

Two Commerce Square  
 2001 Market Street  
 Philadelphia, PA 19103 USA  
 Tel: 844-303-4860  
 eFax: 301-560-5423  
 Federal ID # 13-2932696  
 ACH Routing: 071000039  
 Account: 5801001438

**Quote #** 632651  
**Date** 31-Jan-2022  
**Page** 1 of 3

**Bill To:**

Customer#: 124335  
 Mangum Regional Medical Center  
 Attention: Accounts Payable  
 1 Wickersham Drive  
 Mangum, OK 73554  
 Phone #: 580-782-3353  
 Fax #:  
 Email: ap@mangumregional.org

**Sold To:**

Customer#: 124335  
 Mangum Regional Medical Center  
 Dale Clayton  
 1 Wickersham Drive  
 Mangum, OK 73554  
 UNITED STATES  
 Phone #: (580) 782-3353  
 Fax #:  
 Email: dale@cohesivehealthcare.net

**Quote#:** 632651

Product	Usage Level	Qty	Item \$	Total \$
WKLP-CS-PHH Lippincott Procedures Order#: 1276917 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription PRODUCT CODE MAY CHANGE FROM TERM TO TERM Term 1: 01-Mar-2022 - 01-Mar-2023 Term 2: 01-Mar-2023 - 01-Mar-2024 Term 3: 01-Mar-2024 - 01-Mar-2025	SITE	1	Term 1: 5,279.61 Term 2: 5,543.59 Term 3: 5,820.77	Term 1: 5,279.61 Term 2: 5,543.59 Term 3: 5,820.77

**REMITTANCE & PAYMENT METHODS:** EFT and ACH are the preferred payment modes for Wolters Kluwer Health, Inc.  
 Payment by credit card may be subject to additional processing fees.  
 EFT Routing: 026009593 | ACH Routing: 071000039 | Account: 5801001438  
 ACH payment portal: <https://portal.ovid.com/payments>

Pay by Check: Wolters Kluwer Health. 4603 Paysphere Circle, Chicago, IL 60674

\*Prices valid for 30 Days from Quote Date

\*Plus Applicable Sales Tax: If tax exempt, please attach a copy of your state tax exempt certificate.

THE PAYMENT INSTRUCTIONS SET FORTH ON THIS QUOTE ARE THE ONLY INSTRUCTIONS AUTHORIZED BY WOLTERS KLUWER HEALTH, INC OR OVID TECHNOLOGIES, INC. OR ITS APPLICABLE AFFILIATE FOR USE. IF YOU RECEIVE ANY COMMUNICATIONS TRANSMITTING DIFFERENT PAYMENT INSTRUCTIONS OR REQUESTING OR REQUIRING ALTERNATE PAYMENT ARRANGEMENTS, DO NOT RESPOND TO SUCH COMMUNICATIONS, AND CONTACT SUPPORT IMMEDIATELY AT +1-844-303-4860.

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<b>Term 1 Total:</b>	<b>\$5,279.61</b>
<b>Term 2 Total:</b>	<b>\$5,543.59</b>
<b>Term 3 Total:</b>	<b>\$5,820.77</b>
<b>Total S&amp;H (Term 1):</b>	<b>\$0.00</b>
<b>Total Tax (Term 1):</b>	<b>\$0.00</b>
<b>Grand Total (Term 1):</b>	<b>\$5,279.61</b>

## Authorized Sites:

Key	Institution / Site	Address
1	Mangum Regional Medical Center (#124335) / (#1)	1 Wickersham Drive, Mangum, OK, UNITED STATES, 73554
2	Mangum Regional Medical Center (#124335) / Mangum Family Clinic (#2)	118 S Louis Tittle Ave, Mangum, OK, UNITED STATES, 73554

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By signing this quote, you represent and warrant that you are authorized to sign this quote and to bind the Customer set forth on this quote to the terms and conditions of this quote, provided that, as of the date of this quote, the Customer is agreeing to pay to WKH only the Term 1 Total. If the Customer elects to renew its license to the Products for Term 2, the Customer agrees to pay to WKH the Term 2 Total, and if the Customer elects to renew its license to the Products for Term 3, the Customer agrees to pay to WKH the Term 3 Total, each pursuant to the invoicing procedures set forth below.

WKH will deliver to Customer an invoice for the fees set forth on this quote for each applicable subscription term set forth in this quote, plus any applicable tax and shipping and handling fees. Each invoice for a certain subscription year will be delivered by WKH to Customer after the commencement of the applicable subscription year.

Customer acknowledges and agrees that WKH's right to provide access to each Product to Customer is contingent upon the grant of rights to the Product to WKH by the owner of the Product and the Product owner may terminate WKH's right to provide such Product owner's Product to Customer at any time. Should any Product owner terminate WKH's right to provide such Product owner's Product to Customer, WKH will adjust the Customer fees accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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