

AGENDA

SOMERVELL COUNTY HOSPITAL DISTRICT
REGULAR BOARD MEETING
DECEMBER 29, 2022 AT 7:00PM
HOSPITAL BOARD ROOM
1021 HOLDEN STREET, GLEN ROSE, TEXAS

FILED
MICHELLE REYNOLDS
COUNTY CLERK
SOMERVELL CO., TEXAS

2022 DEC 22 AM 11:30

DEPUTY

BY



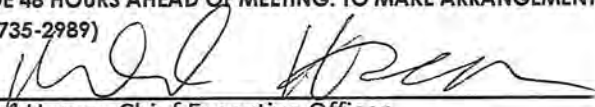
Mission Statement

Somervell County Hospital District Board is dedicated to providing an environment in which the GRMC Hospital can deliver excellent quality of care and safety to its patients, while maintaining financial viability.

- I. Call to Order
- II. Record of Attendance
- III. Pledge of Allegiance
- IV. Public Comments
- V. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. ~~October 27, 2022 7:00 pm~~ - ALREADY SIGNED } FILED IN W/FRANCIS
 - b. ~~November 9, 2022 6:30 pm~~ - ALREADY SIGNED }
 - c. November 17, 2022 6:00 pm
 - d. November 17, 2022 7:00 pm
 - e. December 1, 2022 1:30 pm
- VI. CFO Report
 - a. Audit Update
 - b. Report on Monthly and Year-to-Date Financials
- VII. CEO Report
 - a. Roger E Marks Foundation/Public Relations
 - b. Physician Recruitment
 - c. Wellness Center Update
 - d. Facility Update
- VIII. Discuss and if necessary, take action on posting a Request for Proposal {RFP} for changes/updates to the nurse's station
- IX. Discuss and if necessary, take action on approval of implementing the Hospitalist program
- X. Discuss and if necessary, take action on Selection of Owner's Representative for Hospital HVAC project
- XI. Review, discuss and if necessary, take action to approve contract with CHC for CEO Evaluation
- XII. Discuss and if necessary, take action to approve the possible purchase of new Radiology Equipment
- XIII. Discuss and if necessary, take action to appoint Sharla Wilson as the new Board Secretary

XIV. Adjourn

THIS BUILDING IS WHEELCHAIR ACCESSIBLE, ANY REQUESTS FOR SIGN LANGUAGE INTERPRETATION OR OTHER SPECIAL SERVICES MUST BE MADE 48 HOURS AHEAD OF MEETING. TO MAKE ARRANGEMENTS, CALL MICHAEL HONEA 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989)

A handwritten signature in black ink, appearing to read "Michael Honea", written over a horizontal line.

Michael Honea, Chief Executive Officer

SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
REGULAR BOARD MEETING
THURSDAY, NOVEMBER 17, 2022 AT 7PM
HOSPITAL BOARD ROOM

MINUTES

- I. **Meeting was called to order at 7:00 pm.**
- II. **All members were present.**
- III. **Pledge of Allegiance**
- IV. **Public Comments – none**
- V. **Hear presentation by Highly Innovative Fuels – passed until HIF representatives arrive, started at 7:18 with discussion, representatives left at 8:27**
- VI. **Discuss and if necessary take action on Amending/Approval of minutes from previous board meetings**
 - a. **October 27, 2022 at 7:00 pm**
 - b. **November 9, 2022 at 6:30 pm**
No discussion, Mary Collier moved to approve, Dr. Stephen Vacek 2nd, passed 7-0
- VII. **Executive Closed Session – Credentialing of providers**
 - a. **The Somervell County Hospital District will convene in Executive Session to receive report by Compliance Officer regarding evaluation of medical and health care services pursuant to Section 161.032 of the Texas Health and Safety Code**
- VIII. **Reconvene into Open Session**
 - a. **Consider and approve Medical Staff matters including appointments and if needed, take action on quality of care matters**
Margaret Drake moved to approve all appointments, Mary Collier 2nd, passed 6-0 with Dr. Stephen Vacek abstaining from the vote

It was decided to go back to item V as the representatives from HIF had arrived
- IX. **Executive Closed Session**
 - a. **The Somervell County Hospital District will convene in Executive Session pursuant to Section 551.072 of the TEXAS GOVERNMENT CODE to discuss the purchase, exchange, lease, or value of real property.**
- X. **Reconvene into Open Session**
 - a. **Consider and take action, if any, to approve the purchase of certain real property and authorize the CEO and the Board Chair to negotiate FMV price and execute a purchase contract**
Max Bly moved to approve, Margaret Drake 2nd, motion passed 7-0
- XI. **Quarterly Quality Update:**
 - a. Kelly Van Zandt presented hospital performance improvement for FY 2022 and the coming PI projects for FY 2023, Quality measures dashboard, and reported ORYX measures have been submitted to TJC
- XII. **CFO report**
 - a. Audit Update: In progress, gathering and submitting data now, using Forvis
 - b. Report on Monthly and Year-to-date Financials: Deferred to December meeting due to audit and personnel change
- XIII. **CEO Report**
 - a. Roger E Marks Foundation/Public Relations: in packet, donation to food bank, considering a project for December such as an Angel tree
 - b. Physician recruitment: good meeting with Dr. Bocanegra, waiting to hear back from him
 - c. Wellness Center Update: Funds are starting to come in, looking at a gala in March for corporate sponsors

- d. Facility Update: Covid has increased, as has RSV and flu is starting to come in. The new Executive Administrative Assistant will start after Thanksgiving holiday
- e. Hospitalist program update: moving forward, potential start date in March

XIV. **Discuss and if necessary, take action on establishing a Somervell County Hospital District Board Finance Committee that will consist of 3 board members to meet on the Tuesday prior to the regularly scheduled board meeting.**

After some discussion, Margaret Drake made a motion to approve forming the committee, Mary Collier 2nd, motion passed 7-0. Margaret Drake, Joe Cathey, and Mary Collier volunteered to be on the new committee.

XV. **Discuss and if necessary, take action on approval of contract upgrade with Intuitive for the DaVinci XI surgical robot**

After some discussion, Margaret moved to approve the upgrade and new contract, Max Bly 2nd, motion passed 7-0

XVI. **Adjourn**

Motion was made by Dr. Steven Vacek and seconded by Max Bly to adjourn meeting at 9:11 pm. Motion carried 7-0.

THIS BUILDING IS WHEELCHAIR ACCESSIBLE, AND REQUESTS FOR SIGN LANGUAGE INTERPRETATION OR OTHER SPECIAL SERVICES MUST BE MADE 48 HOURS AHEAD OF MEETING. TO MAKE ARRANGEMENTS, CALL MICHAEL HONEA 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989)

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier

SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
REGULAR BOARD MEETING
THURSDAY, October 27, 2022 AT 7:00 P.M.
HOSPITAL BOARD ROOM

SIGNED 11/9/2022

MINUTES

- I. Meeting was called to order at 7:00pm.
- II. All members were present.
- III. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. September 22, 2022 6:00 pm
 - b. September 22, 2022 6:30 pm
 - c. September 29, 2022
 - d. October 6, 2022

Dr. Steven Vacek made a motion to accept the minutes as written. Margaret Drake seconded the motion, and motion carried 7-0.
- IV. Quarterly Quality Report
Kelly Van Zandt was not present, so Agenda item was moved to next meeting.
- V. CFO Report
 - a. **September 2022 financials were discussed.**
- VI. CEO Report
 - a. **Roger E Marks Foundation/Public Relations report was presented.**
 - b. **High Five Awards— Honea announced the outstanding employees for the month of October were Glenda Boyd, and Lisa Temple.**
 - c. **Physician Recruitment-Dr Bocanegra Coming November 11 REM has collected just under \$200,000.**
 - d. **Wellness Center Update-Meetings taking place with individuals**
 - e. **Facility Update-Hospital employees raised \$5,000 for the foodbank turkey drive.**
 - f. **COVID Update- Very little COVID 10% positive rate with no hospital admits and Mask mandate has been lifted.**
- VII. Review, discuss and if necessary, take action on the issuance of a Request for Proposal (RFP) for a consultant to represent Somervell County Hospital District throughout the design-build engineering and construction project
Attorney clarified that no RFP was needed to no action was taken. Engineer will be hired to represent the hospital for the project.
- VIII. Consider and if necessary take action to accept resignation of Board Secretary Mina Douglas

After some discussion, Dr. Vacek made a motion to accept Mina Douglas's resignation as Board Secretary. Max Bly seconded the motion, and motion carried 7-0.

- IX. Discuss and if necessary, take action to appoint a new Board Secretary

After some discussion, Margaret Drake made a motion to appoint Mandi Short as the Interim Board Secretary. Mary Collier seconded the motion, and motion carried 7-0.

- X. Public Comments

None.

- XI. Adjourn

Motion was made by Dr. Steven Vacek and seconded by Max Bly to adjourn meeting at 7:27 pm. Motion carried 7-0.

THIS BUILDING IS WHEELCHAIR ACCESSIBLE, ANY REQUESTS FOR SIGN LANGUAGE INTERPRETATION OR OTHER SPECIAL SERVICES MUST BE MADE 48 HOURS AHEAD OF MEETING. TO MAKE ARRANGEMENTS, CALL MICHAEL HONEA 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989)

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier

**SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
SPECIAL CALLED MEETING**

6:00 P.M.

Wednesday, November 9, 2022

Hospital Board Room
1021 Holden Street
Glen Rose, Texas 76043

SIGNED
11/17/2022

MINUTES

- I. **Meeting was called to order at 6:00 pm.**
- II. Record of Attendance
All members present with the exception of Margaret Drake, Brett Nabors.
- III. **Executive Closed Session at 6:01 pm.**
 - a. Executive Closed Session – Personnel Matters
The Somervell County Hospital District Board will meet in Closed Session pursuant to Section 551.074 of the Texas Government Code to discuss Personnel matters related to employment of an Interim Chief Financial Officer and the terms of an employment agreement.
- IV. **Reconvened into Open Session at 6:16 pm.**
 - a. Consider and if necessary, take action on appointing Rodger Bowen as Interim Chief Financial Officer.
Max Bly made a motion to approve the appointment of Rodger Bowen as Interim Chief Financial Officer. Motion was seconded by Mary Collier, and motion carried 5-0.
- V. Discuss and if necessary, take action on approval of Board Resolution to add Rodger Bowen to Interbank account ending in 5479 as Interim CFO and change Rebecca Whitsitt's title on the account from CFO to Controller with view only access.
After some discussion, Joe Cathey made a motion to approve the changes to the bank account. Motion was seconded by Dr. Steven Vacek, and motion carried 5-0.
- VI. Discuss and if necessary, take action on approval of Board Resolution to add Rodger Bowen to all First Financial Bank accounts as Interim CFO and change Rebecca Whitsitt's title on the account from CFO to Controller with view only access.
After some discussion, Mary Collier made a motion to approve the changes to the bank account. Motion was seconded by Dr. Steven Vacek, and motion carried 5-0.

VII. **Public Comments**

Chris Strayer Executive Vice President for Fort Worth Chamber presented information on HIF and possible eFuel production plant. No action was taken.

VIII. **Adjourn**

Dr Steven Vacek made a motion to adjourn the meeting, seconded by Mary Collier. Motion carried 5-0. Meeting was adjourned at 6:56 pm.

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier

Department	PI - FY 2022	Met benchmark	Retired measure
Business Office	<ol style="list-style-type: none"> ER - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Lab - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Surgery - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Pecan - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. 	No	
ER / Trauma	<ol style="list-style-type: none"> Timely Critical Value Reporting Nursing compliance in a complete and accurate Medication Reconciliation Nursing compliance in treating hemorrhage Nursing compliance in moderate sedation process The timely Reassessment of patients' pain 	No	
Laboratory	<ol style="list-style-type: none"> Monitoring turn-around times for STAT testing from ER and Hospital Urine Culture Contamination Blood Culture Collection Missed or rejected test 	No No Yes Yes	No No No Yes
Rehab Services	<ol style="list-style-type: none"> Time of Service Collections Hydrolator Temperature Logs Consents signed and scanned Complete Registration Patients that are discharged in WebPT are discharged in CPSI within 24 hours of DC date Signed POCs and Progress Notes returned prior to EOM Swingbed Charting 	No No Yes No	Yes Yes - BO
Engineering	<ol style="list-style-type: none"> Firewall/Smoke wall integrity for fire and Life safety 	Yes	Yes

	2. Fire Safety	Yes	Yes
	3. Utility Management	Yes	Yes
Housekeeping	1. Terminal Disinfection of Patient Rooms and Restrooms	No	
	2. PE Proper Usage for Terminal Cleans & Cdif Room	Yes	Yes
	3. Proper Wet Floor Sign Placement	No	
	4. Termed Scrubs Usage	No	
Case Mgmt	None		
	1. Same-day examination by physician and H&P complete	Yes	Yes
Surgery	2. Allograft Tissue & Bone Documentation	Yes	Reporting as QI
	3. Post-procedure checklist	Yes	Yes
	4. Nursing compliance verifying post-procedure assessment has been completed	Yes	Yes
Safety/Emergency Prep	1. Emergency Prep: Locate Emergency Response Guide	No	
	2. Safety Overhead Codes	No	
	3. Safety Alarms (panic buttons)	No	
	4. Nursing compliance verifying post-procedure assessment has been completed	Yes	Yes
Pharmacy	1. IV Administration-Nursing compliance with documentation	No	
	2. Nursing compliance with Duplication	Yes	Yes
	3. Nursing compliance with Indication	No	Yes - changed
	4. Nursing compliance with medication administration	Yes	Yes
Human Resources	1. Compliance with timely orientations	No	
	1. Monitoring compliance with signing out supplies	No	
Materials Mgmt	2. Monitoring compliance with ordering supplies on Dept specific day	No	
	1. Non-Attendance	No	
	2. Reason for Non-Attendance	No	Yes
	3. Staff offering make-up sessions	No	Combined
Behavioral Health	4. Make up session accepted and rescheduled	No	Combined
	1. The timely Reassessment of patients' pain after PRN pain meds dispensed	No	
	2. Fall Precautions-Nursing compliance in completing the Initial Interview within the time frame outlined in the Policy, as well as completed by the initial intake nurse	No	
	3. Timely Critical Value Reporting	No	

	4. Nursing compliance in completing the Shift assessment Documented within 4 hours	Yes	Yes - changed
	5. Nursing compliance in completing the initial Shift assessment dated and time and 24 ^{hr} chart Documentation per Policy on Hospice	No data	Yes
Dietary/Nutrition	1. Appropriate documentation of "Diet Consumed" in patient's chart	Yes	Yes
Cardiopulmonary	1. Pulmonary Rehab call off	No	
	2. Cardiac Rehab call of	No	
	3. Gas Cylinders Secured outside storage/hospital storage	Yes	Yes
	4. Empty Cylinders placed in Full Cylinder area	No	
	5. Cylinders tagged Full/InUse/Empty	No	
	6. Orders not Received for Oxygen in ED/IP/OBS and missed charges	Yes	Changing
	7. Orders not Received Smoking Education ER/IP/OBS	No	Yes - BO
Imaging	1. Repeat Rates (Pecan)	Yes	No
	2. Stress Test Images sent to PACS for storage	Yes	Yes
	3. MRI access is restricted by locking unit when unattended	Yes	Yes
High Plains Radiology	1. Total Peer Reviews	No	
Infection Control/Employee Health	1. Monitoring IV sites for Infections & Proper dating and resisting as per protocol	No	
	2. Discharge Instructions for all patients, especially isolation	Yes	Yes
	3. Hire Log Statistics	No benchmark	Reporting as QI
	4. Hand Hygiene Statistics	No benchmark	Reporting as QI
	5. Hospital Acquired Infection Statistics	No benchmark	Reporting as QI
	6. Surveillance Statistics	No benchmark	Reporting as QI
	7. Central Line Acquired Infection Statistic	No benchmark	Reporting as QI
	8. Foley Cath Acquired UTI Infection Statistics	No benchmark	Reporting as QI
	9. Surgical Site Infection Statistic	No benchmark	Reporting as QI
HIM	1. Do all discharged IP/OBS charts with Primary diagnosis of COVID 19 (U017) and DRG 178 have COVID testing results?		

** For FY 2023 we are differentiating between a Quality Indicator and a Performance Improvement indicator. A Quality Indicator is a measure that is required to be tracked and reported by governmental regulatory agencies. A Performance Improvement Indicator is a process or measure that is hospital specific - something only GRMC needs to work on to improve our own culture of patient safety and quality of care.***

Department	PI - FY 2023
Business Office	ER - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Lab - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Surgery - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Pecan - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.
ER / Trauma	
Laboratory	Monitoring turn-around times for STAT testing from ER and Hospital Urine Culture Contamination Blood Culture Collection Blood Culture with Lactic Acid Order Repeat lactic acid order Post H&H completed for each blood transfusion Pre and post H&H for therapeutic phlebotomy
Rehab Services	Money expected vs collected at time of service Hydrolator Temperature Logs

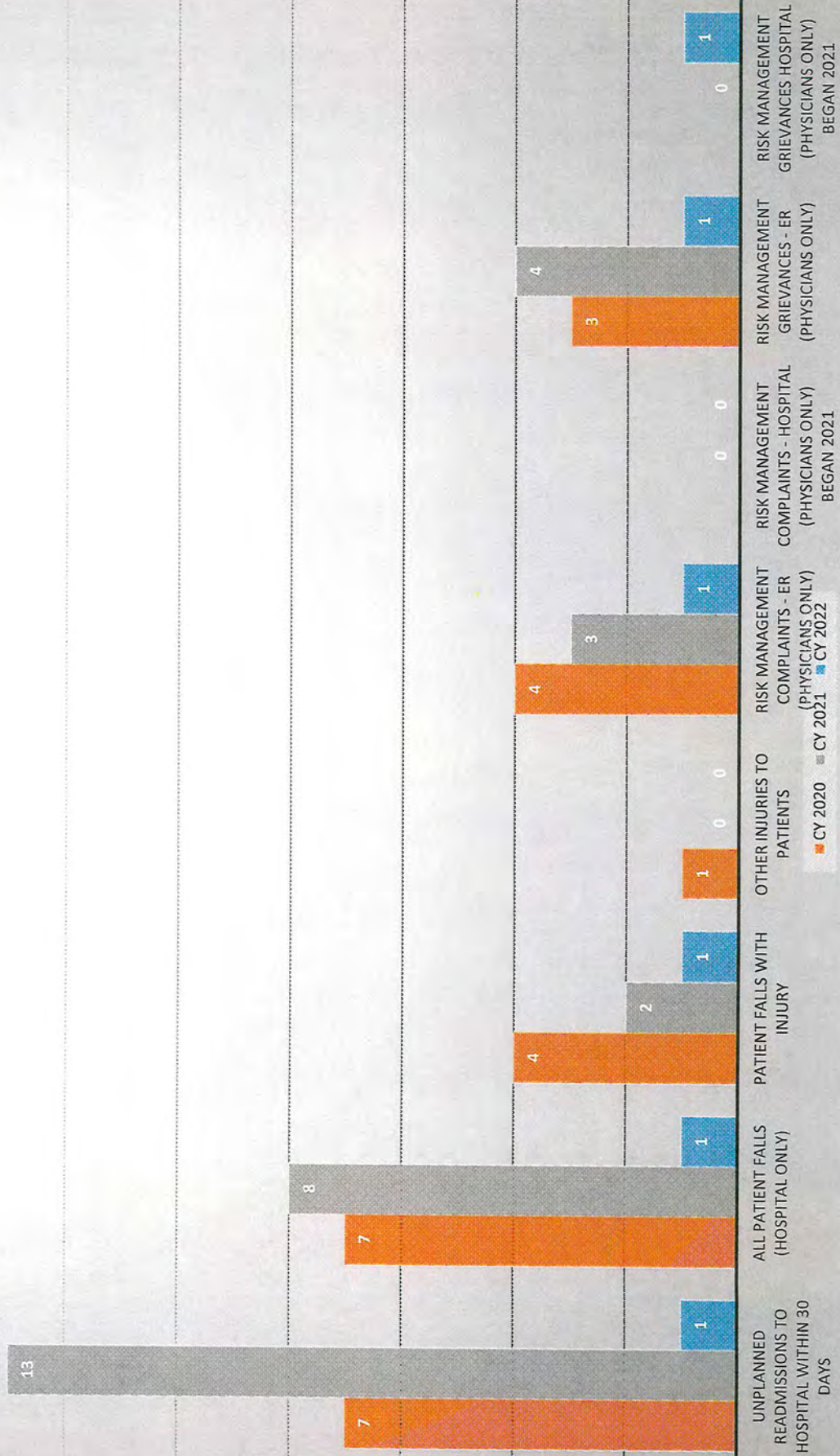
	Authorizations Completed
	Discharges completed within 24 hours of discharge date
	Signed POC's and progress notes returned prior to EOM
	Swingbed Charting
Engineering	Fire pulls and extinguishers are not obstructed
	Doors are shutting properly
Housekeeping	Terminal Disinfection of Patient Rooms and Restrooms
	Proper Wet Floor Sign Placement
	Termed Scrubs Usage
	Sharps Containers changed when 2/3 full
Case Mgmt	Patients (MS) called within 48 hours of discharge from hospital
Surgery	
Safety/Emergency Prep	Emergency Prep: Locate Emergency Response Guide
	Safety Overhead Codes
	Safety Alarms (panic buttons)
Pharmacy	IV Administration-Nursing compliance with documentation
	Tracking PRN medications that are ordered without PRN Reason
Human Resources	Compliance with timely orientations
Materials Management	Compliance with signing out supplies
	Compliance with ordering supplies on Dept specific day
	Compliance with Amazon ordering process
Behavioral Health	Non-Attendance
	Staff offered make-up session, patient accepted
Med-Surg	VTE Risk assessment and prevention measures in place
	Fall Precautions-Nursing compliance in completing the Initial Interview within the time frame outlined in the Policy, as well as completed by the initial intake nurse

