Hospital Vendor Contract Summary Sheet

- 1. 🛛 Existing Vendor 🗌 New Vendor
- 2. Name of Contract: <u>TB X-Ray Agreement</u>
- 3. Contract Parties: <u>Greer County Health Department and MRMC</u>
- 4. Contract Type Services: <u>X-Rays</u>
- 5. Impacted Hospital Departments: <u>Radiology</u>
- 6. Contract Summary: <u>MRMC will be paid \$30.00 per view of PA or Lateral X-Rays</u> <u>upon receipt of invoices.</u>
- 7. Cost: <u>N/A</u>
- 8. Prior Cost: <u>N/A</u>
- 9. Term: July 1, 2023 to June 30, 2024, with auto-renewal.
- 10. Termination Clause: Either party upon 30 days written notice.
- 11. Other:



MANGUM REGIONAL MEDICAL CENTER GREER COUNTY HEALTH DEPARTMENT TB X-RAY AGREEMENT

THIS AGREEMENT, ENTERED INTO BETWEEN THE GREER COUNTY HEALTH DEPARTMENT AND MANGUM REGIONAL MEDICAL CENTER (MRMC), IS FOR THE PURPOSE OF PROVIDING X-RAY SERVICES FOR PATIENTS DESIGNATED TO RECEIVE SUCH SERVICES FROM THE GREER COUNTY HEALTH DEPARTMENT. THIS AGREEMENT IS MADE PURSUANT TO AUTHORITY IN TITLE 63, SECTION 206.1, OKLAHOMA STATUES 1970 SUPPLEMENT.

IT IS AGREED THAT THE MANGUM REGIONAL MEDICAL CENTER WILL PROVIDE THE SERVICES SPECIFIED IN THE AGREEMENT:

- A. X-RAYS TO BE TAKEN AND PROCESSED (BUT NOT READ).
- B. DISK/FILM TO BE PICKED UP BY GCHD TO MAIL TO THE GENERAL COMMUNICABLE DISEASE DIVISION, OSDH.
 - 2. WILL MAINTAIN PATIENTS RECORDS IN A MANNER THAT IS HIPAA COMPLIANT.
 - 3. WILL PROVIDE THE SERVICES WITHOUT DISTINCTION AS TO THE PATIENTS RACE, COLOR OR NATIONAL ORIGIN.

IT IS FURTHER AGREED THAT UPON RECEIPT OF THE SERVICES SET FORTH MANGUM REGIONAL MEDICAL CENTER WILL BE PAID AT THE RATE OF **\$30.00 PER VIEW OF PA or LATERAL X-RAYS**. PAYMENT SHALL BE MADE UPON RECEIPT OF INVOICES EACH MONTH INDICATING THE DATE OF SERVICES RENDERED, NAME OF PATIENT SERVICES RENDERED FOR, AS WELL AS TYPE AND NUMBER OF X-RAYS TAKEN.

THIS AGREEMENT COVERS THE PERIOD OF JULY 1, 2023 TO JUNE 30, 2024. THIS AGREEMENT MAY BE CANCELLED BY EITHER PARTY UPON THIRTY (30) DAYS WRITTEN NOTICE.

Incorporated herein in its entirety, and made a part of this contract, is the Business Associate Agreement signed between the Parties. APPROVED:

MANGUM REGIONAL MEDICAL CENTER

DATE

BRANDIE COMBS, REGIONAL DIRECTOR GREER COUNTY HEALTH DEPARTMENT

DATE

Greer County Health Department PO Box 1/2100 N Louis Tittle Ave Mangum OK 73554 580-782-5531 580-782-5438 Fax