

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Fiberoptic Endoscopic Swallowing Services
3. **Contract Parties:** MRMC/Freeborn Dysphagia Associates LLC

4. **Contract Type Services:** Service Agreement

5. **Impacted Hospital Departments:** Patient Care

6. **Contract Summary:** Evaluation of oropharyngeal swallowing capabilities

7. **Cost:** \$325.00/evaluation and \$225.00/trip

8. **Prior Cost:** none

9. **Term:** 2 year with auto renew at the end of term for 2 more years

10. **Termination Clause:** Can be terminated by either party with a 30-day written notice.

11. **Other:**