	Initial assessment completed in 4 hours, shift assessments done within 2 hours
	Timely reporting of critical values
	1 hour pain reassessment
	1 hour reassessment after ALL PRN medications
	24 hour chart check process completed
Dietary/Nutrition	Patients at nutritional risk are put on a dietary supplement
	Patients report "Highly Satisfied" with their meals
Cardiopulmonary	Pulmonary Rehab call off
	Cardiac Rehab call of
	Empty Cylinders placed in Full Cylinder area
	Cylinders tagged Full/InUse/Empty
	Orders not Received for Oxygen in ED and missed charges
	Orders not Received Smoking Education ER
Imaging	Repeat Rates (Pecan)
	Restricted access to hot lab and key in a secured location
High Plains Radiology	Total Peer Reviews
Infection Control/Employee Health	Staff compliance with equipment manufacturer's suggested sterilization process
	Monitoring IV sites for Infections & Proper dating and resisting as per protocol
	Foley catheter care is being charted properly on MS
HIM	Patients being discharged with correct codes in EHR

GRMC Annual Board Quality Report CY 2019

Quality Initiative:	Benchmark (CY)	Totals CY 2022	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Trend
Unplanned Readmissions to hospital within 30 days	2020 - 7 2021 - 13	5	1	1	3		↗
Healthcare Associated Infections	2020 - 0 2021 - 0	0	0	0	0		↔
Invasive Procedure related Infections	2020 - 1 2021 - 0	0	0	0	0		↔
Total HAI rate	2020 - 0% 2021 - 0%	0%	0%	0%	0%		↔
All Patient Falls (Hospital only)	2020 - 7 2021 - 8	5	2	1	2		↘
Patient falls with injury	2020 - 4 2021 - 2	3	1	0	2		↘
Other injuries to patients	2020 - 1 2021 - 0	0	0	0	0		↔
Never or Sentinel Events	2020 - 0 2021 - 0	0	0	0	0		↔
Risk Management Complaints - ER (physicians only)	2020 - 4 2021 - 3	1	1	0	0		↔
Risk Management Complaints - Hospital (physicians only)	2021 - 0	0	0	0	0		↔
Risk Management Grievances - ER (physicians only)	2020 - 3 2021 - 4	3	1	0	2		↗

Board Quality Report 2022



GLEN ROSE MEDICAL CENTER PATIENT STATISTICAL REPORT

	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUN 2023	JUL 2023	AUG 2023	SEP 2023	2022/2023	PYTD 2021 - 2022
ACUTE ADMISSIONS:														
MEDICARE	7												7	95
MEDICARE ADV/HMO	6												6	56
MEDICAID	0												0	3
MEDICAID STAR	0												0	4
COMM. INS.	3												3	45
OTHER	0												0	17
TOTAL	16	0	0	0	0	0	0	0	0	0	0	0	16	220
ACUTE PATIENT DAYS:														
MEDICARE	16												16	306
MEDICARE ADV/HMO	13												13	171
MEDICAID	0												0	4
MEDICAID STAR	0												0	17
COMM. INS.	11												11	139
OTHER	0												0	34
TOTAL	40	0	0	0	0	0	0	0	0	0	0	0	40	671
OCCUPANCY %	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	11%
ACUTE DISCHARGES:														
MEDICARE	7												7	95
MEDICARE ADV/HMO	6												6	57
MEDICAID	0												0	2
MEDICAID STAR	0												0	5
COMM.INS.	3												3	46
OTHER	0												0	16
TOTAL	16	0	0	0	0	0	0	0	0	0	0	0	16	221
CASE MIX INDEX:														
MEDICARE													#DIV/0!	1.177
MEDICARE ADV/HMO													#DIV/0!	1.219
MEDICAID													#DIV/0!	1.115
ALL PAYOR													#DIV/0!	1.141
A.L.O.S:														
MEDICARE	2.29	-	-	-	-	-	-	-	-	-	-	-	2.29	3.13
MEDICARE ADV/HMO	2.17	-	-	-	-	-	-	-	-	-	-	-	2.17	3.00
MEDICAID	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2.14
COMM.INS.	3.67	-	-	-	-	-	-	-	-	-	-	-	3.67	2.72
OTHER	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2.50

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2022/2023	PYTD
	2022	2022	2022	2023	2023	2023	2023	2023	2023	2023	2023	2023		2021 - 2022
HOSPICE:														
ADMISSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PATIENT DAYS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OBSERVATION														
ADMISSIONS	10												10	88
ADMIT TO IP	0												0	1
DISCHARGES	9												9	88
PATIENT DAYS	9												9	101
TOTAL PT DAYS (IP,OBS,SWB,HOSP)														
	49	0	0	0	0	0	0	0	0	0	0	0	49	1019
SURGERIES:														
IP SURGERIES	0												0	16
SWB SURGERIES	0												0	0
OBS SURGERIES	0												0	4
OP SURGERIES	37												37	298
TOTAL SURGERIES	37	0	0	0	0	0	0	0	0	0	0	0	37	318
SCOPES:														
IP SCOPES	0												0	3
SWB SCOPES	0												0	0
OBS SCOPES	0												0	0
OP SCOPES	56												56	600
TOTAL SCOPES	56	0	0	0	0	0	0	0	0	0	0	0	56	603
PROCEDURES OTHER	5												5	182
TOTAL PATIENTS	98												98	1097
TOTAL SRGS/SCOPES	93	0	0	0	0	0	0	0	0	0	0	0	93	603
EMERGENCY ROOM:														
ER VISITS D/C, AMA, EXP	451												451	5524
ER TRANSFERS	24												24	302
ER OBSERVATION-ADM	10												10	91
ER IP-ADMTS	12												12	181
TOTAL ER	497	0	0	0	0	0	0	0	0	0	0	0	497	6098
PT/OT/ST													0	8197
Cryotherapy													0	0
E/R ROOM LEVELS CASE MIX	3.584												3.584	3.669
Average Daily Census	1.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	1.84

GLEN ROSE MEDICAL CENTER
 PHYSICIAN STATISTICAL REPORT

PHYSICIAN	NUMBER OF DISCHARGES								TOTAL
	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK			
October-22	6	1	3	3	3	0			16
November-22									0
December-22									0
January-23									0
February-23									0
March-23									0
April-23									0
May-23									0
June-23									0
July-23									0
August-23									0
September-23									0
TOTALS	6	1	3	3	3	0			16
YTD %	37.50%	6.25%	18.75%	18.75%	1.35%	0.00%			82.60%

PHYSICIAN	PATIENT DAYS								TOTAL
	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK			
October-22	14	3	9	8	6	0			40
November-22									0
December-21									0
January-23									0
February-23									0
March-23									0
April-23									0
May-23									0
June-23									0
July-23									0
August-23									0
September-23									0
TOTALS	14	3	9	8	6	0			40
YTD %	35.00%	7.50%	22.50%	20.00%	0.89%	0.00%			85.89%

AVERAGE LENGTH OF STAY									
PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL		
October-22	2.33	3.00	3.00	2.67	2.00	-	2.50		
November-22	-	-	-	-	-	-	-		
December-21	-	-	-	-	-	-	-		
January-23	-	-	-	-	-	-	-		
February-23	-	-	-	-	-	-	-		
March-23	-	-	-	-	-	-	-		
April-23	-	-	-	-	-	-	-		
May-23	-	-	-	-	-	-	-		
June-23	-	-	-	-	-	-	-		
July-23	-	-	-	-	-	-	-		
August-23	-	-	-	-	-	-	-		
September-23	-	-	-	-	-	-	-		
AVG TO DATE	2.33	3.00	3.00	2.67	2.00	#DIV/0!	2.50		
DOCTOR'S NO.	116	110	092	2762	80043	347	TOTAL		

CASE MIX INDEX									
PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL		
October-22	1.11	1.09	1.84	0.90	0.98	-	1.18		
November-22							#DIV/0!		
December-21							#DIV/0!		
January-23							#DIV/0!		
February-23							#DIV/0!		
March-23							#DIV/0!		
April-23							#DIV/0!		
May-23							#DIV/0!		
June-23							#DIV/0!		
July-23							#DIV/0!		
August-23							#DIV/0!		
September-23							#DIV/0!		
AVG TO DATE	1.11	1.09	1.84	0.90	0.98	#DIV/0!	#DIV/0!		
DOCTOR'S NO.	116	110	092	2762	80043	347	TOTAL		

Gross IP Revenue

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	156,473.83	29,962.36	93,331.04	64,773.15	83,083.54	-
November-22						
December-21						
January-23						
February-23						
March-23						
April-23						
May-23						
June-23						
July-23						
August-23						
September-23						
TOTAL TO DATE	156,473.83	29,962.36	93,331.04	64,773.15	83,083.54	-
DOCTOR'S NO.	116	110	092	2762	80043	347

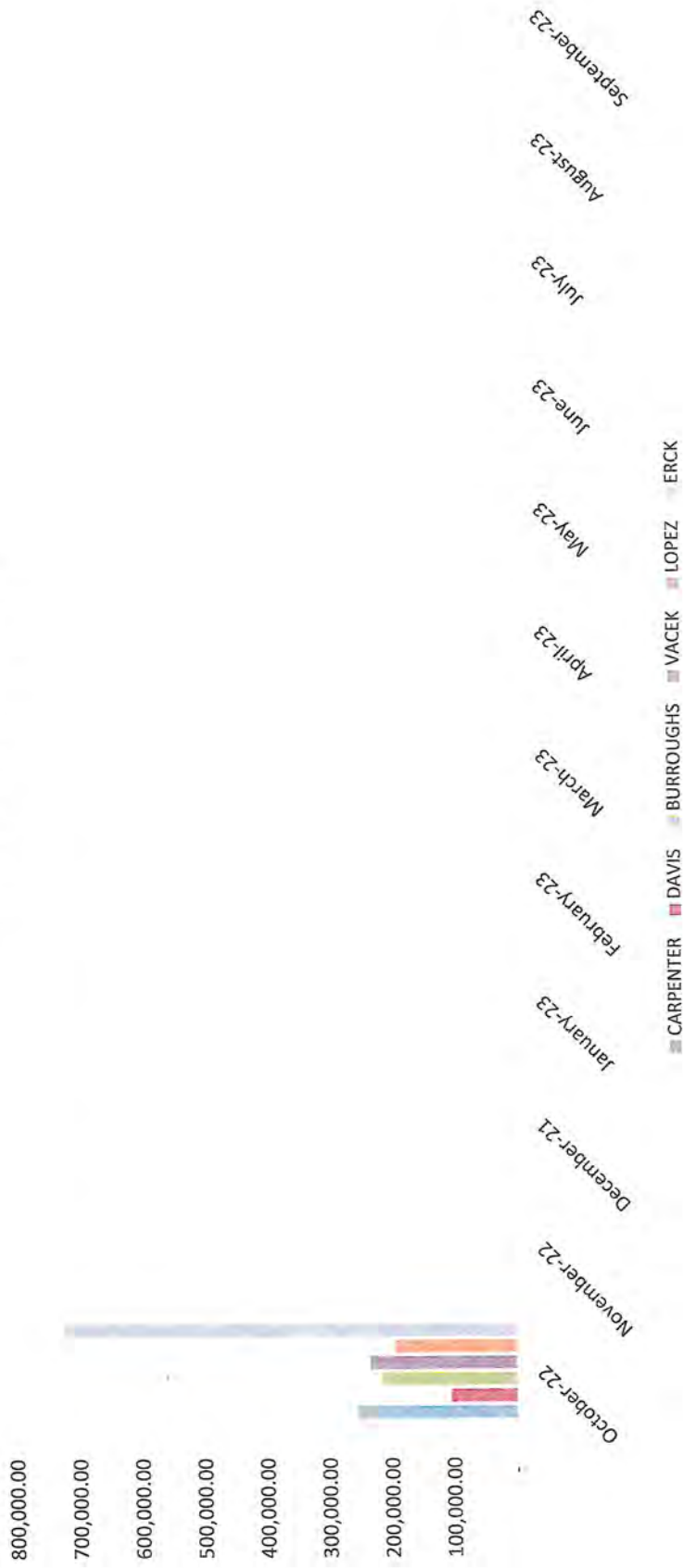
Gross Outpatient Revenue (No PA's or NP's included)

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	98,201.66	74,779.57	122,573.59	171,691.88	112,139.64	726,091.82
November-22						
December-21						
January-23						
February-23						
March-23						
April-23						
May-23						
June-23						
July-23						
August-23						
September-23						
TOTAL YTD	98,201.66	74,779.57	122,573.59	171,691.88	112,139.64	726,091.82
DOCTOR'S NO.	116	110	092	2762	80043	347

Combined Revenue

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	254,675.49	104,741.93	215,904.63	236,465.03	195,223.18	726,091.82
November-22	-	-	-	-	-	-
December-21	-	-	-	-	-	-
January-23	-	-	-	-	-	-
February-23	-	-	-	-	-	-
March-23	-	-	-	-	-	-
April-23	-	-	-	-	-	-
May-23	-	-	-	-	-	-
June-23	-	-	-	-	-	-
July-23	-	-	-	-	-	-
August-23	-	-	-	-	-	-
September-23	-	-	-	-	-	-
TOTAL YTD	254,675.49	104,741.93	215,904.63	236,465.03	195,223.18	726,091.82
DOCTOR'S NO.	116	110	092	2762	80043	347

PHYSICIAN GROSS REVENUE



Amendment to the Lease Agreement

This amendment (the "Amendment") is made and entered into as of **November 15, 2022** (the "Amendment Effective Date") by and between Intuitive Surgical, Inc., a Delaware corporation with its principal place of business located at 1020 Kifer Road, Sunnyvale, CA 94086 ("Intuitive") and **Glen Rose Medical Center**, located at 1021 Holden St., Glen Rose, TX 76043-4937 ("Lessee" or "Customer").

WHEREAS, Intuitive and Lessee entered into a Lease Agreement dated December 21, 2021 (reference MA-972-2021/CLM 416161) ("Lease Agreement"); and its associated Use, License and Services Agreement ("ULSA") for the da Vinci® X™ System, serial number SL0951 ("System"); and

WHEREAS, Lessee now wishes to upgrade System SL0951 from a da Vinci® X™ Single Console System to da Vinci® Xi™ Single Console System by acquiring a da Vinci® Xi™ Patient Side Cart ("PSC"), and Intuitive wishes to lease a PSC to Lessee under the terms and conditions of the Lease Agreement and ULSA, and as set forth herein.

NOW, THEREFORE, in consideration of the foregoing and of the mutual promises and covenants hereinafter expressed, and for other valuable consideration, the receipt and adequacy of which the Parties hereby acknowledge, the Parties agree to amend the Lease Agreement and ULSA as follows:

- The leased Equipment Description, pricing table, and Lease Conditions, and Special Conditions in the Lease Agreement are hereby amended to add the following additional tables for the PSC:

Qty.	Included in Periodical Lease Payment	Not included in Periodical Lease Payment	Equipment Description	Price
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	da Vinci® Xi™ Patient Side Cart Upgrade ("PSC") to be connected to System SL0951* <i>(Includes da Vinci Xi Integrated Table Motion Upgrade at \$0.00)**</i>	\$675,000.00
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unamortized balance (CLM 416161)	\$1,166,500.00
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service during the first twelve months of the Lease Period	Included in Periodical Lease Payments
N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Service beginning in the thirteenth months of the Lease Period ("Service"); see Special Conditions	\$154,000.00
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	System delivery fee	Included
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E-100 Generator	Included
Lease Conditions				
Lease Period	24 Months. The Lease Period may be extended in accordance with the Lease Agreement.			
Commencement Date	This Amendment will commence on the Amendment Effective Date.			
Interest Rate	4.75%			
Periodical Lease Payments	Months 1 – 24: \$31,826.42 / per month		No. of periodical Lease Payments: 24	<input checked="" type="checkbox"/> Monthly payments
	<input type="checkbox"/> The first Periodical Lease Payment is due on Commencement Date. Thereafter, each subsequent Periodical Lease Payment is due on the corresponding day of each month, as applicable, of the Lease Period (payments in advance). <input checked="" type="checkbox"/> The first Periodical Lease Payment is due one month after the Commencement Date. Thereafter, each subsequent payment is due on the corresponding day of each month of the Lease Period (payments in arrears).			
Deposit	\$0	The Deposit, if any, is due on the Commencement Date		
Balloon Payment	N/A	The Balloon Payment, if any, is due on the last day of the Lease Period.		
End of Lease Options	<input type="checkbox"/> End of Lease option A applies (see 13.1 of Standard Terms and Conditions) <input checked="" type="checkbox"/> End of Lease option B applies (see 13.2 of Standard Terms and Conditions) <input checked="" type="checkbox"/> See Special Conditions below			
Funding Amount	Original Equipment Cost (OEC): \$1,841,500.00		Down-Payment from Lessee to Lessor: \$0.00	Funding Amount: \$1,841,500.00

Direct Debit	
<p>Notwithstanding the agreed due date of the periodical Lease Payments, the Lessor will be authorized to deduct the Periodical Lease Payments from the Lessee's bank account on the following dates: (i) on the fifth (5th) calendar day of the month, if the Commencement Date is before the eleventh (11th) calendar day of the month; (ii) on the fifteenth (15th) calendar day of the month, if the Commencement Date is before the twenty-first (21st) calendar day of the month; or (iii) on the twenty-fifth (25th) calendar day, if the Commencement Date is between the twenty-first (21st) calendar day and the end of the month. The Lessee is required to have sufficient funds in its account during the period in which a withdrawal is scheduled and will notify the Lessor in case of any changes of its accounts details. The Lessee hereby authorizes the Lessor, to collect all payments to be made by the Lessee by direct debit from the following bank account:</p>	
Bank :	Bank Account no.:

Name of signatory:	Must be signed by duly authorized representative of Lessee	
--------------------	--	--

Special Conditions

By signature on this Lease Agreement, Lessee hereby authorizes the Lessor to collect all payments to be made by the Lessee under this Lease Agreement by direct debit from the Lessee's bank account. Bank account detail to be noted above.

The twenty-fourth (24th) Periodical Lease Payment is due in advance and will be billed upon the Lessee's acceptance of the leased Equipment. This payment will be due Net 30 days from invoice date.

Provided the Lessee is not in default, the Fair Market Value at the end of the Lease Period shall not exceed \$1,229,856.00 (plus applicable taxes).

*Upon installation of the PSC, Lessee will provide access to the da Vinci® X™ Patient Side Cart ("Trade PSC") at Lessee's site to enable Intuitive to disconnect and remove the Trade PSC. Lessee is, and remains responsible for all costs related to the loss or damage to the Trade PSC, until removed by Intuitive from Lessee's site.

**Subject to availability, any Instruments or Accessories provided to Lessee as set forth in the Equipment Description are subject to the Terms of the da Vinci EndoWrist Instrument & Accessory Catalog as if such Terms were contained in this Amendment. Delivery charges will be Pre-Pay & Add. Instruments or Accessories will be shipped FCA Intuitive's warehouse. If Single Site Instruments are listed, they will be delivered upon Lessee's completion of the advanced instrument training verification.

2. **Delivery of the PSC.** For the purposes of this Amendment, the Delivery Date for the PSC acquired hereunder shall be on or before **December 31, 2022**.
3. **Warranty for the PSC.** Notwithstanding anything to the contrary in Section 10 ("Warranty and Disclaimer") of the ULSA, for the purposes of this Amendment, the warranty period for the PSC is one (1) year from the Acceptance date.
4. **Service for the PSC.** Lessee acknowledges that the PSC comes with a one (1) year warranty service period. The Annual Service Fee for System SL0951 will continue at \$154,000.00 and will continue to be invoiced per the Lease Agreement.
5. **Acceptance.** Notwithstanding anything to the contrary in the ULSA or Lease Agreement, the PSC acquired hereunder is deemed accepted by Lessee upon delivery to Lessee's designated location ("Acceptance").
6. **The "Ship-To" information for the PSC is:**

Glen Rose Medical Center 1021 Holden St. Glen Rose, TX 76043
--

The "Bill-To" information for the PSC is:

Glen Rose Medical Center 1021 Holden St. Glen Rose, TX 76043 <i>Lessee's PO Number:</i>
--

7. Except as set forth above, all other terms and conditions of the Lease Agreement and ULSA remain in full force and effect.

