and terms of this order are based on your current Group Purchasing Organization (GPO) affiliation, any change to your current affiliation may require a new quote or updated terms and pricing.

Payment terms

30 days due net

Address

1 Wickersham St
Mangum, OK 73554

Billing Information

Write your preferred billing address below.

Customer Contact

Service Coverage

☐

One Year

☐

Two Years

☐

Three Years

Additional Customer Comments

PO#

PO Amount

Type or write PO number

Type or write PO amount

Customer Approver

Customer Approver Title

Type or write customer name

Type or write customer title

Customer Approver Signature

X

Please print and sign

Date

MM/DD/YYYY

Inside Sales Representative Signature

X

Please print and sign

Date

MM/DD/YYYY

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Bayer Product Terms and Conditions

Please click on the relevant product name below to review terms and conditions

SERVICES

DirectCARE

[DirectCARE Basic](#)