



Wolters Kluwer

Wolters Kluwer Health, Inc.

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103 USA
Tel: 844-303-4860
eFax: 301-560-5423
Federal ID # 13-2932696
ACH Routing: 071000039
Account: 5801001438

Quote # 732148
Date 24-Feb-2025
Page 1 of 3

Bill To:

Customer#: 124335
Mangum Regional Medical Center
Attention: Accounts Payable
1 Wickersham Drive
Mangum, OK 73554
Phone #: 580-782-3353
Fax #:
Email: ap@mangumregional.org

Sold To:

Customer#: 124335
Mangum Regional Medical Center
Dale Clayton
1 Wickersham Drive
Mangum, OK 73554
UNITED STATES
Phone #: (580) 782-3353
Fax #:
Email: dale@cohesivehealthcare.net

Quote#: 732148

Product	Usage Level	Qty	Item \$	Total \$
WKLP-CS-PHH Lippincott Procedures Order#: 1276917 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription PRODUCT CODE MAY CHANGE FROM YEAR TO YEAR Term: 01-Mar-2025 - 01-Mar-2028 Year 1: 01-Mar-2025 - 01-Mar-2026 Year 2: 01-Mar-2026 - 01-Mar-2027 Year 3: 01-Mar-2027 - 01-Mar-2028	SITE	1	Year 1: 6,140.19 Year 2: 6,447.20 Year 3: 6,769.56	Year 1: 6,140.19 Year 2: 6,447.20 Year 3: 6,769.56

REMITTANCE & PAYMENT METHODS: EFT and ACH are the preferred payment modes for Wolters Kluwer Health, Inc.
Payment by credit card may be subject to additional processing fees.
EFT Routing: 026009593 | ACH Routing: 071000039 | Account: 5801001438
ACH payment portal: <https://portal.ovid.com/payments>

Pay by Check: Wolters Kluwer Health, 4603 Paysphere Circle, Chicago, IL 60674

*Prices valid for 30 Days from Quote Date
*Plus Applicable Sales Tax: If tax exempt, please attach a copy of your state tax exempt certificate.

THE PAYMENT INSTRUCTIONS SET FORTH ON THIS QUOTE ARE THE ONLY INSTRUCTIONS AUTHORIZED BY WOLTERS KLUWER HEALTH, INC OR OVID TECHNOLOGIES, INC. OR ITS APPLICABLE AFFILIATE FOR USE. IF YOU RECEIVE ANY COMMUNICATIONS TRANSMITTING DIFFERENT PAYMENT INSTRUCTIONS OR REQUESTING OR REQUIRING ALTERNATE PAYMENT ARRANGEMENTS, DO NOT RESPOND TO SUCH COMMUNICATIONS, AND CONTACT SUPPORT IMMEDIATELY AT +1-844-303-4860.



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Year 1 Total:	\$6,140.19
Year 2 Total:	\$6,447.20
Year 3 Total:	\$6,769.56
Total Amount for all Years:	\$19,356.95

Year 1 Total:	\$6,140.19
Total S&H Year 1:	\$0.00
Total Tax Year 1:	\$0.00
Grand Total Year 1:	\$6,140.19

Authorized Facilities/Sites:

Key	Facilities / Site	Address
1	Mangum Regional Medical Center (#124335) / (#1)	1 Wickersham Drive, Mangum, OK, UNITED STATES, 73554
2	Mangum Regional Medical Center (#124335) / Mangum Family Clinic (#2)	118 S Louis Tittle Ave, Mangum, OK, UNITED STATES, 73554

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Customer agrees that Customer's subscription for each Product is for the full term set forth above for such Product and may not be cancelled or terminated early by Customer. By signing this quote, you represent and warrant that you are authorized to sign this quote and to bind the Customer to the terms and conditions of this quote.

WKH will deliver to Customer an invoice for the fees set forth on this quote for each applicable subscription year set forth in this quote, plus any applicable tax and shipping and handling fees. Each invoice for a certain subscription year will be delivered by WKH to Customer on or after the commencement of the applicable subscription year, and Customer agrees to pay all such invoiced amounts.

Customer acknowledges and agrees that WKH's right to provide access to each Product to Customer is contingent upon the grant of rights to the Product to WKH by the owner of the Product and the Product owner may terminate WKH's right to provide such Product owner's Product to Customer at any time. Should any Product owner terminate WKH's right to provide such Product owner's Product to Customer, WKH will adjust the Customer fees accordingly.

Upon expiration of the subscription term for each Product as set forth above (the "Initial Term"), such subscription will automatically renew for successive one-year renewal terms unless either party gives written notice of non-renewal at least thirty (30) days prior to the end of the then-current Initial Term or renewal term, and is not subject to cancellation or early termination by Customer during any such renewal term. Prices for the Products in each renewal term will increase by 9.00% annually over the annual Prices in effect for such Products as of the end of the immediately preceding Initial Term or renewal term.

Signature: _____

Date: _____

Printed Name: _____

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