(SIGNATURE ON FOLLOWING PAGE)

BOTH PARTIES HAVE READ, UNDERSTOOD, AND AGREED TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AMENDMENT AND EXECUTE THIS AMENDMENT AS OF THE AMENDMENT EFFECTIVE DATE.

IF THIS AMENDMENT IS NOT SIGNED BY BOTH PARTIES AND RETURNED TO INTUITIVE ON OR BEFORE NOVEMBER 30, 2022, THE TERMS WILL BE SUBJECT TO CHANGE.

ACCEPTED BY:

Intuitive Surgical, Inc.

Signature:  _____
Marc Giuffrida (Nov 14, 2022 13:11 PST)

Email: marc.giuffrida@intusurg.com

Title: Sr. Director, Contract Administration

Company: Intuitive Surgical, Inc

Date: _____

ACCEPTED BY:

Glen Rose Medical Center

By: _____

Name: _____

Title: _____

Date: _____

 _____

Public Relations/Rem Report
November 2022

Attended Monthly CVB Meeting.

Attended Monthly Lions Club Meeting(s).

Attended Network Marketing Meeting Granbury.

Monthly network meeting in Cleburne.

Attended Chamber meeting.

Highlight COPD Awareness month with focus on Pulmonary Rehab Program.

Diabetes awareness, healthy tips.

Working with the CVB and city of GR to sponsor Christmas tree on the square.

Advertising on Hank FM and KHITS available programs at GRMC.

Honored our Vets on Veterans Day with coffee (provided by Grounded) and donuts for the Veterans Day ceremony at the Expo.

Organized visiting physician agenda and spent the morning touring with the physicians wife, Glen Rose High Schools and Glen Rose proper.

Preparing for the holiday season, Marketing ortho's for rehab. (Tammie)

Scheduling Carter BloodCare blood drive for December.

GRMC and Glen Rose Healthcare sponsor for FFA buckle, both arena's (scholarship program)

Working with Papa's Pantry for Christmas donations.

REM

Monthly REM Meeting, REM was the recipient of the Tracks of Honor donation.

Daddy Daughter Dance at the Rooster February 11th, 2023

Kickstart My Heart Run February 18th, 2023

SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
SPECIAL CALLED BOARD MEETING
THURSDAY, DECEMBER 1, 2022 AT 1:30PM
HOSPITAL BOARD ROOM

MINUTES

- I. Meeting was called to order at 1:31 pm.
- II. All members were present except Brett Nabors and Dr. Vacek
- III. Discussion with Scott Caldwell regarding Wellness Center
 - a. No action was taken
- IV. Adjourn at 2:57 pm

THIS BUILDING IS WHEELCHAIR ACCESSIBLE, AND REQUESTS FOR SIGN LANGUAGE INTERPRETATION OR OTHER SPECIAL SERVICES MUST BE MADE 48 HOURS AHEAD OF MEETING. TO MAKE ARRANGEMENTS, CALL MICHAEL HONEA 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989)

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier



SCOTT CALDWELL, MBA
BIO

Scott Caldwell brings close to 20 years of professional experience across the small business, public, and non-profit sectors. His career began working with a small plumbing and heating contractor that grew from \$2MM to \$18MM in revenues very quickly. He was hired to help them establish infrastructure, systems, and processes that would allow them to achieve organizational sustainability and continued growth. This experience ignited Mr. Caldwell's passion for helping organizations grow through strategic organizational development. It was this passion that drove Mr. Caldwell's desire to provide organizations with vision and direction, coupled with an established foundation, allowing them to be successful in a healthy and long-term way. Since then, Scott's work has expanded into the public and nonprofit sectors, giving him a broad ranging and multifaceted perspective to offer existing clients.

In 2010, Scott founded Caldwell Business Group, LLC (CBG) a management consulting firm working with businesses and organizations of all shapes and sizes. Specifically, CBG's core service offering includes Strategy and Planning, Fundraising, Leadership Development and Recruiting. CBG has worked with a number of small to mid-sized organizations in the public, private and nonprofit sectors as a resource in strategy development, campaign counsel, executive recruiting, capacity building, fundraising and more.

Mr. Caldwell holds a BBA in Management from Texas Tech University and MBA with and Emphasis in Management from West Texas A&M University.



CALDWELL BUSINESS GROUP, LLC

Caldwell Business Group, LLC (CBG) is a growth consulting firm established in 2010 that specializes in helping people grow themselves and their companies/organizations through strategy and planning, fundraising, and leadership development and recruiting. CBG has worked with many public, private, and nonprofit organizations, as a resource in strategy development, campaign counsel, executive recruiting, capacity building, fundraising and training. Our firm has extensive experience performing internal and external assessments of organizations and the communities they serve so leadership can make informed, strategic decisions about the services offered to the clients they serve.

CBG's desire is to shake up industries and change the way organizations do business. We plan to achieve this vision by introducing fresh and unique perspectives to already established foundational principles and approaches.

OUR MISSION

Our mission is to grow people, companies and communities through strategy and planning, fundraising, and leadership development and recruiting

VISION

Our vision is that our clients are intentional and have a clear path to achieve their most ambitious goals.

QUALITY STANDARDS

- **Passion** – We are passionate about the success of our team and our clients. We celebrate the good times, mourn the bad and live life together.
- **Genuine** – First we realize we are human and are not perfect, therefore we will take responsibility for our mistakes. We will also be honest and transparent about all aspects of the work we do.
- **Grit** – We will be tenacious in our pursuit to win, both for ourselves and our clients. We will not give up and will remain persistent until success is accomplished.
- **Quality** – Everything we do will be of the upmost quality. We will not cut corners and will never produce anything that isn't of the highest caliber work.
- **Family** – We are family, our clients are family and we share life together.

WHAT WE DO

STRATEGY AND PLANNING

- Strategic Planning
- Development Plan
- Case for Support
- Feasibility Assessments
- Internal Assessments
- Market Analysis
- Board/Staff Development

LEADERSHIP DEVELOPMENT AND RECRUITING

- Senior Staff
- Key Staff
- Volunteers
- Board Members
- ImpactLaunch Leadership Development

FUNDRAISING

- Capital Campaigns
- Annual Campaigns
- Special Projects
- Fractional Support
- Private Equity

CFO Financial Report Notes – December 29, 2022

- 1) October 2022 Balance Sheet – Statement of Financial Position – Unaudited
 - A) Cash – increased by \$7.0m from Sept 2022; \$5.15 m due to receiving Blue Cross Settlement and \$1.44m due to receiving Net Uncompensated Care Payment
 - B) Patient Accounts Receivable – decreased by \$25m Gross and \$1.3m Net from October 2021 due to write down of MMP receivables, reserves and allowances.
 - C) Property Tax Receivable - increased by \$4.2m versus September 2022 and by \$243k versus October 2021.
 - D) Capital Assets Property & Equipment increased by \$4.2 m versus October 2021
 - a. Wheeler Branch - \$1.4m
 - b. Davinci Robot - \$1.3m
 - c. OR Upgrades - \$.63m
 - E) Unearned Revenue - increased by \$9m versus Sept 2022
 - a. Blue Cross Settlement - \$5.15m; requires write down of receivables before remainder taken into income as settlement
 - b. Property Taxes - \$4.2m; amortized in 1/12 increments each month
- 2) October 2022 Income Statement - Unaudited
 - A) Patient IP Revenue and Purchased Services - increased by \$400k (complementary) due to Nursing Home QIPP Program (Quality Incentive Payments Program)
 - B) Implementation of New Payroll System – PayCom online – cloud based; Made sure that employees were being paid properly, federal deposits made timely and quarterly reporting completed by vendor.
- 3) November 2022 Balance Sheet – Unaudited
 - A) Patient Accounts Receivable – decreased by \$2.2m Gross and \$215k Net from October due to write down of Blue Cross Receivables part of Blue Cross Settlement.

B) Unearned Revenue - decreased by \$2.3m due to write down of Blue Cross claims and 1/12 amortization of Property Tax Revenues to Income.

4) November 2022 Income Statement – Unaudited

- A) Patient IP Revenue – Good month versus November 2021 and includes \$400k QIPP Revenues.
- B) Increase in Deducts from Revenue Net against Reduction in Bad Debt expense due to Write Down of Blue Cross A/R due to settlement accounting.

Accounting and Financials will continue to be a Work in Progress due to:

- 1) Implementation of internal fixed assets accounting. Fixed Assets historically have been accounted for by the auditors at the end of each year. Results in potential understatement of interim financials and increase in audit bill.
- 2) Implementation of GASB 87 accounting processes for Lease Accounting. Similar issues as associated with Fixed Assets plus requirement promulgated by Governmental Accounting Standards Board.
- 3) Implementation of proper Debt Accounting Standards. Includes the proper division of Current (12 months and under) and Long Term (over 12 months) portions of debt.

The above will require an expansion of the General Ledger Chart of Accounts and monthly accounting processes.

During the first quarter of fiscal year 2022-2023 we have implemented the enhancement of Department Operating Reports (DORs). Administration has plans to meet with each department director on a routine basis. Representatives from the Governing Board will be participating on a routine basis in a Finance Committee. Additional accounting and finance training and education will be made available.

October-22	October-21	September-22
CURRENT MONTH CHANGE		
From Last Month	From Last Year CM	From Last Year End
A 7,003,491.94	3,999,882.86	7,003,491.94
(3,369.76)	(16,875,429.69)	(3,369.76)
(14,880.06)	15,564,665.50	(14,880.06)
0.00	0.00	0.00
C 4,224,272.93	242,569.80	4,224,272.93
2,743.18	129,746.11	2,743.18
(70,978.58)	(38,858.27)	(70,978.58)
(2,116,177.36)	(827,639.07)	(2,116,177.36)
<u>9,025,102.29</u>	<u>2,194,937.30</u>	<u>9,025,102.29</u>
88,245.90	89,395.90	88,245.90
225,756.00	2,187,913.01	225,756.00
48,168.53	573,547.61	48,168.53
0.00	2,310.00	0.00
0.00	1,336,495.10	0.00
0.00	0.00	0.00
362,170.43	4,189,661.62	362,170.43
(102,800.00)	(1,233,606.38)	(102,800.00)
<u>259,370.43</u>	<u>2,956,055.24</u>	<u>259,370.43</u>
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
<u>9,284,472.72</u>	<u>5,150,992.54</u>	<u>9,284,472.72</u>
0.00	0.00	0.00
0.00	0.00	0.00
327,462.06	406,028.39	327,462.06
15,972.60	(197,633.35)	15,972.60
42,315.18	(4,003.47)	42,315.18
62.78	62.78	62.78
E 9,021,908.16	5,383,631.55	9,021,908.16
0.00	(1,260,040.42)	0.00
(171,463.10)	(50,090.93)	(171,463.10)
<u>9,236,257.68</u>	<u>4,277,954.55</u>	<u>9,236,257.68</u>
0.00	0.00	0.00
0.00	(405,000.00)	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	(405,000.00)	0.00
1,748,570.82	1,748,570.82	1,748,570.82
(1,700,355.78)	(470,532.83)	(1,700,355.78)
0.00	0.00	0.00
<u>48,215.04</u>	<u>1,278,037.99</u>	<u>48,215.04</u>
<u>9,284,472.72</u>	<u>5,150,992.54</u>	<u>9,284,472.72</u>
0.00	0.00	0.00

Somervell County Hospital District
Statement of Financial Position - Unaudited
CONSOLIDATED

ASSETS

Current Assets:

Cash and Cash Equivalents	7,787,698.52	784,206.58	3,787,815.66	784,206.58
Patient Accounts Receivable	8,088,681.34	8,092,051.10	24,964,110.97	8,092,051.10
Less: Allowance for Bad Debts	(6,205,070.31)	(6,190,190.25)	(21,769,735.81)	(6,190,190.25)
Prior Yr Cst Rpt Settlement A/R	0.00	0.00	0.00	0.00
Property Taxes Receivable, Net	4,283,253.16	58,980.23	4,040,683.36	58,980.23
Supply Inventory	824,080.03	821,336.85	694,333.92	821,336.85
Prepaid Expenses	585,721.74	656,700.32	624,580.01	656,700.32
Other Current Assets	153,243.18	2,269,420.54	980,882.25	2,269,420.54
<u>Total Current Assets</u>	<u>15,517,607.66</u>	<u>6,492,505.37</u>	<u>13,322,670.36</u>	<u>6,492,505.37</u>

Property and Equipment:

Land and Improvements	1,425,887.90	1,337,642.00	1,336,492.00	1,337,642.00
Buildings and Improvements	20,526,617.20	20,300,861.20	18,338,704.19	20,300,861.20
Equipment and Fixtures	9,712,763.30	9,664,594.77	9,139,215.69	9,664,594.77
Leasehold Improvements	294,563.52	294,563.52	292,253.52	294,563.52
Finance Lease ROU Assets	2,984,753.10	2,984,753.10	1,648,258.00	2,984,753.10
Construction in Progress	0.00	0.00	0.00	0.00
Historical Basis	34,944,585.02	34,582,414.59	30,754,923.40	34,582,414.59
Less: Accumulated Depreciation	(18,616,554.30)	(18,513,754.30)	(17,382,947.92)	(18,513,754.30)

Net Property and Equipment

Other Assets:

Operating Lease ROU Assets	0.00	0.00	0.00	0.00
Prepaid Rent	0.00	0.00	0.00	0.00
Other Receivable	0.00	0.00	0.00	0.00
Deposits	0.00	0.00	0.00	0.00
Other Tangible Assets	143,200.00	143,200.00	143,200.00	143,200.00
Investment in Subs	0.00	0.00	0.00	0.00
Unamortized Loan Costs	0.00	0.00	0.00	0.00
Physician Recruitment Costs	0.00	0.00	0.00	0.00
Other Deferred Charges	0.00	0.00	0.00	0.00
<u>Total Other Assets</u>	<u>143,200.00</u>	<u>143,200.00</u>	<u>143,200.00</u>	<u>143,200.00</u>

Total Assets

LIABILITIES

Current Liabilities

Current Maturities Long-Term Debt	0.00	0.00	0.00	0.00
Operating Lease Liability - Current	0.00	0.00	0.00	0.00
Accounts Payable	1,064,926.69	737,464.63	658,898.30	737,464.63
Accrued Liabilities	1,007,329.09	991,356.49	1,204,962.44	991,356.49
Employee Compensation	109,718.50	67,403.32	113,721.97	67,403.32
Other Accrued Liabilities	62.78	0.00	0.00	0.00
Unearned Revenue	9,027,508.22	5,600.06	3,643,876.67	5,600.06
Est Amts Due Third-Parties - Current	1.45	1.45	1,260,041.87	1.45
Other Current Liabilities	2,641,613.59	2,813,076.69	2,691,704.52	2,813,076.69
<u>Total Current Liabilities</u>	<u>13,851,160.32</u>	<u>4,614,902.64</u>	<u>9,573,205.77</u>	<u>4,614,902.64</u>

Estimated Amounts Due to Third-Party Payers

LONG TERM DEBT

Long-Term Debt	10,120,152.00	10,120,152.00	10,525,152.00	10,120,152.00
Operating Lease Liabilities	0.00	0.00	0.00	0.00
Deferred Taxes	0.00	0.00	0.00	0.00
Deferred Credits and Other	0.00	0.00	0.00	0.00
Long-Term Liabilities	0.00	0.00	0.00	0.00
Intercompany Accounts	0.00	0.00	0.00	0.00
<u>Total Long Term Liabilities</u>	<u>10,120,152.00</u>	<u>10,120,152.00</u>	<u>10,525,152.00</u>	<u>10,120,152.00</u>

FUND BALANCE

Retained Earnings-Prior Year	7,969,311.02	6,220,740.20	6,220,740.20	6,220,740.20
Current Year Income / (Loss)	48,215.04	1,748,570.82	518,747.87	1,748,570.82
Other	0.00	0.00	0.00	0.00
<u>Total Fund Balance</u>	<u>8,017,526.06</u>	<u>7,969,311.02</u>	<u>6,739,488.07</u>	<u>7,969,311.02</u>

Total Liabilities and Fund Balance

<== Balancing ==>

Hospital = 1	(76,976.89)	1,959,937.89	524,411.05	1,803,684.03
Nursing Home = 2	0.00	0.00	0.00	0.00
Physician S01(a) = 3	125,107.56	(55,113.21)	(5,663.18)	(55,113.21)
I-35 = 4	84.33	(156,253.85)	0.00	0.00
	<u>48,215.05</u>	<u>1,748,570.82</u>	<u>518,747.87</u>	<u>1,748,570.82</u>

Somervell County Hospital District
Income Statement - Unaudited
CONSOLIDATED

October-22

CURRENT MONTH		
This Mo Actual	This Mo Budget	This Month LY
A 759,318.74	884,623.68	345,019.52
24,286.44	46,341.36	0.00
4,988,807.15	5,147,455.09	4,640,857.43
472,670.46	527,809.01	534,310.72
<u>6,245,082.79</u>	<u>6,606,229.14</u>	<u>5,520,187.67</u>
1,409,295.30	1,676,944.97	1,556,284.39
0.00	(66,666.67)	(629,416.90)
2,566,478.56	2,448,906.53	1,910,635.78
11,391.74	5,374.73	4,362.93
(28,681.10)	46,516.58	(36,423.60)
<u>3,958,484.50</u>	<u>4,111,076.14</u>	<u>2,805,442.60</u>
63.39%	62.23%	50.82%
2,286,598.29	2,495,153.00	2,714,745.07
<u>60,714.67</u>	<u>373,105.98</u>	<u>469,831.58</u>
2,225,883.62	2,122,047.02	2,244,913.49
35.64%	32.12%	40.67%
<u>107,143.02</u>	<u>109,484.26</u>	<u>90,178.72</u>
<u>2,333,026.64</u>	<u>2,231,531.28</u>	<u>2,335,092.21</u>
37.36%	33.78%	42.30%
B 1,023,367.02	1,014,476.07	999,914.05
199,290.26	196,931.47	184,858.41
0.00	0.00	0.00
315,131.00	281,279.31	216,590.59
73,342.16	70,235.00	54,159.00
A 687,074.63	648,407.99	262,586.21
0.00	1,333.33	0.00
66,295.46	48,524.42	56,697.86
16,116.31	56,019.17	104,246.61
7,591.64	5,750.00	42,300.95
36,832.26	36,712.56	31,004.84
43,255.27	36,506.49	32,233.78
28,449.68	18,975.17	18,615.83
102,800.00	109,208.33	102,800.58
<u>2,599,545.69</u>	<u>2,524,359.31</u>	<u>2,106,008.71</u>
(266,519.05)	(292,828.03)	229,083.50
-11.42%	-13.12%	9.81%
356,214.04	360,388.61	333,862.09
5,946.36	1,253.25	471.27
(47,426.31)	(45,662.30)	(44,668.99)
0.00	91,666.66	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
<u>314,734.09</u>	<u>407,646.22</u>	<u>289,664.37</u>
<u>48,215.04</u>	<u>114,818.19</u>	<u>518,747.87</u>
(76,976.89)	109,357.87	556,630.63
0.00	0.00	0.00
125,107.55	5,460.32	(5,663.18)
84.38	0.00	(32,219.58)
<u>48,215.04</u>	<u>114,818.19</u>	<u>518,747.87</u>
0.00	(0.00)	0.00

