Hospital Vendor Contract – Summary Sheet

1. ☐ **Existing Vendor** ☑ **New Vendor**

2. **Name of Contract:** Language Line Services Master Svc. Agreement & S.O.W.

3. **Contract Parties:** MRMC/MCHA and Language Line Solutions

4. **Contract Type Services:** Language interpretation via Phone & for Video
   a. **Impacted hospital departments:** ER (ED) primarily. Inpatient

5. **Contract Summary (description of services, purpose and justification --- describe each):** Application derived interpretation services including sign language required by regulations. This company's service fully meets regulatory requirements and is billable monthly

6. **Cost:** ☑ $100/mth (Monthly) -and- ☐ _____ (Annually)
   $275 one time setup fee.

7. **Prior Cost:** ☐ ~~N/A~~ _____ (Monthly) -and- ☐ _____ (Annually)

8. **Termination Clause:** 120 days notice / 30 days for breach
   a. **Term:** 1 **Months / Years**

9. **Other:** _____