

### **Hospital Vendor Contract Summary Sheet**

1.     ☐ Existing Vendor                      ☒ New Vendor
2.     **Name of Contract: Organogenesis Business Associate Agreement**
3.     **Contract Parties: Organogenesis Inc. and Mangum Regional Medical Center**
4.     **Contract Type Services:     Business Association**
5.     **Impacted Hospital Departments: Business Office and Patient Care Services**
6.     **Contract Summary:** Wound grafts and subsequent reimbursement assistance for such service and products.
7.     **Cost:** ☒ Per cost sheet. Ordered after prior authorization received
8.     **Prior Cost:** ☐ N/A
9.     **Term: Until Expiration or Termination**
10.    **Termination Clause: 30 days with written notice**
11.    **Other: Successful reimbursements at other Critical Access Hospitals**