YEAR TO DATE			
TY Actual YTD	TY Budget YTD	LY Actual YTD	
Patient Revenue:			
Inpatient Revenue	759,318.74	884,623.68	345,019.52
Swing Bed Revenue	24,286.44	46,341.36	0.00
Outpatient Revenue	4,988,807.15	5,147,455.09	4,640,857.43
Clinic Revenue	472,670.46	527,809.01	534,310.72
<u>Total Patient Revenue</u>	<u>6,245,082.79</u>	<u>6,606,229.14</u>	<u>5,520,187.67</u>
Deductions (Gains) from Revenue			
MCR/MCD Contractual Expense	1,409,295.30	1,676,944.97	1,556,284.39
Section 1115/Uncomp Care	0.00	(66,666.67)	(629,416.90)
Other Contractual Expense	2,566,478.56	2,448,906.53	1,910,635.78
Other Adjustments	11,391.74	5,374.73	4,362.93
Charity Care Write Off	(28,681.10)	46,516.58	(36,423.60)
<u>Total Deductions from Revenue</u>	<u>3,958,484.50</u>	<u>4,111,076.14</u>	<u>2,805,442.60</u>
63.39%	62.23%	50.82%	
Net Pt Rev Bef Prov for Uncollect Rev	<u>2,286,598.29</u>	<u>2,495,153.00</u>	<u>2,714,745.07</u>
Provision for Bad Debts	<u>60,714.67</u>	<u>373,105.98</u>	<u>469,831.58</u>
Net Patient Revenue after Bad Debt	<u>2,225,883.62</u>	<u>2,122,047.02</u>	<u>2,244,913.49</u>
35.64%	32.12%	40.67%	
Other Revenue	<u>107,143.02</u>	<u>109,484.26</u>	<u>90,178.72</u>
Net Revenue	<u>2,333,026.64</u>	<u>2,231,531.28</u>	<u>2,335,092.21</u>
37.36%	33.78%	42.30%	
Operating Expenses:			
Salary and Wages	1,023,367.02	1,014,476.07	999,914.05
Employee Benefits	199,290.26	196,931.47	184,858.41
Contract Labor	0.00	0.00	0.00
Supplies	315,131.00	281,279.31	216,590.59
Med Specialist Fees	73,342.16	70,235.00	54,159.00
Purchased Services	687,074.63	648,407.99	262,586.21
Phys Recruitment	0.00	1,333.33	0.00
Leases and Rents	66,295.46	48,524.42	56,697.86
Repairs & Maintenance	16,116.31	56,019.17	104,246.61
Marketing	7,591.64	5,750.00	42,300.95
Utilities	36,832.26	36,712.56	31,004.84
Other Operating Expenses	43,255.27	36,506.49	32,233.78
Taxes and Insurance	28,449.68	18,975.17	18,615.83
Depreciation and Amortization	102,800.00	109,208.33	102,800.58
<u>Total Operating Expense</u>	<u>2,599,545.69</u>	<u>2,524,359.31</u>	<u>2,106,008.71</u>
(266,519.05)	(292,828.03)	229,083.50	
-11.42%	-13.12%	9.81%	
Operating Gain/(Loss)	<u>(266,519.05)</u>	<u>(292,828.03)</u>	<u>229,083.50</u>
Non-Operating Revenues (Expenses)			
Property Taxes	356,214.04	360,388.61	333,862.09
Interest Income	5,946.36	1,253.25	471.27
Interest Expense	(47,426.31)	(45,662.30)	(44,668.99)
Non-Capital Grants and Gifts	0.00	91,666.66	0.00
Donations to/(from) Corporation	0.00	0.00	0.00
Other Non-Operating Rev/Exp	0.00	0.00	0.00
Other - Tobacco Settlement	0.00	0.00	0.00
<u>Total Non-Operating Revenues Net</u>	<u>314,734.09</u>	<u>407,646.22</u>	<u>289,664.37</u>
Income / (Loss)	<u>48,215.04</u>	<u>114,818.19</u>	<u>518,747.87</u>
Hospital - 1	(76,976.89)	109,357.87	556,630.63
Nursing Home - 2	0.00	0.00	0.00
501(A) - 3	125,107.55	5,460.32	(5,663.18)
I-35 - 4	84.38	0.00	(32,219.58)
<u>48,215.04</u>	<u>114,818.19</u>	<u>518,747.87</u>	
0.00	(0.00)	0.00	

<-- Variance -->

November-22	November-21	September-22	
CURRENT MONTH CHANGE			
From Last Month	From Last Year CM	From Last Year End	
(788,477.18)	2,831,861.85	6,215,014.76	100
(2,242,238.13)	(19,108,963.46)	(2,245,607.89)	110
2,025,200.53	17,625,553.25	2,010,320.47	120
0.00	0.00	0.00	130
(112,270.16)	182,621.87	4,112,002.77	135
(5,185.15)	125,646.36	(2,441.97)	140
(49,829.65)	(21,814.51)	(120,808.23)	150
(96,608.08)	(916,385.51)	(2,212,785.44)	160
(1,269,407.82)	718,619.85	7,755,694.47	
59,326.28	148,722.18	147,572.18	200
0.00	2,134,354.51	225,756.00	210
75,877.56	649,425.17	124,046.09	220
0.00	2,310.00	0.00	230
507,000.00	1,843,495.10	507,000.00	240
0.00	0.00	0.00	250
642,203.84	4,778,306.96	1,004,374.27	260
(130,339.30)	(1,261,145.10)	(233,139.30)	
511,864.54	3,517,161.86	771,234.97	
0.00	0.00	0.00	300
0.00	0.00	0.00	310
0.00	0.00	0.00	320
0.00	0.00	0.00	330
0.00	0.00	0.00	340
0.00	0.00	0.00	350
0.00	0.00	0.00	360
0.00	0.00	0.00	370
0.00	0.00	0.00	380
0.00	0.00	0.00	
(757,543.28)	4,235,781.71	8,526,929.44	
0.00	0.00	0.00	400
0.00	0.00	0.00	410
(461,613.44)	199,168.26	(19,508.73)	420
105,464.39	(176,796.96)	121,436.99	430
42,315.18	(5,657.05)	84,630.36	440
(62.78)	(2,892.45)	0.00	450
(2,260,998.54)	3,453,894.52	6,760,909.62	455
0.00	(1,150,941.10)	0.00	460
891,543.70	828,433.60	605,437.95	470
(1,683,351.49)	3,143,108.82	7,552,906.19	
0.00	0.00	0.00	475
1,224.00	(403,776.00)	1,224.00	480
0.00	0.00	0.00	490
0.00	0.00	0.00	500
0.00	0.00	0.00	510
0.00	0.00	0.00	520
1,224.00	(403,776.00)	1,224.00	
0.00	1,748,570.82	1,748,570.82	610
324,584.21	(252,121.93)	(775,771.57)	620
0.00	0.00	0.00	
924,584.21	1,496,448.89	972,799.25	
(757,543.28)	4,235,781.71	8,526,929.44	
0.00	0.00	0.00	

Somervell County Hospital District
Statement of Financial Position - Unaudited
CONSOLIDATED

ASSETS

Current Assets:

Cash and Cash Equivalents	6,999,221.34	7,787,698.52	4,167,359.49	784,206.58
Patient Accounts Receivable	5,846,443.21	8,088,681.34	24,955,406.67	8,092,051.10
Less: Allowance for Bad Debts	(4,179,869.78)	(6,205,070.31)	(21,805,523.03)	(6,190,190.25)
Prior Yr Cst Rpt Settlement A/R	0.00	0.00	0.00	0.00
Property Taxes Receivable, Net	4,170,983.00	4,283,253.16	3,988,361.13	56,980.23
Supply Inventory	818,894.88	824,080.03	693,248.52	821,336.85
Prepaid Expenses	535,892.09	585,721.74	557,706.60	656,700.32
Other Current Assets	56,635.10	153,243.18	973,020.61	2,269,420.54
Total Current Assets	14,248,199.84	15,517,607.66	13,529,579.99	6,492,505.37

Property and Equipment:

Land and Improvements	1,485,214.18	1,425,887.90	1,336,492.00	1,337,642.00
Buildings and Improvements	20,526,617.20	20,526,617.20	18,392,262.69	20,300,861.20
Equipment and Fixtures	9,788,640.86	9,712,763.30	9,139,215.69	9,664,594.77
Leasehold Improvements	294,563.52	294,563.52	292,253.52	294,563.52
Finance Lease ROU Assets	3,491,753.10	2,984,753.10	1,648,258.00	2,984,753.10
Construction in Progress	0.00	0.00	0.00	0.00
Historical Basis	35,586,788.86	34,944,585.02	30,808,481.90	34,582,414.59
Less: Accumulated Depreciation	(18,746,893.60)	(18,616,554.30)	(17,485,746.50)	(18,513,754.30)
Net Property and Equipment	16,839,895.26	16,328,030.72	13,322,733.40	16,068,660.29

Other Assets:

Operating Lease ROU Assets	0.00	0.00	0.00	0.00
Prepaid Rent	0.00	0.00	0.00	0.00
Other Receivable	0.00	0.00	0.00	0.00
Deposits	0.00	0.00	0.00	0.00
Other Tangible Assets	143,200.00	143,200.00	143,200.00	143,200.00
Investment in Subs	0.00	0.00	0.00	0.00
Unamortized Loan Costs	0.00	0.00	0.00	0.00
Physician Recruitment Costs	0.00	0.00	0.00	0.00
Other Deferred Charges	0.00	0.00	0.00	0.00
Total Other Assets	143,200.00	143,200.00	143,200.00	143,200.00

Total Assets

Total Assets	31,231,295.10	31,988,838.38	26,995,513.39	22,704,365.66
--------------	---------------	---------------	---------------	---------------

LIABILITIES

Current Liabilities

Current Maturities Long-Term Debt	0.00	0.00	0.00	0.00
Operating Lease Liability - Current	0.00	0.00	0.00	0.00
Accounts Payable	603,313.25	1,064,926.69	404,144.99	622,821.98
Accrued Liabilities				
Employee Compensation	1,112,793.48	1,007,329.09	1,291,590.44	991,356.49
Accrued Interest	152,033.68	109,718.50	157,690.73	67,403.31
Other Accrued Liabilities	0.00	62.78	2,992.45	0.00
Unearned Revenue	6,766,509.68	9,027,508.22	3,312,615.16	5,600.06
Est Amts Due Third-Parties - Current	1.45	1.45	1,150,942.55	1.45
Other Current Liabilities	3,533,157.29	2,641,613.59	2,704,723.69	2,927,719.34
Total Current Liabilities	12,167,808.83	13,851,160.32	9,024,700.01	4,614,902.64

Estimated Amounts Due to Third-Party Payors

Estimated Amounts Due to Third-Party Payors	0.00	0.00	0.00	0.00
---	------	------	------	------

LONG TERM DEBT

Long-Term Debt	10,121,376.00	10,120,152.00	10,525,152.00	10,120,152.00
Operating Lease Liabilities	0.00	0.00	0.00	0.00
Deferred Taxes	0.00	0.00	0.00	0.00
Deferred Credits and Other				
Long-Term Liabilities	0.00	0.00	0.00	0.00
Intercompany Accounts	0.00	0.00	0.00	0.00
Total Long Term Liabilities	10,121,376.00	10,120,152.00	10,525,152.00	10,120,152.00

FUND BALANCE

Retained Earnings-Prior Year	7,969,311.02	7,969,311.02	6,220,740.20	6,220,740.20
Current Year Income / (Loss)	972,799.25	48,215.04	1,224,921.18	1,748,570.82
Other	0.00	0.00	0.00	0.00
Total Fund Balance	8,942,110.27	8,017,526.06	7,445,661.38	7,969,311.02

Total Liabilities and Fund Balance

Total Liabilities and Fund Balance	31,231,295.10	31,988,838.38	26,995,513.39	22,704,365.66
------------------------------------	---------------	---------------	---------------	---------------

<= Balancing ==>

Hospital = 1	718,643.37	[76,392.52]	1,073,738.74	1,803,684.03
Nursing Home = 2	0.00	0.00	0.00	0.00
Physician 501(a) = 3	254,155.88	125,107.56	151,132.44	(55,113.21)
I-35 = 4	0.00	0.00	0.00	0.00
	972,799.25	48,215.04	1,224,921.18	1,748,570.82

(0.00) (0.00) (0.00) (0.00)

Somervell County Hospital District
Income Statement - Unaudited
CONSOLIDATED

November-22

	CURRENT MONTH		
	This Mo Actual	This Mo Budget	This Month LY
A	1,221,041.44	884,623.68	273,439.00
	33,677.25	46,341.36	0.00
	5,337,073.60	5,147,455.09	4,739,220.36
	639,190.70	527,809.01	593,056.16
	<u>7,230,982.99</u>	<u>6,606,229.14</u>	<u>5,605,715.52</u>
B	1,932,517.47	1,676,944.97	1,710,979.24
	(901.50)	(66,666.67)	0.00
B	4,062,629.99	2,448,906.53	2,105,424.36
	10,376.14	5,374.73	9,070.88
	3,123.48	46,516.58	(48,968.87)
	<u>6,007,745.58</u>	<u>4,111,076.14</u>	<u>3,776,505.61</u>
	83.08%	62.23%	67.37%
	1,223,237.41	2,495,153.00	1,829,209.91
B	(1,956,857.90)	373,105.98	353,769.13
	3,180,095.31	2,122,047.02	1,475,440.78
	43.98%	32.12%	26.32%
	77,825.66	109,484.26	106,545.16
	<u>3,257,920.97</u>	<u>2,231,531.28</u>	<u>1,581,985.94</u>
	45.06%	33.78%	28.22%
	1,023,163.19	1,014,476.07	936,669.66
	236,579.06	196,931.47	183,933.28
	0.00	0.00	0.00
	295,935.36	281,279.31	135,108.73
	85,536.69	70,235.00	56,882.00
	700,821.06	648,407.99	231,237.03
	1,231.32	1,333.33	0.00
	44,370.45	48,524.42	64,520.63
	46,309.77	56,019.17	33,182.74
	3,420.69	5,750.00	3,373.53
	42,244.78	36,712.56	41,590.79
	38,114.49	36,506.49	31,489.63
	18,516.74	18,975.17	18,177.30
	130,339.30	109,208.33	102,800.58
	<u>2,666,582.90</u>	<u>2,524,359.31</u>	<u>1,838,965.90</u>
	591,338.07	(292,828.03)	(256,979.96)
	18.15%	-13.12%	-16.24%
	360,681.60	360,388.61	332,126.73
	20,624.69	1,253.25	400.98
	(48,060.15)	(45,662.30)	(44,634.53)
	0.00	91,666.66	675,260.09
	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
	<u>333,246.14</u>	<u>407,646.22</u>	<u>963,153.27</u>
	924,584.21	114,818.19	706,173.31
	824,054.55	109,357.87	558,260.79
	0.00	0.00	0.00
	129,048.33	5,460.32	156,795.62
	(28,518.67)	0.00	(8,883.10)
	<u>924,584.21</u>	<u>114,818.19</u>	<u>706,173.31</u>
	0.00	(0.00)	0.00

	YEAR TO DATE		
	TY Actual YTD	TY Budget YTD	LY Actual YTD
Patient Revenue:			
Inpatient Revenue	1,980,360.18	1,769,247.36	618,458.52
Swing Bed Revenue	57,963.69	92,682.72	0.00
Outpatient Revenue	10,325,880.75	10,294,910.18	9,380,077.79
Clinic Revenue	1,111,861.16	1,055,618.02	1,127,366.88
Total Patient Revenue	<u>13,476,065.78</u>	<u>13,212,458.28</u>	<u>11,125,903.19</u>
Deductions (Gains) from Revenue			
MCR/MCD Contractual Expense	3,341,812.77	3,353,889.94	3,267,263.63
Section 1115/Uncomp Care	(901.50)	(133,333.34)	(629,416.90)
Other Contractual Expense	6,629,108.55	4,897,813.06	4,016,060.14
Other Adjustments	21,767.88	10,749.46	13,433.81
Charity Care Write Off	(25,557.62)	93,033.16	(85,392.47)
Total Deductions from Revenue	<u>9,966,230.08</u>	<u>8,222,152.28</u>	<u>6,581,948.21</u>
	73.96%	62.23%	59.18%
Net Pt Rev Bef Prov for Uncollect Rev	<u>3,509,835.70</u>	<u>4,990,306.00</u>	<u>4,543,954.98</u>
Provision for Bad Debts	<u>(1,896,143.23)</u>	<u>746,211.96</u>	<u>823,600.71</u>
Net Patient Revenue after Bad Debt	<u>5,405,978.93</u>	<u>4,244,094.04</u>	<u>3,720,354.27</u>
	40.12%	32.12%	33.44%
Other Revenue	<u>184,968.68</u>	<u>218,968.52</u>	<u>196,723.88</u>
Net Revenue	<u>5,590,947.61</u>	<u>4,463,062.56</u>	<u>3,917,078.15</u>
	41.49%	33.78%	35.21%
Operating Expenses:			
Salary and Wages	2,046,530.21	2,028,952.14	1,936,583.71
Employee Benefits	435,869.32	393,862.94	368,791.69
Contract Labor	0.00	0.00	0.00
Supplies	611,066.36	562,558.62	351,699.32
Med Specialist Fees	158,878.85	140,470.00	111,041.00
Purchased Services	1,387,895.69	1,296,815.98	493,823.24
Phys Recruitment	1,231.32	2,666.66	0.00
Leases and Rents	110,665.91	97,048.84	121,218.49
Repairs & Maintenance	62,426.08	112,038.34	137,429.35
Marketing	11,012.33	11,500.00	45,674.48
Utilities	79,077.04	73,425.12	72,595.63
Other Operating Expenses	81,369.76	73,012.98	63,723.41
Taxes and Insurance	46,966.42	37,950.34	36,793.13
Depreciation and Amortization	233,139.30	218,416.66	205,601.16
Total Operating Expense	<u>5,266,128.59</u>	<u>5,048,718.62</u>	<u>3,944,974.61</u>
Operating Gain/(Loss)	<u>324,819.02</u>	<u>(585,656.06)</u>	<u>(27,896.46)</u>
	5.81%	-13.12%	-0.71%
Non-Operating Revenues (Expenses)			
Property Taxes	716,895.64	720,777.22	665,988.82
Interest Income	26,571.05	2,506.50	872.25
Interest Expense	(95,486.46)	(91,324.60)	(89,303.52)
Non-Capital Grants and Gifts	0.00	183,333.32	675,260.09
Donations to/(from) Corporation	0.00	0.00	0.00
Other Non-Operating Rev/Exp	0.00	0.00	0.00
Other - Tobacco Settlement	0.00	0.00	0.00
Total Non-Operating Revenues Net	<u>647,980.23</u>	<u>815,292.44</u>	<u>1,252,817.64</u>
Income / (Loss)	<u>972,799.25</u>	<u>229,636.38</u>	<u>1,224,921.18</u>
Hospital - 1	747,077.66	218,715.75	1,114,891.42
Nursing Home - 2	0.00	0.00	0.00
501(A) - 3	254,155.88	10,920.64	151,132.44
I-35 - 4	(28,434.29)	0.00	(41,102.68)
	<u>972,799.25</u>	<u>229,636.39</u>	<u>1,224,921.18</u>
	0.00	0.01	0.00

← Variance →

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2022/2023	PYTD 2021 - 2022
	2022	2022	2022	2023	2023	2023	2023	2023	2023	2023	2023	2023		
HOSPICE:														
ADMISSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PATIENT DAYS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OBSERVATION														
ADMISSIONS	10	13											23	88
ADMIT TO IP	0	6											6	1
DISCHARGES	9	5											14	88
PATIENT DAYS	9	20											29	101
TOTAL PT DAYS (IP,OBS,SWB,HOSP)	83	236	0	0	0	0	0	0	0	0	0	0	319	1019
SURGERIES:														
IP SURGERIES	0	5											5	16
SWB SURGERIES	0	0											0	0
OBS SURGERIES	0	0											0	4
OP SURGERIES	37	38											75	298
TOTAL SURGERIES	37	43	0	0	0	0	0	0	0	0	0	0	80	318
SCOPES:														
IP SCOPES	0	1											1	3
SWB SCOPES	0	0											0	0
OBS SCOPES	0	0											0	0
OP SCOPES	56	45											101	600
TOTAL SCOPES	56	46	0	0	0	0	0	0	0	0	0	0	102	603
PROCEDURES OTHER	5	7											12	182
TOTAL PATIENTS	98	96											194	1097
TOTAL SRGS/SCOPES	93	89	0	0	0	0	0	0	0	0	0	0	182	603
EMERGENCY ROOM:														
ER VISITS D/C, AMA, EXP	451	491											942	5524
ER TRANSFERS	24	20											44	302
ER OBSERVATION-ADM	10	12											22	91
ER IP-ADMITS	12	24											36	181
TOTAL ER	497	547	0	0	0	0	0	0	0	0	0	0	1044	6098
PT/OT/ST	902	954											1856	8197
Cryotherapy													0	0
E/R ROOM LEVELS CASE MIX	3.584	3.653											3.619	3.669
Average Daily Census	1.29	3.27											2.28	1.84

GLEN ROSE MEDICAL CENTER
 PHYSICIAN STATISTICAL REPORT

PHYSICIAN	NUMBER OF DISCHARGES									
	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL	PYTD		
October-22	6	1	3	3	3	0	16	18		
November-22	8	1	8	10	3	0	30	17		
December-22							0	29		
January-23							0	35		
February-23							0	20		
March-23							0	14		
April-23							0	14		
May-23							0	16		
June-23							0	18		
July-23							0	12		
August-23							0	14		
September-23							0	16		
TOTALS	14	2	11	13	6	0	46	223		
YTD %	30.43%	4.35%	23.91%	28.26%	2.69%	0.00%	89.65%			

