



Wolters Kluwer

Wolters Kluwer Health, Inc.

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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Term 1 Total:	\$5,279.61
Term 2 Total:	\$5,543.59
Term 3 Total:	\$5,820.77
Total S&H (Term 1):	\$0.00
Total Tax (Term 1):	\$0.00
Grand Total (Term 1):	\$5,279.61

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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