

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: AGREEMENT**
3. **Contract Parties: Greer County Health Department and MRMC**
4. **Contract Type Services: X-Rays**
5. **Impacted Hospital Departments: Radiology**
6. **Contract Summary: MRMC will be paid \$30.00 per view of PA or Lateral X-Rays upon receipt of invoices.**
7. **Cost: N/A**
8. **Prior Cost: N/A**
9. **Term: July1, 2022 to June 30, 2023**
10. **Termination Clause: Either party upon 30 days written notice.**
11. **Other:**