PHYSICIAN	PATIENT DAYS									
	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL	PYTD		
October-22	14	3	9	8	6	0	40	41		
November-22	29	7	22	35	5	0	98	42		
December-21							0	84		
January-23							0	117		
February-23							0	65		
March-23							0	38		
April-23							0	45		
May-23							0	47		
June-23							0	44		
July-23							0	47		
August-23							0	39		
September-23							0	64		
TOTALS	43	10	31	43	11	0	138	673		
YTD %	31.16%	7.25%	22.46%	31.16%	1.63%	0.00%	93.66%			

AVERAGE LENGTH OF STAY

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL	PYTD
October-22	2.33	3.00	3.00	2.67	2.00	-	2.50	3.13
November-22	3.63	7.00	2.75	3.50	1.67	-	3.27	2.65
December-21	-	-	-	-	-	-	-	2.77
January-23	-	-	-	-	-	-	-	3.53
February-23	-	-	-	-	-	-	-	3.22
March-23	-	-	-	-	-	-	-	2.86
April-23	-	-	-	-	-	-	-	3.06
May-23	-	-	-	-	-	-	-	2.00
June-23	-	-	-	-	-	-	-	2.92
July-23	-	-	-	-	-	-	-	3.04
August-23	-	-	-	-	-	-	-	3.63
September-23	-	-	-	-	-	-	-	3.76
AVG TO DATE	2.98	5.00	2.88	3.08	1.83	#DIV/0!	2.88	3.05
DOCTOR'S NO.	116	110	092	2762	80043	347	TOTAL	

CASE MIX INDEX

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL	PYTD
October-22	1.11	1.09	1.84	0.90	0.98	-	1.18	1.13
November-22	0.83	1.77	1.36	0.97	0.91	-	1.17	0.93
December-21							#DIV/0!	1.20
January-23							#DIV/0!	1.52
February-23							#DIV/0!	1.24
March-23							#DIV/0!	1.03
April-23							#DIV/0!	1.15
May-23							#DIV/0!	1.06
June-23							#DIV/0!	1.20
July-23							#DIV/0!	1.17
August-23							#DIV/0!	0.95
September-23							#DIV/0!	1.82
AVG TO DATE	0.97	1.43	1.60	0.93	0.95	#DIV/0!	#DIV/0!	1.20
DOCTOR'S NO.	116	110	092	2762	80043	347	TOTAL	

Gross IP Revenue

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	156,473.83	29,962.36	93,331.04	64,773.15	83,083.54	-
November-22	307,571.17	39,923.12	236,388.98	302,479.12	54,929.00	-
December-21						
January-23						
February-23						
March-23						
April-23						
May-23						
June-23						
July-23						
August-23						
September-23						
TOTAL TO DATE	464,045.00	69,885.48	329,720.02	367,252.27	138,012.54	-
DOCTOR'S NO.	116	110	092	2762	80043	347

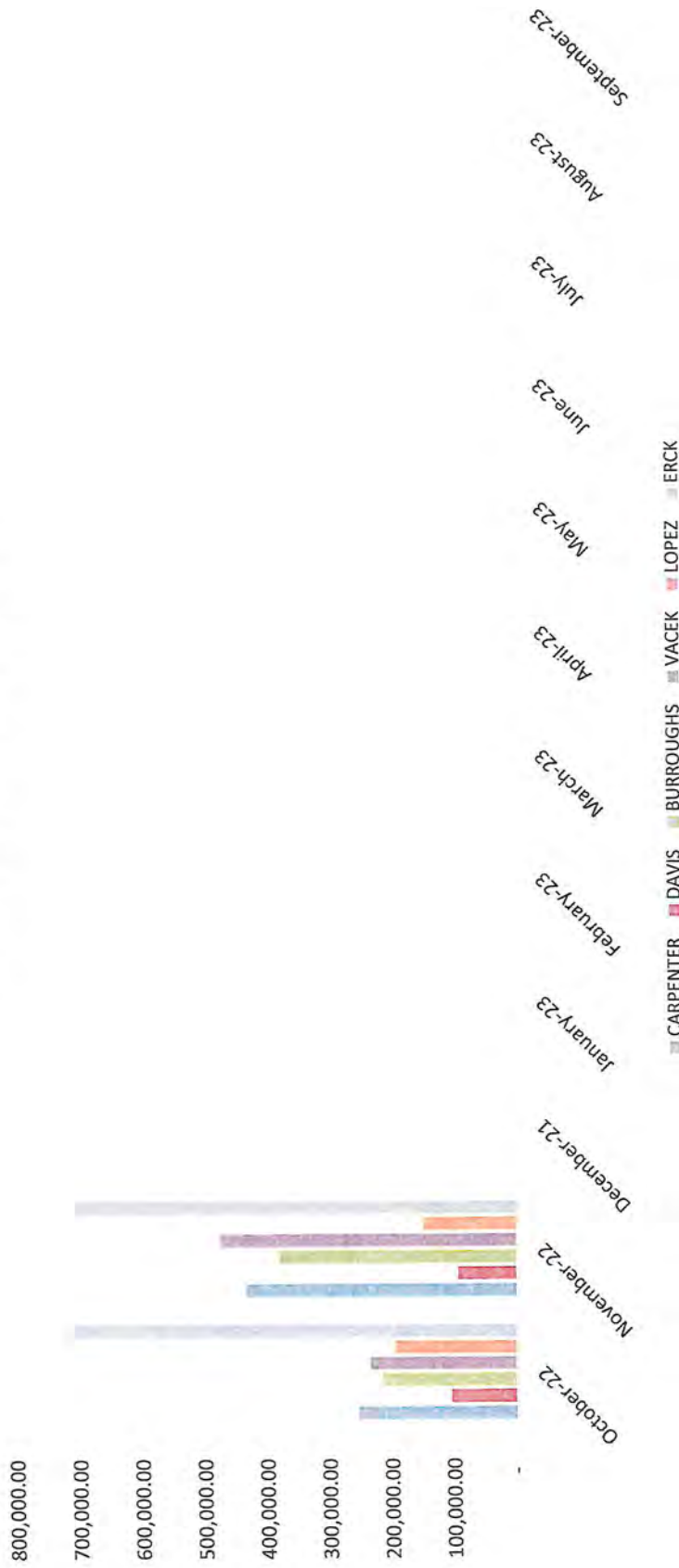
Gross Outpatient Revenue (No PA's or NP's included)

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	98,201.66	74,779.57	122,573.59	171,691.88	112,139.64	726,091.82
November-22	127,686.60	54,157.88	145,358.75	173,736.67	94,829.35	715,478.30
December-21						
January-23						
February-23						
March-23						
April-23						
May-23						
June-23						
July-23						
August-23						
September-23						
TOTAL YTD	225,888.26	128,937.45	267,932.34	345,428.55	206,968.99	1,441,570.12
DOCTOR'S NO.	116	110	092	2762	80043	347

Combined Revenue

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	254,675.49	104,741.93	215,904.63	236,465.03	195,223.18	726,091.82
November-22	435,257.77	94,081.00	381,747.73	476,215.79	149,758.35	715,478.30
December-21	-	-	-	-	-	-
January-23	-	-	-	-	-	-
February-23	-	-	-	-	-	-
March-23	-	-	-	-	-	-
April-23	-	-	-	-	-	-
May-23	-	-	-	-	-	-
June-23	-	-	-	-	-	-
July-23	-	-	-	-	-	-
August-23	-	-	-	-	-	-
September-23	-	-	-	-	-	-
TOTAL YTD	689,933.26	198,822.93	597,652.36	712,680.82	344,981.53	1,441,570.12
DOCTOR'S NO.	116	110	092	2762	80043	347

PHYSICIAN GROSS REVENUE



Glen Rose Medical Center
Hospitalist Pro forma

Days-->

304
10 mos YTD
Oct 21 -> Jul 22

365
12 mos Projected YTD
Oct 21 -> Sep 22

Budgetary
Incr /
(Decr)

365
Projection
Sep-23 YTD

Incr /
(Decr)

Incr /
(Decr)

Emergency Room Utilization

- Total Number of Visits 5,082
- Inpatient Admissions 170
- Inpatient Admit Rate 3.35%

6,098
204
3.35%

3,00%

6,281
440
7.00%

183
236

3,00%
115,60%

Direct Admissions

32

38

3.2

142

103

268.95%
every 3 days

Total Admissions

202

242

582

582

339

139,89%

IP Admissions by FC

- Blue Cross 14
- Commercial Insurance 13
- Medicaid 7
- Medicare Advantage 57
- Medicare Traditional 93
- Other Government 2
- Self Pay 15

17
16
9
68
111
3
19

ALOS 7.06%
6.47%
3.53%
28.24%
45.88%
1.18%
7.65%

41
38
21
164
267
7
44

24
22
12
96
156
4
26

139,89%
139,89%
139,89%
139,89%
139,89%
139,89%
139,89%

IP Patient Days by FC

- Blue Cross 54
- Commercial Insurance 58
- Medicaid 14
- Medicare Advantage 141
- Medicare Traditional 267
- Other Government 3
- Self Pay 31

65
70
17
169
320
4
37

ALOS 3.79
4.44
1.96
2.47
2.88
1.26
2.01

155
167
40
406
769
9
89

91
97
24
237
448
5
52

139,89%
139,89%
139,89%
139,89%
139,89%
139,89%
139,89%

Average Daily Census

- Blue Cross 0.18
- Commercial Insurance 0.19
- Medicaid 0.05
- Medicare Advantage 0.46
- Medicare Traditional 0.88
- Other Government 0.01
- Self Pay 0.10

0.18
0.19
0.05
0.46
0.88
0.01
0.10

Price Increase 5.00%

4.48

2.61

139,89%

Total IP Charges 335,877.97
- Blue Cross 392,188.69
- Commercial Insurance 20,791.71
- Medicaid 1,195,389.39
- Medicare Advantage 2,540,954.73
- Medicare Traditional 34,181.78
- Other Government 195,408.79
- Self Pay 4,714,793.05

23,555.80
30,005.44
2,916.33
20,958.77
27,415.73
14,383.42
12,650.23
23,340.56

Per Patient 403,053.56
470,626.42
24,950.05
1,434,467.27
3,048,145.68
41,018.13
234,490.55

24,733.59
31,505.71
3,062.14
22,006.70
28,786.52
15,102.59
13,282.74

612,189.45

151,89%

Glen Rose Medical Center
Hospitalist Pro Forma

	Days -->		CA %	Total Pmts	CA %	Total Pmts	Clearance	Price Incr	Budgetary Incr / (Decr)	365 Projection Sep-23 YTD	Incr / (Decr)	Incr / (Decr)
	304	10 mos YTD Oct 21 -> Jul 22										
IP Cash Deducts from Revenue												
- Blue Cross	257,517.64	76.67%	78,360.33	309,021.16	76.67%	94,032.40	-2.00%	78.20%	793,954.55	484,933.39	156.93%	
- Commercial Insurance	358,382.02	91.38%	33,806.66	430,058.43	91.38%	40,568.00	-2.00%	93.21%	1,104,930.29	674,871.86	156.93%	
- Medicaid	8,084.21	38.93%	12,697.49	9,713.05	38.93%	15,236.99	5.00%	40.88%	25,689.30	15,976.25	164.48%	
- Medicare Advantage	949,258.72	79.41%	246,130.68	1,139,110.46	79.41%	295,356.81	4.00%	82.59%	2,984,052.26	1,844,941.80	161.96%	
- Medicare Traditional	1,677,284.22	66.01%	863,670.51	2,012,741.06	66.01%	1,036,404.62	4.00%	68.65%	5,272,644.51	3,259,903.44	161.96%	
- Other Government	21,052.56	61.59%	13,129.22	25,263.07	61.59%	15,755.06	-5.00%	64.67%	66,816.33	41,553.26	164.48%	
- Self Pay	0.00	0.00%	195,408.79	0.00	0.00%	234,490.55	0.00%	0.00%	0.00	0.00	0.00%	
	<u>3,271,589.36</u>	<u>69.39%</u>	<u>1,443,203.69</u>	<u>3,925,907.23</u>	<u>69.39%</u>	<u>1,731,844.43</u>			<u>10,248,087.24</u>	<u>6,322,180.00</u>	<u>161.04%</u>	
IP Net Revenue BA Bad Debt												
- Blue Cross	78,360.33		94,032.40	40,568.00		221,288.46			221,288.46	177,256.06	135.33%	
- Commercial Insurance	33,806.66		40,568.00	15,236.99		80,520.56			80,520.56	39,952.57	98.48%	
- Medicaid	12,697.49		15,236.99	295,356.81		37,156.84			21,919.84	21,919.84	143.86%	
- Medicare Advantage	246,130.68		295,356.81	1,036,404.62		629,196.73			2,407,783.44	1,371,378.82	113.03%	
- Medicare Traditional	863,670.51		1,036,404.62	15,755.06		2,407,783.44			36,503.36	20,748.30	132.32%	
- Other Government	13,129.22		15,755.06	234,490.55		590,653.23			356,162.69	151,899.91	151.89%	
- Self Pay	195,408.79		234,490.55	1,731,844.43		4,003,102.62			2,271,258.20	131,155.00	131.15%	
	<u>1,443,203.69</u>		<u>234,490.55</u>	<u>1,497,353.88</u>		<u>3,602,792.36</u>			<u>25,286.00</u>	<u>2,105,438.48</u>	<u>140.61%</u>	
IP Net Patient Revenue	<u>1,247,794.90</u>	<u>26.47%</u>	<u>1,497,353.88</u>	<u>26,476.00</u>	<u>26.47%</u>	<u>3,602,792.36</u>	<u>10.00%</u>		<u>400,310.26</u>	<u>165,819.71</u>	<u>70.71%</u>	

IP Operating Expenditures

	304	10 mos YTD Oct 21 -> Jul 22	365	12 mos Projected YTD Oct 21 -> Sep 22	Clearance	Price Incr	Budgetary Incr / (Decr)	365 Projection Sep-23 YTD	Incr / (Decr)	Incr / (Decr)
Bad Debt Expense	195,408.79	13.54%	234,490.55	13.54%				400,310.26	165,819.71	70.71%
IP Net Patient Revenue	<u>1,247,794.90</u>	<u>26.47%</u>	<u>1,497,353.88</u>	<u>26,476.00</u>	<u>26.47%</u>			<u>3,602,792.36</u>	<u>2,105,438.48</u>	<u>140.61%</u>

STAFFING COSTS

Total Emer Rm Salaries	903,079.00		1,044,471.00							
Total Emer Room Pd Hours	21,282		25,538							
Average Hourly	\$42.43		\$40.90		3.00%					
Number of IP Visits	170		204					440		
Target Hours Paid per IP Visit	4.19		4.19					1,055.58		
Target Hours * Volume	712.30		854.76					\$44,466.18		
Projected Emer Rm Salary	\$30,225.69	(a)	\$34,958.03					\$9,508.15		27.20%

Minimum Staffing Costs

Total Med Surg Salary Costs	\$647,276.00		\$787,825.00							
Total Med Surg Pd Hours	17,812		21,374							
Average Hourly	\$36.34		\$36.86							
Number of Pt Days	568		682					1,635		
Target Hours per Pt Day	10.0		10.0					16,351		
Total Hours * Volume	5,680		6,816					\$632,809.01		
Projected Med Surg Salary	\$206,407.35	(b)	\$251,226.48					\$678,046.11		151.89%
Minimum Staffing Level = 8.4 FTE	\$530,263.38		\$645,758.20					\$678,046.11		
PTD Add	10.00%		10.00%					\$745,850.72		
	\$583,289.72		\$710,334.02							

Glen Rose Medical Center Hospitalist Pro Forma		Days -->	304	10 mos YTD Oct 21 -> Jul 22	365	12 mos Projected YTD Oct 21 -> Sep 22	Budgetary Incr / (Decr)	365 Projection Sep 23 YTD	Incr / (Decr)	Incr / (Decr)
Incremental Staffing Costs	\$376,882.37	(c		\$459,107.54		\$113,041.71	(\$346,065.83)		-75.38%	
Total Salary Costs per Target	\$613,515.41	(a + b + (c		\$745,292.04		\$790,316.90	\$45,024.85		6.04%	
EMPLOYEE BENEFITS	115,879.84			140,769.60		158,063.38	17,293.78		12.29%	
CONTRACT LABOR	0.00			0.00		63,360.00	63,360.00		0.00%	
SUPPLIES	35,520.14			42,624.17		101,610.99	58,986.82		138.39%	
MEDICAL SPEC FEES	50,400.00			60,480.00	2.5FTE	712,083.33	651,603.33		1077.39%	
PURCHASED SERVICES	15,319.68			18,383.61		44,579.69	26,196.08		142.50%	
LEASES and RENTS	8,257.12			9,952.35		23,848.44	13,896.09		139.63%	
OPERATING MARGIN	408,902.70			479,852.10		1,708,929.63	1,229,077.53		256.14%	
	32.77%			32.05%		47.43%				

SMOKE COMPARTMENT SC1.1
10,396 S.F. (22,500 S.F. PERMITTED)

- Remove and install new Sheet Good flooring and covered vinyl base (yellow markup)

- Heavy Make-safe demo

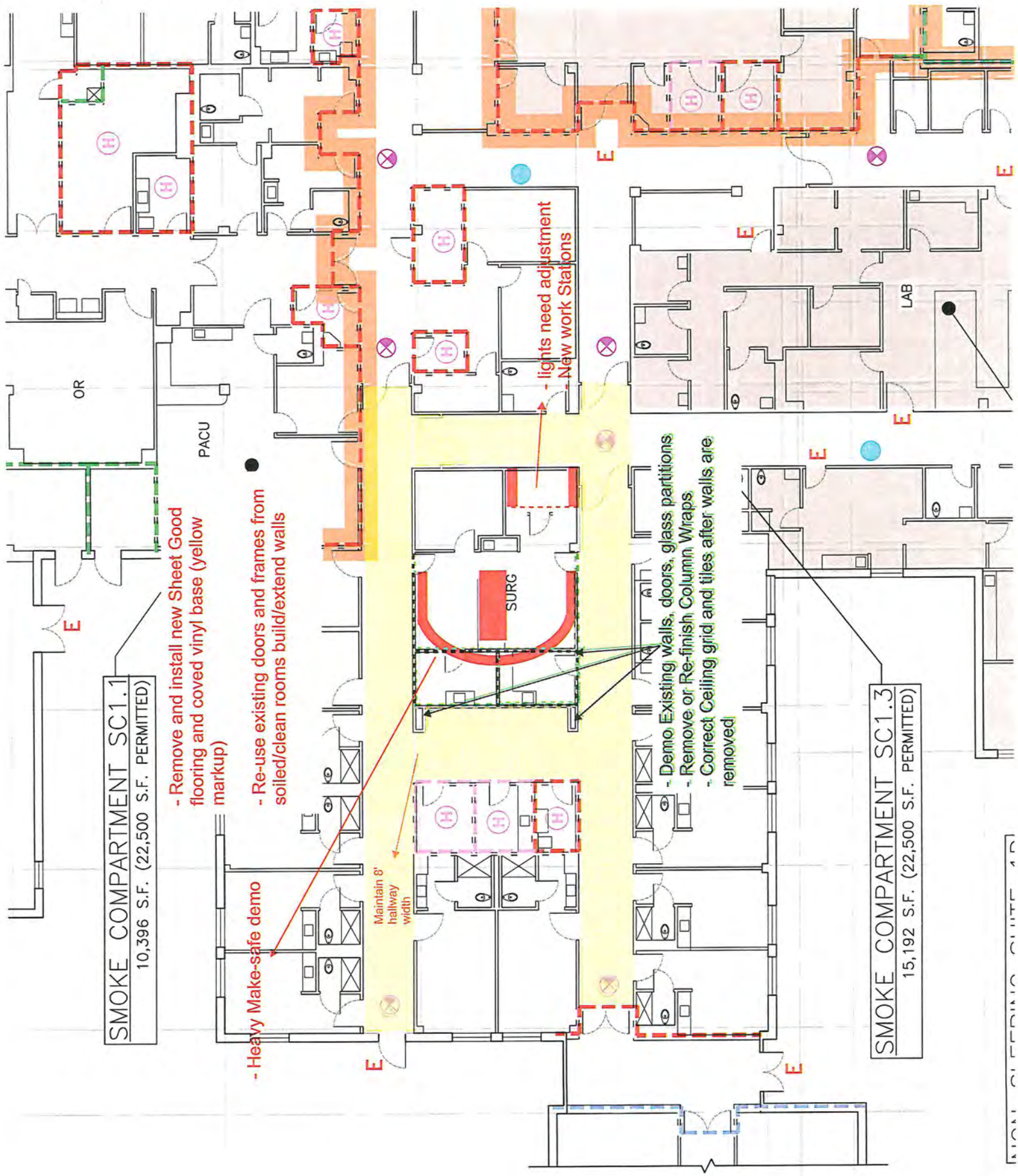
- Re-use existing doors and frames from soiled/clean rooms build/extend walls

Maintain 8' hallway width

lights need adjustment
New work Stations

- Demo Existing walls, doors, glass, partitions
- Remove or Re-finish Column Wraps
- Correct Ceiling grid and ties after walls are removed

SMOKE COMPARTMENT SC1.3
15,192 S.F. (22,500 S.F. PERMITTED)



Interlocal Contract

Texas A&M Engineering Experiment Station

This Interlocal Contract (the "Agreement") is made by and between the Texas A&M Engineering Experiment Station ("TEES"), an agency of the State of Texas and member of the Texas A&M University System, and the SOMERVELL COUNTY HOSPITAL DISTRICT, collectively referred to as the "Parties", (or each Party).

Recitals

Whereas, SOMERVELL COUNTY HOSPITAL DISTRICT desires to enter into an Interlocal Agreement with TEES to perform energy management-related engineering services, including but not limited to project commissioning services; and

Whereas, TEES is the primary agent for engineering research within the Texas A&M University System Engineering Program, a partnership of state agencies and universities committed to technology-related education, engineering research and outreach; and

Whereas, TEES utilizes staff, researchers and students to develop and transfer its expertise to public and private sectors through technical service; and

Whereas the Interlocal Cooperation Act, Texas Government Code Section 791.001, et. Seq., provides authorization for any local government to contract with one another and with agencies of the state to perform governmental functions and services under the terms of the Act;

NOW, THEREFORE, for consideration of the mutual consideration, terms and provisions contained herein, SOMERVELL COUNTY HOSPITAL DISTRICT and TEES agree as follows:

1. SCOPE OF SERVICES:
 - 1.1 TEES agrees to perform various energy management-related engineering services and project management services subject to the terms and conditions hereof.
 - 1.2 Energy management-related engineering services and project management services, which may include, but are not limited to, the following:
 - a. Assist the SOMERVELL COUNTY HOSPITAL DISTRICT with identifying, analyzing and/or developing potential energy cost reduction measures, system upgrade opportunities, and the potential to utilize renewable energy. Consider opportunities that will reduce utility costs and emissions footprint, optimize facility operations, and improve safety and reliability. Tasks may

include Preliminary Energy Assessments (PEAs) and more detailed investment grade audits/Utility Assessment Reports (UARs), that may be candidates for a LoanSTAR funding from the State Energy Conservation Office, Texas Comptroller of Public Accounts.

- b. Perform project and/or construction management services related to the actual implementation of equipment upgrades and energy efficiency measures, including the commissioning of the said energy conservation measures and projects;
 - c. Oversee emergency repairs as needed;
 - d. Perform energy management-related engineering services, technical assistance, and training as requested by SOMERVELL COUNTY HOSPITAL DISTRICT and agreed to by TEES.
- 1.3 Performance of services under this Agreement shall be initiated by a written Task Order (Exhibit A) signed by SOMERVELL COUNTY HOSPITAL DISTRICT' designated representative and TEES' designated representative. The Task Order shall identify the subject facilities, the services to be performed, the payment terms, and other terms and conditions mutually acceptable to the parties.
- 1.4 Nothing in this Agreement shall require SOMERVELL COUNTY HOSPITAL DISTRICT to award a Task Order for services from TEES, or require TEES to accept any Task Order submitted by SOMERVELL COUNTY HOSPITAL DISTRICT, but this Agreement shall govern the terms and conditions under which TEES provides Service to SOMERVELL COUNTY HOSPITAL DISTRICT, unless modified for specific Task Orders.

2. OBLIGATIONS OF THE PARTIES

- 2.1 SOMERVELL COUNTY HOSPITAL DISTRICT will identify the Measures or Projects to be considered by TEES for its energy management related engineering services.
- 2.2 Upon mutual agreement of the parties, the SOMERVELL COUNTY HOSPITAL DISTRICT will issue Task Orders to TEES to initiate services to be performed by TEES under this Agreement. Task orders will be executed by both parties.
- 2.3 SOMERVELL COUNTY HOSPITAL DISTRICT shall furnish, or arrange to be furnished to TEES, available information pertinent to the scope of services. The SOMERVELL COUNTY HOSPITAL DISTRICT understands that TEES will rely on the information provided in performing its services.

- 2.4 TEES will have access to SOMERVELL COUNTY HOSPITAL DISTRICT' facilities, during hours mutually agreed to by the Parties following timely notification to the SOMERVELL COUNTY HOSPITAL DISTRICT, for the purpose of implementing this Agreement, and all Task Orders entered into hereunder. SOMERVELL COUNTY HOSPITAL DISTRICT shall be responsible for arranging access to its facilities and notifying TEES of all liability issues associated with third party involvement.
- 2.5 SOMERVELL COUNTY HOSPITAL DISTRICT will pay, when due, all compensation due to TEES in accordance with the terms of the Task Orders.
- 2.6 SOMERVELL COUNTY HOSPITAL DISTRICT shall comply with any obligations and responsibilities defined for specific facilities as set forth in the applicable Task Order.

3. PRICE

- 3.1 This indefinite services contract shall be issued in an amount not to exceed \$XXX for the 5-year term. All services shall be issued by individual Task Orders for work described in the Scope of Services above and in the Orders. TEES shall complete all work and services under this Contract within the time period specified in the individual Task Orders.

4. PROPOSALS FOR TASK ORDERS

- 4.1 Whenever SOMERVELL COUNTY HOSPITAL DISTRICT requests TEES to submit a quotation for services the SOMERVELL COUNTY HOSPITAL DISTRICT' representative shall provide to TEES preliminary criteria together with the desired schedule for completion of the work and specified payment method.
- 4.2 TEES shall submit to the SOMERVELL COUNTY HOSPITAL DISTRICT' representative, within the time specified, a proposal per the specified payment method.
- 4.3 The SOMERVELL COUNTY HOSPITAL DISTRICT' representative shall issue a Task Order setting forth requirements and pricing terms agreed to.

5. PROSECUTION OF THE WORK

- 5.1 Upon issuance of the Notice to Proceed, TEES shall promptly commence the work specified in the Task Order and shall diligently prosecute the work to completion within the time period. TEES shall not commence work until the Task Order and Notice to Proceed have been issued, unless directed in writing by the SOMERVELL COUNTY HOSPITAL DISTRICT' representative.

6.

7. INVOICING AND PAYMENT

- 7.1 TEES shall invoice monthly in accordance with the compensation terms agreed to by the parties in respective Task Orders entered into hereunder. TEES may issue separate invoices for each Task Order. Unless otherwise specified in an agreed Task Order, payments hereunder shall be due within thirty (30) days after receipt of invoice.
- 7.2 SOMERVELL COUNTY HOSPITAL DISTRICT will make payment to TEES from current revenues pursuant to Government Code Section 791.011(d)(3).

8. TERM

- 8.1 This Agreement shall be effective as of the date of execution by all parties (the "Effective Date") and shall remain in force for five (5) years unless terminated by either TEES or SOMERVELL COUNTY HOSPITAL DISTRICT. This Contract, as executed, includes the options to renew for one (1) three-year period, under the same terms and conditions, subject to funding availability, with said options to be exercised solely at SOMERVELL COUNTY HOSPITAL DISTRICT discretion. Subject to the terms and conditions of any future Task Orders, either party may terminate this Agreement upon 60 days notice to the other party. Any task orders still in effect at the time of such termination shall survive and continue in full force and effect in accordance with their terms. Upon termination, TEES shall be reimbursed for all costs and non-cancelable commitments made through the date of termination.
- 8.2 TEES may terminate this agreement prior to the 60 day notice required specified in Article 7.1 if SOMERVELL COUNTY HOSPITAL DISTRICT fails to pay TEES as required under the task orders.

9. LIMITATION OF LIABILITY

- 9.1 TEES makes no representations and extends no warranties of any kind, either express or implied, including but not limited to warranties of merchantability or fitness for a particular purpose, nor does TEES assume any obligations with respect to infringement of any patent rights relating to the information delivered and/or the activities under this agreement.

10. NOTICE

- 10.1 Notices to either party shall be in writing.

The address for SOMERVELL COUNTY HOSPITAL DISTRICT for all purposes shall be:

10.2 The address of the TEES for all purposes shall be:

TEES Office of Sponsored Research
3000 TAMU
College Station, TX 77843-3000

11. MISCELLANEOUS

- 11.1 Severability. If any section, subsection, sentence, clause or phrase of this Agreement is for any reason held to be unconstitutional, void, or invalid, the validity of the remaining portions of the Agreement shall not be affected hereby. It is the intent of the parties signing this Agreement that no portion of it, or provision of regulation contained in it, shall become inoperative or fail by reason of the invalidity of any other subsection, sentence, clause, phrase, provision, or regulation of this Agreement.
- 11.2 Independent Contractor. For the purposes of this Agreement and all services to be provided hereunder, the parties shall be, and shall be deemed to be, independent contractors and not agents or employees of the other party. Neither party shall have the authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other party, except as may be explicitly provided for herein or authorized in writing.
- 11.3 Law and Venue. This Agreement, and all disputes arising hereunder, shall be governed by the laws of the State of Texas, without regard to conflict of laws or principles. Without waiving any defense to or immunity from suit or liability, venue for a suit brought against TEES must be brought in Brazos County pursuant to Texas Education Code Section 85.18.
- 11.4 Dispute Resolution. SOMERVELL COUNTY HOSPITAL DISTRICT and TEES shall attempt to resolve all disputes by good faith negotiations. If, after good faith negotiations, any dispute shall remain between the parties, the parties agree to submit the matter to mediation before a mutually-agreed upon mediator and to diligently pursue a mediated settlement until such time as the parties agree to terminate such mediation or the mediator declares an impasse. No lawsuit may be filed until mediation of the issue has ended in accordance with the terms hereof. TEES hereby consents to and stipulates to the personal jurisdiction and venue of the appropriate courts of the State of Texas in any litigation brought under this Article.

Notwithstanding any dispute or litigation between TEES and SOMERVELL COUNTY HOSPITAL DISTRICT, TEES shall proceed diligently with the

performance of the Work required by the Contract as directed by SOMERVELL COUNTY HOSPITAL DISTRICT.

- 11.5 Alteration, Amendment or Modification. This Agreement may not be altered, amended, or modified except in writing, signed by both parties.
- 11.6 Entire Agreement. This Agreement and its exhibits, and any task orders entered into under this Agreement constitute the entire agreement between SOMERVELL COUNTY HOSPITAL DISTRICT and TEES. No other agreement, statement or promise relating to the subject matter of this Agreement, which is not contained in this Agreement, is valid or binding.
- 11.7 As required by law, the party or parties paying for the performance of governmental functions or services shall make payments therefore from current revenues available to the paying party.
- 11.8 SOMERVELL COUNTY HOSPITAL DISTRICT Right to Inspect and Audit.
- 10.8.1 The Contractor (and Contractor's suppliers, vendors, subcontractors, insurance agents and other agents) shall maintain and SOMERVELL COUNTY HOSPITAL DISTRICT shall have the right to examine records, documents, books, accounting procedures and practice and any other supporting evidence deemed necessary by SOMERVELL COUNTY HOSPITAL DISTRICT to substantiate compliance with the terms of this Contract, including Task Orders and Change Orders. Such right of examinations shall include reasonable access to and cooperation by all Contractor personnel who have worked on or have knowledge related to the performance of this Contract. Proprietary/Trade Secret information pertaining to this Contract may not be withheld from SOMERVELL COUNTY HOSPITAL DISTRICT or its Authorized Representative.
- 10.8.2 The Contractor's, subcontractors' and related agent and vendor organization's documents, records and other evidence shall be subject to inspection and/or reproduction by SOMERVELL COUNTY HOSPITAL DISTRICT, its agents and Authorized Representatives. The Contractor shall provide SOMERVELL COUNTY HOSPITAL DISTRICT with retrievals of computer-based records or transactions that SOMERVELL COUNTY HOSPITAL DISTRICT determines to be necessary to conduct the audit. There shall be no charge to SOMERVELL COUNTY HOSPITAL DISTRICT for reasonable use of the Contractor's photocopy machine while conducting the audit, nor any cost of retrieving, downloading to diskette, and/or printing any records or transactions stored in magnetic, optical, microfilm, or other media. The Contractor shall provide all records and retrieval requested with seven (7) calendar days.
- 10.8.3 The documents, etc. described above shall be made available at the office of the Contractor at all reasonable times, for inspection, audit, and reproduction, until the expiration of three (3) years from the date of the SOMERVELL COUNTY

HOSPITAL DISTRICT final acceptance of the Work. Records, which relate to appeals or litigation or settlement or claims arising out of the performance of this Contract shall be made available for a period of three (3) years from the date of the final disposition of such appeals, litigation, or claims. The Contractor shall provide adequate and appropriate workspace to conduct all inspections, audits and reviews. SOMERVELL COUNTY HOSPITAL DISTRICT shall provide the Contractor with reasonable advance notice of intended audit, inspections and reviews.

10.8.4 The Contractor shall insert an item containing all these Audit provisions, including this paragraph, in all subcontracts hereunder except altered as necessary for the proper identification of the contracting parties and SOMERVELL COUNTY HOSPITAL DISTRICT under this Contract. Failure to insert these Audit provisions in all subcontracts hereunder shall be reason to exclude some or all of the related costs from amounts payable to the Contractor pursuant to this Contract.

11.9 Disadvantaged, Minority and/or Women-Owned Business Enterprises (DMWBE)

10.9.1 SOMERVELL COUNTY HOSPITAL DISTRICT strongly encourages D/M/WBE (disadvantaged/minority/women-owned business enterprise) firms to participate in this solicitation and encourages joint venture Proposals that include M/WBE firms.

10.9.2 The D/M/WBE Subcontracting goal for this Contract is _____ percent (_%).

11.10 Insurance Provisions.

The SOMERVELL COUNTY HOSPITAL DISTRICT recognizes that the Texas A&M University System, and its specific agency Texas A&M Engineering Experiment Station (TEES), is permitted by Texas Statutes to self-insure for workers compensation liability, automobile liability, and is covered for general liability protection afforded by Texas Tort Claims Act.

11.11 Force Majeure.

If either party fails to fulfill its obligations hereunder (other than an obligation for the payment of money), when such failure is due to an act of God, or other circumstance beyond its reasonable control, including but not limited to fire, flood, civil commotion, riot, war (declared and undeclared), revolution, acts of foreign or domestic terrorism, or embargos, then said failure shall be excused for the duration of such event and for such a time thereafter as is reasonable to enable the parties to resume performance under this Agreement, provided however, that in no event shall such time extend for a period of more than thirty (30) days.

WHEREFORE, the parties acting through their duly authorized representatives have executed this Interlocal Agreement:

SOMERVELL COUNTY HOSPITAL DISTRICT

By: _____

Date: _____

Approved as to Form

Legal Counsel

TEXAS A&M ENGINEERING EXPERIMENT STATION

By: _____

Date: _____

EXHIBIT A

Contract No. _____

Task Order No. _____

Scope of Services:

Facilities:

Fee:

Payment Terms:

TEES may terminate this Task Order and agreement if circumstances beyond its control preclude continuation of the services. Upon termination, TEES shall be reimbursed for any costs and non-cancelable commitments incurred through the date of termination.

If SOMERVELL COUNTY HOSPITAL DISTRICT fails to make payments as prescribed herein, and fails to cure such nonpayment within thirty (30) days of the date of TEES' Notice of Default, this Task Order shall automatically terminate and TEES shall have the option of immediately terminating the Agreement as set forth in paragraph 7.2.

Agreed as stated above and in referenced attachments (if any):

SOMERVELL COUNTY HOSPITAL DISTRICT

By: _____

Date: _____

TEXAS A&M ENGINEERING EXPERIMENT STATION

By: _____

Date: _____



December 21, 2022

Margaret Drake (mdrake8955@gmail.com)
Board of Directors
Glen Rose Medical Center
1901 Red Rock Drive
Glen Rose, TX 76043

Re: Proposal Letter for CEO Evaluation Services for Glen Rose Medical Center

Ms. Drake:

It is my understanding that the Glen Rose Medical Center (“GRMC”) Board seeks assistance in conducting the CEO Evaluation. With that in mind, the purpose of this letter is to outline the process for Community Hospital Consulting, Inc. (“CHC Consulting”), the management and consulting arm of Community Hospital Corporation (“CHC”), to provide such CEO Evaluation Services to GRMC.

Scope of Services

CHC Consulting Human Resources will utilize the same evaluation tool that was used for the 2021 performance evaluation in asking each Board member to evaluate the CEO based on functional and leadership competencies. CHC Consulting can also provide the results of those evaluations in a format that allows for an understanding of Board perceptions in each area, as well as offer opportunities for anonymous comments. Based on the scoring of this tool, CHC Consulting can also offer recommended merit pay increases as well as suggestions for the CEO to enhance Board perceptions.

CHC Consulting Human Resources can also work with the Board in utilizing the same tool that was used for the 2021 performance evaluation for physicians and direct reports of the CEO based on functional and leadership competencies. CHC Consulting can also provide the results of these evaluations in a format that allows for an understanding of physician and direct report perceptions in each area, as well as offer opportunities for anonymous comments. Based on the scoring of this tool, CHC Consulting can also offer suggestions for the CEO to enhance physician and direct report perceptions.

Finally, CHC Consulting Human Resources executives can provide market data for the CEO role based on the revenue size of the organization for both base pay and total cash pay, including a compensation range (minimum, mid-point and maximum) based on the compensation philosophy of the organization.

Community Hospital Consulting Engagement Team

Leading this team will be Laurie Breedlove, SVP of Human Resources. Supporting Laurie in this engagement will be the management team of CHC Consulting.

Additional Community Hospital Consulting Resources

Should additional CHC Consulting management resources be utilized as a part of this engagement, they will be utilized as needed by the CHC Consulting team to complete the proposed project scope of work. The use of additional resources for services under this proposal letter will be supported through the professional fees schedule noted below and will be applicable to this engagement only.

PROFESSIONAL ARRANGEMENTS

Professional Fees and Expenses. The professional fees for this Proposal are detailed in Schedule A.

Billing Procedures. CHC Consulting will bill for its services in two equal installments related to the services outlined above and as further defined in the Standard Terms and Conditions. One-half of the fee is due upon acceptance of this proposal, and the balance is billable upon completion of the services as outlined above.

Direct out-of-pocket expenses as noted in Schedule A will be billed as incurred with payment due within ten (10) business days.

Additional Services. Any additional services requested by GRMC not noted in this proposal may be provided at an additional cost, to be mutually agreed upon in writing by both GRMC and CHC Consulting at the time of the request.

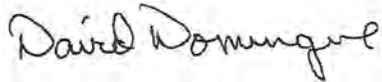
Thank you for the opportunity to provide this proposal to you. I would be happy to answer any questions you might have about the proposal or to fine-tune our approach to achieve the results you desire.

(The remainder of this page is intentionally left blank.)

If you agree with the terms outlined in this proposal, please indicate your acceptance by signing in the space provided below and returning one signed original Proposal Letter to:

David Domingue, SVP of Business Development
Community Hospital Consulting
7950 Legacy Drive, Suite 1000
Plano, TX 75024
via email: ddomingue@communityhospitalcorp.com

Sincerely,



David Domingue
Senior Vice President

ACCEPTANCE OF TERMS:
GRMC

By: _____

Title: _____

Date: _____

cc: Laurie Breedlove, SVP Human Resources

Enclosures: Schedule A – Fees and Expenses
Community Hospital Consulting, Inc. Standard Terms and Conditions
Business Associate Agreement

SCHEDULE A

FEES AND EXPENSES

PROFESSIONAL FEES

ITEM ⁽¹⁾	PROFESSIONAL FEE
CEO Evaluation Services	\$3,000

(1) In general, the services provided are noted in the above Proposal Letter. If further engagement is desired additional cost(s) would be incurred and proposed under a separate proposal letter(s).

EXPENSES

In additional to fees noted above, CHC Consulting will invoice GRMC in a timely fashion, for out-of-pocket expenses incurred by CHC Consulting in performing the services under this proposal including, but not limited to, airfare, hotel, rental car, meals, taxi, mileage to and from airport and parking, production of reports, postage and/or overnight courier expenses, long distance and facsimile transmissions charges, and data acquisition costs.

Community Hospital Consulting, Inc.
Standard Terms and Conditions

1. **Services.** It is understood and agreed that the services of Community Hospital Consulting, Inc. ("CHC Consulting") may include advice and recommendations; but all decisions in connection with the implementation of such advice and recommendations shall be the responsibility of, and made by Glen Rose Medical Center ("Client"). In the event of a claim by a third party relating to the services under the proposal letter, including any exhibits or attachments thereto and to which these Standard Terms and Conditions are attached (collectively, the "Proposal Letter"), Client will indemnify CHC Consulting and its personnel from all such claims, liabilities, cost and expenses, except to the extent determined to have resulted from the intentional or deliberate misconduct of CHC Consulting personnel.
2. **Payment of Invoices.** CHC Consulting will invoice Client its fees related to the scope of work and services provided under the Proposal Letter. One half of the fee is due upon receipt of the signed proposal. The final invoice will be billed upon delivery of the final report as outlined in the Proposal Letter. All such invoices for service fees are due upon receipt and payable within fifteen (15) days thereafter. Out-of-pocket expenses as defined in the Proposal Letter will be separately invoiced, are due upon receipt and payable within ten (10) days thereafter. Invoices upon which payment is not received within thirty (30) days of the invoice date shall accrue a late charge of the lesser of (i) one and one half percent (1½%) per month or (ii) the highest rate allowable by law, in each case compounded monthly to the extent allowed by law. Without limiting its rights and remedies, CHC Consulting shall have the right to halt or terminate entirely its services until payment is received on past due invoices.
3. **Term.** Unless terminated sooner in accordance with its terms, the term of the Proposal Letter shall commence upon the date of last signature thereon and terminate with the completion of the scope of work and services as set forth in the Proposal Letter.
4. **Ownership.**
 - a) CHC Consulting Technology. CHC Consulting has created, acquired or otherwise has rights in, and may, in connection with the performance of services in the Proposal Letter, employ, provide, modify, create, acquire or otherwise obtain rights in various concepts, ideas, methods, methodologies, procedures, processes, know-how, and techniques; models (including, without limitation, function, process, system and data models); templates; and logic, coherence and methods of operation of systems (collectively, the "CHC Consulting Technology").
 - b) Ownership of Deliverables. Except as provided below, upon full and final payment to CHC Consulting of amounts due under the Proposal Letter, (i) the tangible items specified as deliverables or work product in the Proposal Letter

(the “Deliverables”) will become the property of Client and (ii) to the extent that any CHC Consulting Technology is contained in any of the Deliverables, CHC Consulting hereby grants Client, a royalty-free paid up, world-wide, non-exclusive license to use such CHC Consulting Technology in connection with the Deliverables.

c) Ownership of CHC Consulting Property. To the extent that CHC Consulting utilizes any of its property (including, without limitation, the CHC Consulting Technology) in connection with the performance of services in the Proposal Letter, such property shall remain the property of CHC Consulting and, except for the license expressly granted in the preceding paragraph, Client shall acquire no right or interest in such property. Nothing in the Proposal Letter shall be construed as precluding or limiting in any way the right of CHC Consulting to provide consulting or other services of any kind or nature whatsoever to any person or entity as CHC Consulting, in its sole discretion, deems appropriate. In addition, and notwithstanding anything in the Proposal Letter to the contrary, the parties acknowledge and agree that (i) CHC Consulting will own all right, title, and interest, including, without limitation, all rights under all copyright, patent and other intellectual property laws, in and to the CHC Consulting Technology; and (ii) CHC Consulting may employ, modify, disclose, and otherwise exploit the CHC Consulting Technology.

5. **Non-Solicitation.** During the term of the Proposal Letter and for a period of one (1) year after the latter of its expiration or termination, neither party, nor any of its employees, will solicit or hire away any of the other party’s employees or contractors who were involved with any aspect of the Proposal Letter without the prior written consent of the employing or contracting party.

6. **Limitation on Warranties. THIS IS A SERVICES ENGAGEMENT. CHC CONSULTING WARRANTS THAT IT WILL PERFORM SERVICES HEREUNDER IN GOOD FAITH. CHC CONSULTING DISCLAIMS ALL OTHER WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.**

7. **Limitation on Damages.** Client agrees that CHC Consulting, its partners, principals, agents, representatives, officers and employees (collectively, the “CHC Representatives”) shall not be liable to Client for any actions, damages, claims, liabilities, costs, expenses, or losses in any way arising out of or relating to the services performed in the Proposal Letter for an aggregate amount in excess of the professional fees paid by Client to CHC Consulting under the Proposal Letter. In no event shall CHC Consulting and the CHC Representatives be liable for consequential, special, indirect, incidental, punitive or exemplary damages, costs, expenses, or losses (including, without limitation, lost profits and opportunity costs). In furtherance and not in limitation of the foregoing, CHC Consulting will not be liable in respect of any decision made by Client as a result of the performance by CHC Consulting of its

services hereunder. The provisions of this paragraph shall apply regardless of the form of action, damage, claim, liability, cost, expense, or loss, whether in contract, statute, tort (including, without limitation, negligence), or otherwise.

8. **Cooperation.** Client shall cooperate with CHC Consulting in the performance by CHC Consulting of its services in the Proposal Letter, including, without limitation, providing CHC Consulting with reasonable facilities and timely access to data, information and personnel of Client. Client shall be responsible for the performance of its employees, representatives and agents for the accuracy and completeness of all data and information provided to CHC Consulting for purposes of the performance by CHC Consulting of its services.
9. **Not a Healthcare Provider.** Client acknowledges that CHC Consulting is not a healthcare provider, is not licensed or certified as a healthcare provider, and does not provide, directly or indirectly, patient care. Client agrees that all responsibility and liability for the provision of patient care lies solely with Client.
10. **Force Majeure.** Neither Client nor CHC Consulting shall be liable for any delays resulting from circumstances or causes beyond its reasonable control, including, without limitation, fire or other casualty, act of God, pathogens or outbreaks, epidemics or pandemics, strike or labor dispute, war or other violence, or any law, order or requirement of any governmental agency or authority; provided, however, the inability to meet financial obligations is expressly excluded.
11. **Limitation on Actions.** No action, regardless of form, arising under or relating to the Proposal Letter may be brought by either party more than one (1) year after the cause of action has accrued, except that an action for nonpayment may be brought by a party not later than one (1) year after the date such payment became past due.
12. **Independent Contractor.** It is understood and agreed that each of the parties hereto is an independent contractor and that neither party is, nor shall be considered to be, an agent, distributor or representative of the other. Neither party shall act or represent itself, directly or by implication, as an agent of the other or in any manner assume or create any obligation on behalf of, or in the name of, the other.
13. **Confidentiality.** Client and CHC Consulting acknowledge and agree that all information communicated to a party by the other party in connection with the performance by a party under the Proposal Letter shall be received in confidence, shall be used only for the purposes set forth in the Proposal Letter, and no such confidential information shall be disclosed by the respective party or its agents, representatives or personnel without the prior consent of the other party. This provision does not apply to information that (i) is or becomes generally available to the public through no fault of the receiving party; (ii) was already known to the receiving party prior to the disclosure by the disclosing party; (iii) is subsequently disclosed to the receiving party without restriction on disclosure by a third party who has a lawful right to make such disclosure; (iv) is independently developed by the

receiving party without the use of benefit of any confidential information of the other party; or (v) is required by law to be disclosed as part of a judicial process, governmental investigation, legal proceeding or other similar process. If either party receives a subpoena or other validly issued administrative or judicial demand requiring it to disclose the other party's confidential information, such party shall provide prompt written notice to the other party of such demand to permit such party to seek a protective order.

14. **HIPAA Business Associate Requirement.** To comply with the applicable federal and state laws and regulations governing the confidentiality of all patient health information, the parties agree to the terms and conditions of the Business Associate Addendum, attached hereto and incorporated herein by reference.
15. **Survival.** It is understood and agreed that the parties' respective obligations under the Proposal Letter which by their nature continue beyond the termination or expiration of the Proposal Letter shall so survive, including, without limitation, paragraphs 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15 and 17 of these Standard Terms and Conditions.
16. **Assignment.** Except as provided below, neither party may assign, transfer or delegate any of the rights or obligations hereunder without the prior written consent of the other party. CHC Consulting may assign its rights and obligations hereunder to any affiliate that is a successor in interest to all or substantially all of the assets or business of CHC Consulting without the consent of Client.
17. **Governing Law.** The Proposal Letter shall be governed by and construed in accordance with the laws of the State of Texas without regard to its conflict of laws principles.
18. **Counterparts.** This Proposal Letter may be executed in one or more counterparts, each of which shall be deemed an original and all of which taken together shall constitute one and the same instrument. The parties agree that a facsimile or electronic transmission of an executed counterpart of the Proposal Letter shall have the same binding effect on the signatory as an executed and delivered original thereof.
19. **Entire Agreement.** These Standard Terms and Conditions, and the Proposal Letter to which they are appended, including any exhibits or attachments, constitute the entire agreement between CHC Consulting and Client with respect to the subject matter hereof and supersede all other oral and written representation, understandings or agreements relating to the matter hereof.

**BUSINESS ASSOCIATE
ADDENDUM
TERMS AND OBLIGATIONS
(See definitions below.)**

This Business Associate Addendum is attached to, incorporated in, and made a part of the Proposal Letter between Client (as defined in the Proposal Letter) and Community Hospital Consulting, Inc., ("CHC Consulting") and is made effective as of the effective date of the Proposal Letter.

1. Protected Health Information. The privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") contemplate that health providers and others called "covered entities" may be required to enter into certain "business associate agreements" with persons or entities that assist in treatment, payment, or health care operations and who have access to "protected health information." The provisions of this Business Associate Addendum Schedule ("BAA Schedule") are intended to meet the requirements of HIPAA for the treatment of protected health information that may be disclosed by Client or its affiliated organizations to CHC Consulting, as well as the Health Information Technology for Economic and Clinical Health ("HITECH"). CHC Consulting will adhere to the terms of this Schedule "C" with respect to each health care provider which is affiliated with Client and is a Covered Entity.

A. Definitions. Terms used, but not otherwise defined, in this Proposal Letter shall have the same meaning as given those terms in 45 CFR

160.103 and 164.501, and/or HITECH. For purposes of clarification, the following terms shall have the definitions set forth below:

1.1 "'Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

1.2 "Security Rule" shall be defined herein as the standards of security requirements of the HIPAA Regulations at 45 CFR §§302 through 164.31.

B. Obligations and Activities of CHC Consulting.

1. CHC Consulting agrees not to use or disclose or permit the use or disclosure of Protected Health Information other than as permitted or required by the Proposal Letter or as required by law or in a manner that would violate the requirements of the Privacy Rules or the Security Rules.
2. CHC Consulting agrees that it will abide by any limitations set forth in the Privacy Notice of Client, as it may be amended from time to time, of which it has knowledge. An amended Notice shall not affect permitted Uses and Disclosures on which CHC Consulting has relied prior to receipt of such Notice.
3. CHC Consulting will (i) implement Administrative, Physical and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic Protected Health Information that it creates, receives, maintains, or

transmits on behalf of Client; and
(ii) ensure that any agent, including a subcontractor, to whom it provides Electronic Protected Health Information agrees to implement reasonable and appropriate safeguards to protect such information. Further, CHC Consulting shall comply with the standards and implementation specifications set forth in 45 C.F.R. §§ 164.308, 164.310, 164.312 and 164.316 with respect to such Administrative, Physical and Technical Safeguards.

4. CHC Consulting agrees to mitigate, to the extent practicable, any harmful effect that is known to CHC Consulting of a use or disclosure of Protected Health Information by CHC Consulting in violation of the requirements of this Proposal Letter.
5. CHC Consulting agrees to report to Client any use or disclosure of the Protected Health Information not provided for by this Proposal Letter of which it becomes aware within five (5) business days of becoming aware of such unauthorized use or disclosure.
6. CHC Consulting agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by CHC Consulting on behalf of Client, agrees in writing to the same restrictions and conditions that apply through this Proposal Letter to CHC Consulting with respect to such information.
7. CHC Consulting agrees to

provide access, at the request of Client, and in the time and manner designated by Client, to Protected Health Information in a Designated Record Set, to Client or, as directed by Client, to an Individual in order to meet the requirements under 45 CFR 164.524, as it may be amended from time to time.

8. If CHC Consulting maintains a Designated Record Set on behalf of Client, CHC Consulting shall permit an Individual to inspect or copy PHI contained in that set about the Individual in accordance with the Privacy Rules set forth in 45 C.F.R. § 164.524, as it may be amended from time to time, unless excepted or a basis for denial exists under 45 C.F.R. § 164.524, as determined by Client. In the event CHC Consulting uses or maintains an Electronic Health Record on behalf of Client, then, as of the date required by HITECH, an Individual's right of access under 45 C.F.R. § 164.524 shall include the right to obtain a copy of the PHI in an electronic format and, if the Individual chooses in a clear, conspicuous and specific manner, to direct the CHC Consulting to transmit such copy to any person designated by the Individual. CHC Consulting shall respond to any request from Client for access by an Individual within five (5) days of such request unless otherwise agreed to by Client. The information shall be provided in the form or format requested, if it is readily producible in such form or format, or in summary, if the

Individual has agreed in advance to accept the information in summary form. A reasonable, cost based fee may be charged for copying PHI or providing a summary of PHI in accordance with 45 C.F.R. § 164.524(c)(4), provided that any such fee relating to a copy or summary of PHI provided in an electronic form may not be greater than the labor costs incurred in response to the request for the copy or summary.

9. CHC Consulting agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Client direct or agree to pursuant to 45 CFR 164.526, as the same may be amended from time to time, at the request of Client or an Individual, and in the time and manner designated by Client.
10. CHC Consulting shall accommodate an Individual's right to amend PHI or a record about the Individual in a Designated Record Set in accordance with the Privacy Rules set forth at 45 C.F.R. § 164.526, as it may be amended from time to time, unless excepted or a basis for denial exists under 45 C.F.R. § 164.526, as determined by the Client. Client shall determine whether a denial to an amendment request is appropriate or an exception applies. CHC Consulting shall notify Client within five (5) days of receipt of any request for amendment by an Individual and shall make any amendment requested by Client within ten (10) days of such request. CHC

Consulting shall have a process in place for requests for amendments and for appending such requests to the Designated Record Set.

11. CHC Consulting shall make available to Client and to the Secretary or her agents, its internal practices, books, and records relating to the Use and Disclosure of PHI received from, or created or received by, CHC Consulting on behalf of Client for the purpose of determining Client's compliance with the Privacy Rules and the Security Rules or any other health oversight agency, in a timely manner designated by Client or the Secretary. Except to the extent prohibited by law, CHC Consulting agrees to notify Client immediately upon receipt by CHC Consulting of any and all requests served upon CHC Consulting by or on behalf of any and all government authorities relating to PHI received from, or created or received by, CHC Consulting on behalf of Client.
12. CHC Consulting agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Client to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, as it may be amended from time to time.
13. CHC Consulting agrees to provide to Client or an Individual, in time and manner designated by Client, information

collected in accordance with this Section of this Proposal Letter, to permit Client to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, as it may be amended from time to time, unless an exception to such Accounting exists under 45 C.F.R. § 164.528. Such Accounting is limited to Disclosures that were made in the six (6) years prior to the request and shall not include any Disclosures that were made prior to the compliance date of the Privacy Rules. CHC Consulting shall provide such information necessary to provide an accounting within thirty (30) days of Client' request.

14. As of the date required by HITECH, if Client uses or maintains an Electronic Health Record with respect to PHI and if CHC Consulting makes Disclosures of PHI for Treatment, Payment or Health Care Operations purposes through such Electronic Health Record, CHC Consulting will provide an accounting of Disclosures that Client has determined were for Client's Treatment, Payment and/or Health Care Operations purposes to Individuals who request an accounting directly from CHC Consulting. Any accounting made pursuant to this shall be limited to Disclosures made in the three (3) years prior to the Individual's request for the accounting. The content of the accounting shall be in accordance

with 45 C.F.R. § 164.528, as it may be amended from time to time.

15. Any accounting provided under this Section must be provided without cost to the Individual or to Client if it is the first accounting requested by an Individual within any twelve (12) month period; however, a reasonable, cost based fee may be charged for subsequent accountings if CHC Consulting informs the Client and the Client informs the Individual in advance of the fee, and the Individual is afforded an opportunity to withdraw or modify the request.
16. If the use or disclosure of PHI in this Proposal Letter is based upon an Individual's specific consent or authorization for the use of his or her PHI, and (i) the Individual revokes such consent or authorization in writing, (ii) the effective date of such authorization has expired, or (iii) the consent or authorization is found to be defective in any manner that renders it invalid, CHC Consulting agrees, if it has notice of such revocation or invalidity, to cease the Use and Disclosure of any such Individual's PHI except to the extent it has relied on such Use or Disclosure, or where an exception under the Privacy Rules expressly applies.

- C. General Use and Disclosure Provisions. Except as otherwise limited in the Proposal Letter, CHC Consulting may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Client

as specified in the Proposal Letter, provided that such use or disclosure would not violate the Privacy Rules if done by Client or the minimum necessary policies and procedures of the Client.

D. Specific Use and Disclosure Provisions

1. Except as otherwise limited in this Proposal Letter, CHC Consulting may use Protected Health Information for the proper management and administration of CHC Consulting or to carry out the legal responsibilities of CHC Consulting, provided in each case that such uses are permitted under federal and state law.
2. Except as otherwise limited in the Proposal Letter, CHC Consulting may disclose Protected Health Information for the proper management and administration of CHC Consulting and to perform the services under the Proposal Letter, provided that disclosures are required by law, or CHC Consulting obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies CHC Consulting of any instances of which it is aware in which the confidentiality of the information has been breached.
3. Except as otherwise limited in the Proposal Letter, CHC Consulting may use Protected Health Information to provide

Data Aggregation services to Client as permitted by 42 CFR 164.504(e)(2)(i)(B), as it may be amended from time to time.

4. CHC Consulting may use Protected Health Information to report violations of law to appropriate Federal and State authorities consistent with § 164.502(j)(1), as it may be amended from time to time.

E. Obligations of Client

1. Client shall provide CHC Consulting with a copy of its Notice of Privacy, including amendments to the Notice and notify CHC Consulting of any limitations in its notice of privacy practices of Client in accordance with 45 CFR 164.520, to the extent that such limitation may affect CHC Consulting's use or disclosure of Protected Health Information.
2. Client shall notify CHC Consulting of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect CHC Consulting's use or disclosure of Protected Health Information.
3. Client shall notify CHC Consulting of any restriction to the use or disclosure of Protected Health Information that Client has agreed to in accordance with 45 CFR 164.522 to the extent that such restriction may affect CHC Consulting's use or disclosure of Protected Health Information.

- F. Permissible Requests by Client. Client shall not request CHC Consulting to use or disclose

Protected Health Information in any manner that would not be permissible under the Privacy Rules or Security Rules if done by Client, except in connection with Data Aggregation or management and administrative activities of CHC Consulting otherwise permitted under this Proposal Letter.

G. Security of Electronic Protected Health Information.

1. Security. CHC Consulting will establish and maintain appropriate administrative, physical and technical safeguards that reasonably and appropriately protected the confidentiality, integrity and availability of electronic protected health information. CHC Consulting will follow generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of health information (“the Security Rule”, published at 45 CFR Parts 160 – 164). Further, as of the date required by HITECH, CHC Consulting shall comply with the standards and implementation specifications set forth in 45 C.F.R. §§164.308, 164.310, 164.312 and 164.316 with respect to such Administrative, Physical and Technical Safeguards.
2. Agents and Subcontractors. CHC Consulting will ensure than any agent, including a subcontractor, to whom it provides electronic protected health information agrees in writing to implement reasonable and appropriate safeguards to protect that information and to

adhere to the same restrictions and conditions that apply to CHC Consulting under this Proposal Letter.

3. Security Incidents. CHC Consulting will report any security incident of which it becomes aware to the Client within five (5) business days. For purposes of this agreement, a “security incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations. This does not include trivial incidents that occur on a daily basis, such as scans, “pings”, or unsuccessful attempts to penetrate computer networks or servers maintained by CHC Consulting.
 4. Breach Notification. A report of each Breach of Unsecured PHI Discovered by CHC Consulting, to the extent CHC Consulting accesses, maintains, retains, modifies, records, stores, destroys or otherwise holds, Uses or Discloses Unsecured PHI, unless delayed for law enforcement purposes, shall be made to Client without delay and in no case later than ten (10) business days after discovery of the Breach, and shall include the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by CHC Consulting to have been, accessed, acquired or Disclosed during such Breach.
- H. Effect of Termination. The parties acknowledge that it may not be feasible for CHC Consulting to

return or destroy all Protected Health Information upon termination because of CHC Consulting's responsibilities related to the services rendered at the Client. CHC Consulting shall extend the protections of this agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as CHC Consulting maintains such Protected Health Information. Except as permitted herein, CHC Consulting shall return or destroy all Protected Health Information received from Client, or created or received by CHC Consulting on behalf of Client. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of CHC Consulting. CHC Consulting shall retain no copies of the Protected Health Information.

I. Miscellaneous

1. Regulatory References. A reference in this Proposal Letter to a section in the Privacy Rules, Security Rules or HITECH means the section as in effect or as amended.
2. Amendment. The parties agree that it is their intention (i) to comply with the privacy and security provisions contained in Title XIII of HITECH and (ii) to incorporate those provisions into this BAA Schedule to the extent required by HITECH. The parties further agree to amend this BAA Schedule to the extent necessary to comply with state and federal laws, including without limitation, the Health

Insurance Portability and Accountability Act of 1996 ("HIPAA") and HITECH, and any regulations promulgated or other guidance issued pursuant to HIPAA and HITECH.

3. Survival. The respective rights and obligations of CHC Consulting under this BAA Schedule shall survive the termination of the Proposal Letter.
4. Interpretation. Any ambiguity in this BAA Schedule shall be resolved in favor of a meaning that permits Client and CHC Consulting to comply with the privacy and security provisions under HIPAA and HITECH, and any regulation promulgated or other guidance issued pursuant to HIPAA and HITECH.



December 16, 2022
 Quote Number: 2006163806.6
 Customer ID: 1-23LWWW
 Agreement Expiration Date: 12/23/2022

Glen Rose Medical Center
 1021 Holden St
 Glen Rose, TX 76043-4937

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE Healthcare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the Quotation supersedes.

GE Healthcare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE Healthcare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	HealthTrust Diagnostic Imaging
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	NET 30
Sales and Use Tax Exemption	Certificate on File

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

- Cash
- GE HFS Loan GE HFS Lease
- Other Financing Loan Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Glen Rose Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____

Purchase Order Number, if applicable

GE Precision Healthcare LLC, a GE Healthcare business

Signature: Sharon Powell

Title: Account Manager - VASO Mfr Rep

Date: December 16, 2022



December 16, 2022
 Quote Number: 2006163806.6
 Customer ID: 1-23LWWW
 Agreement Expiration Date: 12/23/2022

To Accept This Quotation

Please sign and return this quotation together with your Purchase Order to:

Name: Sharon Powell
 Email: sharon.powell@ge.com
 Phone:
 Fax:

Payment Instructions

Please remit payment for invoices associated with this quotation to:

GE Precision Healthcare LLC
P.O. Box 96483
Chicago, IL 60693
FEIN: 83-0849145

Glen Rose Medical Center

Addresses:

Bill To GLEN ROSE MEDICAL CENTER

GLEN ROSE MEDICAL CENTER, ACCOUNTS PAYABLE 1021 HOLDEN ST
 GLEN ROSE, TX, 76043

Ship To GLEN ROSE MEDICAL CENTER

, 1021 HOLDEN ST GLEN ROSE, TX, 76043-4937 US

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate your form of payment.
- If you include a purchase order, please make sure it references the following information:
 The correct Quote number and Version number above
 The correct Remit To information as indicated in "**Payment Instructions**" above
 Your correct SHIP TO and BILL TO site name and address
 The correct Total Price as indicated above

Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms: Signature page on quote filled out with signature and P.O. number **** OR**** Verbiage on the purchase order must state one of the following:

(i) Per the terms of Quotation # _____, (ii) Per the terms of GPO # _____; (iii) Per the terms of MPA# _____; or (iv) Per the terms of SAA # _____.

Include applicable quote/agreement number with the reference on the purchase order. In addition, Source of Funds (choice of Cash/Third Party Load or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."



Summary by Configuration

Configuration Name	Modality	Net Price (USD)
Pristina gen2 - USCAN	Mammo	\$361,813.96
iCAD - USCAN	Mammo	\$49,400.00
Mammo Trade-In	Mammo	\$0.00
Mammo Synergy Discount	Mammo	(\$49,000.00)
		Grand Total:\$362,213.96

Summary by Modality

Modality Totals	Net Price (USD)
	Grand Total:\$362,213.96

Catalog Item Details

Line	Qty	Catalog	
1	1.00	S30371AK	Senographe Pristina 3D gen2

This configuration includes:

- Core system 3D with gen2 software
- Control station front cover
- 3D Face-shield
- 24x29cm paddle
- 24 x 29 cm bucky with grid
- Pair of dual foot-pedals
- Quality control toolkit

Senographe Pristina 3D is the GE digital full field mammography system that provides a comprehensive breast care solution. It includes 2D and 3D screening and diagnostic capabilities, with patient focused design and enhanced ergonomics for the technologist. Senographe Pristina 3D delivers superior DBT (Digital Breast Tomosynthesis) diagnostic accuracy at the same low dose as a 2D FFDM, the lowest patient dose of all FDA approved systems. Senographe Pristina works with a GE-manufactured 24 x 29 cm, designed to offer different breast imaging capabilities in a fast and efficient workflow. With excellent enhanced detector performance, at low dose, the Senographe Pristina offers a remarkable image quality for diagnostic confidence.

Senographe Pristina 3D is evolving and the new software version brings even better workflow efficiencies to help and ease technologist's every-day work.

The gen2 configuration includes Efficiency Suite software and a more powerful PC. It brings optimized workflow to help and ease technologist's every-day work. The GE quality control is simplified and allows export of results.

Additionally, the software is making Senographe Pristina interoperability more flexible, compatible with higher cybersecurity standards (Seno Defense). This configuration is upgradable to Serena and SenoBright HD.

Line	Qty	Catalog	
2	1.00	S30371BJ	Senographe Pristina 3D - Clinical and Non-Clinical Information

Set of Technical publication regarding Clinical and Non-Clinical Information on the Pristina 3D. Required depending on country regulation.

Line	Qty	Catalog	
3	1.00	S30371NB	eContrast for 2D gen2

New eContrast generation for FFDM 2D. License only.

Line	Qty	Catalog	
4	1.00	S30371CG	3MP Barco Monitor with glass

3MP Nio Color (MDNC-3421) – Barco:

- High performance color IPS-TFT Color LCD
- 54cm (21.3")
- 2048 x 1536 pixels (landscape)
- Brightness: 900 Cd/m2 DICOM calibrated luminance 500 cd/m²)



- Contrast ratio: 1400:1
- Viewing angle: 178°
- Mounted on a rotating arm for in-room access

Line	Qty	Catalog	
5	1.00	S30371BM	Single Pedal X-ray Foot switch
Optional additional exposure method, hands free using technologist foot.			

Line	Qty	Catalog	
6	1.00	S30371CA	English Keyboard
English Keyboard			

Line	Qty	Catalog	
7	1.00	S30331BR	Standard Radiation Shield
Standard Shield Integrated in Control station.			
Height : 185.5cm, Width : 70cm, Pb equivalence : 0,5mm			

Line	Qty	Catalog	
8	1.00	S30371BP	Mag Stand 1.8
Mag Stand 1.8			

Line	Qty	Catalog	
9	1.00	S30371BN	Mag Stand 1.5
Mag Stand 1.5			

Line	Qty	Catalog	
10	1.00	S30371FB	19X23CM SLIDING COMPRESSION PADDLE
19X23CM SLIDING COMPRESSION PADDLE			

Line	Qty	Catalog	
11	1.00	S30371FC	24X29cm Flexible Compression Paddle
The optional flexible and ergonomic 24x29.8cm sliding paddle provides tilting and flexibility for compression uniformity from chest wall to nipple. It is designed for easier positioning especially in the MLO position for large pectoral muscles and in the CC position when the chest wall and nipple-side show large thickness variation. Patient comfort is improved by requiring less compression on the pectoral muscle or chest wall to achieve proper compression on the whole breast.			

Line	Qty	Catalog	
12	1.00	S30371FD	19X23CM Flexible Sliding Paddle
19X23CM Flexible Sliding Paddle			

Line	Qty	Catalog	
13	1.00	S30371FE	Round Spot Compression Paddle
Round Spot Compression Paddle			

Line	Qty	Catalog	
14	1.00	S30371FF	Sliding Square Spot Compression Paddle
Sliding Square Spot Compression Paddle			

Line	Qty	Catalog	
15	1.00	S30371FJ	10X23 Sliding Small Breast Paddle
Implant/small breast paddle.			

Line	Qty	Catalog	
16	1.00	S30371HY	SenoBright HD with Nira IQ suite
This configuration includes SenoBright HD with Nira processing. The configuration does not include Efficiency suite. The SenoBright HD (Contrast Enhanced Spectral Mammography CESM) application enables contrast heightened breast imaging using a dual energy technique. Nira is the new generation of GE-CESM image processing that provides clear images for optimized contrast uptake visualization.			

Line	Qty	Catalog	
17	1.00	USCAN Mammo Seno Iris SP4.1	Seno Iris SP4.3

Line	Qty	Catalog	
18	1.00	S30351WC	Seno Iris REVIEW SP4.3 with PC
This configuration includes the following: Hardware: Windows 10 x 64-bit based HP Z4G4 computer with 1TB SSD, non-diagnostic LCD monitor (not included in S30351TM, must add S30351DZ or S30331JS), AMD WX 3200 graphics card and English keyboard. Software: Base license includes: DBT, SenoBright HD and CAD tool suites, V-Preview Smart Tool Suite, eContrast processings, V-Preview generation (need S30351PT for V-Preview 4), Workflow management capabilities (The workflow and reporting features are only available if used with Seno Iris CONNECT server), all Biopsy modes, Dose SR display. This configuration does not include: Integrated reporting and V-Preview 4, optional Keypad for mammo review, power cords for Europe, USA, UK, Japan, China and Brazil. For Europe, UK, USA, Japan add S30351AR, for China add S30351KA and for Brazil add M81501PA.			

Seno Iris REVIEW has been designed as the technologist's workplace for the management of clinical data and image display. The Seno Iris will allow you to read all your cases from nearly any digital mammography, breast tomosynthesis or computed radiography system, regardless of manufacturers. Gives technologist access to prior images, reports and additional exams planned by the radiologist. Automatic documentation of acquisition parameters if delivered by the acquisition system in the DICOM header. Adaptable to any environments through flexible and interactive manipulation of multi-modality, multi-vendor softcopy images. The solution is suited for reading direct digital mammography (DR) and Computed Radiography (CR) images from all major manufacturers, as well as for viewing digitized screen film images in diagnostic and screening breast imaging.

In addition to image review, manipulation, analysis, post-processing and printing capabilities, the Seno Iris REVIEW software supports the display of CAD (2D and 3D), breast density assessment and breast imaging data from various modalities. The software also provides functions to directly import data from and export them to mobile storage media or onto the local operating system. When the software is used in a non-diagnostic environment, proper labeling is applied during installation. Image routing and compression, as well as centralized workflow steering, including double blind reading and integrated in-image reporting, are part of the solution.

Line	Qty	Catalog	
19	1.00	S30351DZ	IMP Monitor 19" NEC EA193Mi
<ul style="list-style-type: none"> • 48.0 cm (19") TFT Color Monitor • Native resolution: 1280 x 1024 • Viewing angle: 178° • Contrast ratio: 1000:1 • Luminance: 250 Cd/m² • Weight: 6.0 kg (13.2 lb) (with stand); 4.0 kg (8.8 lb) (without stand) • Power requirements: AC 100 – 120V, 200 – 240V: 0.45 A/0.25 A; Power consumption: 18W 			

- Power consumption in save mode: 0.35W.

Line	Qty	Catalog	
20	1.00	S30361HF	3D Protocol Operator Manual
3D Protocol Operator Manual			

Line	Qty	Catalog	
21	1.00	E6315TB	Pristina Accessories Storage Wall Stand
Senographe Pristina Accessories Storage Wall Stand			
<ul style="list-style-type: none"> • Holds 8 paddles • Trays for mag stand and bucky • Two hooks – for both face shields • Color coordinated to Senographe Pristina™ system • Lightweight, aluminum construction for easy wall mounting • Dimensions - 46.2 (L) x 21 (W) x 17.25 in (D)/1172.9 (L) x 533.4 (W) x 438.9 mm (D) • Weight – 11.9 lbs/5.4 kg 			

Line	Qty	Catalog	
22	1.00	E6301RD	Sensory Suite - Bronze Package - Seaside
SensorySuite re-invents the breast screening experience and helps to address many of the reasons why women avoid mammography. SensorySuite is an all-encompassing interactive experience that helps distract women from the perceived discomfort and anxiety of a mammogram.			
Catalog E63301RD consists of:			
<ul style="list-style-type: none"> • Interactive Experience including one small monitor (diag 32 in/81 cm) • One Seaside Wall Panel – Small size (70 x 32 cm/27.5 x 12.6 in) 			

Line	Qty	Catalog	
23	1.00	S30351WD	Seno Iris CONNECT SP4.3 Software with PC
This configuration includes the following:			
Hardware: Windows 10 based HP Z2G4 PC with 512 GB SSD and an English keyboard.			
Software: Base License includes: Transmitter/Receiver, Image Compression, Worklist broker and server, Communication, V-Preview, Quality Assurance			
This configuration does not include: 1MP monitor (options S30331JS or S30351DZ), power cords for Europe, USA, UK, Japan, China and Brazil. For Europe, UK, USA, Japan add S30351AR, for China add S30351KA and for Brazil add M81501PA.			
<p>Seno Iris CONNECT software is a tool for fast transmission of medical image data. It connects DICOM enabled devices in different locations over a given - preferably secure - connection. Seno Iris CONNECT also manages centrally the REVIEW workflow of multi-workstation (Seno Iris DIAGNOSE only) installation. Seno Iris CONNECT is also needed to enable the calculation of V-Preview. Seno Iris can be provided in the Connect mode to support the optimized transmission of medical image data, connect DICOM compliant devices in different locations, and enable fast transfer to the connected users, leveraging Jpeg2000 compression. Seno Iris, Connect Mode, can also provide rule-based exam routing according to your unique workflow needs. Seno Iris CONNECT only works with Seno Iris DIAGNOSE. Seno Iris CONNECT is not needed for a single workstation installation. Interfaces with information systems must be clarified and quoted with a Seno Iris Sales Specialist. Outside of USA, pre-fetching capabilities can also be provided by Seno Iris Connect.</p>			

Line	Qty	Catalog	
24	1.00	S30351PZ	V-Preview License
License for activation of V-Preview 4 (requires Seno Iris SP4.2 SW version at least). V-Preview 4 is the new generation of the GE Healthcare V-Preview designed to improve the detectability of small high-contrast objects such as microcalcifications and to optimize the automatic image presentation.			

Line	Qty	Catalog	
25	3.00	S30351AR	Power Cord Kit 1 Set
One set of power cords for UK/USA/JAPAN/CHINA			



Line	Qty	Catalog	
26	1.00	E6322DJ	ACR Breast Phantom - RMI 156

Overview:

The Mammographic Accreditation Phantom is designed to test the performance of a mammographic system by a quantitative evaluation of the system's ability to image small structures similar to those found clinically.

Specifications:

- Height: 1.75 in. (4.5 cm)
- Width: 4 in. (10.2 cm)
- Depth: 4.25 in. (10.8 cm)

Line	Qty	Catalog	
27	1.00	W0301MM	TIP MM System Training Program

This TIP MM System Training Program ("MM System Training Program") is designed for customers purchasing a GEHC Mammography System. GEHC will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists (generally up to 5 technologists) that will leverage blended content delivery and may include a combination of onsite days and virtual offerings, to include the GEHC Answerline and available on-demand courses ("Virtual Inclusions"). This blended curriculum with multiple delivery platforms promotes learner retention and allows for efficient and effective skill development.

This MM System Training Program may contain:

Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends), are subject to availability and generally will not exceed 6 days. Days are defined as 8-hour days and shall be provided in a manner that does not require GEHC personnel to make more than 2 visits to the customer's facility. Training must be completed within 12 months from Acceptance. Following 12 months from Acceptance, additional onsite days may be available for purchase separately.

Virtual Inclusions may include: (Unlimited for 12 months from Acceptance)

Remote instructor-led training: Instructor leads a remote training session one-on-one or in a group, typically for 1 hour

Answerline Support: Access to GEHC experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console

On Demand courses: Provided through GE Healthcare's learning system website. Self-paced courses and webinars (CE and non-CE).

All GEHC Training terms and conditions apply. Given the unique nature of the MMS System Training Program, if this Program is purchased under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, the terms of the MM System Training Program shall take precedence over any conflicting training deliverables set forth therein.

Line	Qty	Catalog	
28	1.00	W0303MM	TIP Mammography Advanced Applications

The TIP Mammography Advanced Applications Training Program ("Mammography Advanced Apps. Training Program") is designed for customers purchasing an Advanced Software upgrade to an existing onsite GEHC Mammography system. GEHC will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists that will leverage blended content delivery and may include a combination of onsite days and virtual offerings, to include the GEHC Answerline and available on-demand courses ("Virtual Inclusions"). This blended curriculum with multiple delivery platforms promotes learner retention and allows for an efficient and effective skill development.

The Mammography Advanced Apps. Training Program may contain:

- Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends), are subject to availability and generally will not exceed 3 days, which days are defined as an 8-hour day and shall be provided in a manner that does not require GEHC personnel to make more than a single visit to Customer's facility. Onsite training must be completed within 12 months from Acceptance. Following 12 months from Acceptance, additional onsite days may be available for purchase separately.

- Virtual Inclusions may include: (Unlimited for 12 months from Acceptance)

- Remote instructor-led training: Instructor leads a remote training session one-on-one or in a group, typically for 1 hour

- Answerline Support: Access to GEHC experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console

- On Demand courses: Provided through GE Healthcare's learning system website. Self-paced courses and webinars (CE and non-CE).

All GEHC Training terms and conditions apply. Given the unique nature of the Mammography Advanced Apps. Training Program, if the Program is purchased as part of a purchase under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, the terms of the Mammography Advanced Apps. Training Program shall take precedence over any conflicting training deliverables set forth therein.



December 16, 2022
Quote Number: 2006163806.6
Customer ID: 1-23LWWW
Agreement Expiration Date: 12/23/2022

Line	Qty	Catalog	
29	1.00	S30361LL	PowerLook PRO+ 2GPU Server with 3D V2 License, GE. Includes Installation and Training by iCAD

The PowerLook PRO+ server is a dual GPU-based DICOM compliant hardware and software platform supporting the full suite of iCAD breast AI applications. PowerLook PRO+ features Windows 10 OS. The package includes one (1) ProFound AI™ for 3D digital breast tomosynthesis (DBT) license for GE DBT. ProFound AI™ for DBT is an innovative AI solution for detecting malignant soft tissue densities and calcifications and is clinically proven to improve cancer detection, reduce false positives, and decrease reading time. Installation and Training by iCAD.

Total Quote Subtotal: **\$411,213.96**

Qty	Credits and Adjustments	
1	Hologic - Selenia Dimension Trade-in	\$0.00
1	Mammo Additional Discount	\$-49,000.00

Total Quote Net Selling Price: **\$362,213.96**

Optional Items

Please initial the Catalogs you wish to purchase

Catalog Number	Qty	Description	Net Price	Initial
E8005JD	1.00	BRACCO EmpowerCTA+ Dual Head CT Injector with EDA - Pedestal Mount; includes installation and one year warranty	\$29,032.50	-----

Features/Benefits

- EZ-EM now offers the only double barrel CT injector that provides both the ability to inject a saline chase and patented extravasation detection (EDA).
- Separation of injector head and controls allow for maximum flexibility and control. Minimal siting requirements.
- Full rotation of injector head either to the right or left a full 270 degrees allows use from either side of the gantry or table
- The injector controls to swivel and remain vertical at all times. The display is bright with high contrast and easy to see screen even at sharp angles.
- Well labeled buttons and matching lights - color coded syringe identification system
- Easy to use Windows based user interface automatically recognizes single or double barrel modes
- Arming at the injector improves efficiency and throughput by allowing operator to arm injector in CT room. Eliminates the need to go into the control room to arm the injector. Great feature for small hospitals, imaging centers or facilities that operate CT rooms with one individual.
- Open architecture design permits multiple ports to easily inter-connect and communicate with OEM scanners, RIS's, and other devices
- Pre-Load Syringe saves time with faster patient throughput
- Separate single syringe and y-connector packaging allows customers flexibility in ordering consumables. No need to stock 2 different syringe packs.

Safety:

- Tilt Sensor/Lockout reduces possible injection of air embolus
- Dynamic Pressure Display with Pressure Limiting
- Touchscreen Pause allows for quick response
- Voice prompts announce status of injection details so operator knows precisely when to begin CT scan
- Flow Rates up to 10 ml/sec allows for use with high flow procedures

Ease of Use

- Intuitive graphical user interface shortens learning curve
- Touchscreen display improves functionality and throughput
- Anatomical identifier permits quick selection of desired protocol
- On-the-fly flow rate adjustment at both the remote and injector controller allows operator to respond dynamically
- On-line Help provides easy access to address operator's questions

Specifications

- Injector with Overhead Ceiling Mount; EZ-EM part #9900C
- Injector Weight/Size: 18 lbs.; 13 in. (Length) x 7 in. (Height) x 28 in. (Depth)
- Remote Weight/Size: 10 lbs.; 13 in. (Width) x 11 in. (Height) x 4 in. (Depth)
- Syringe Volume: 1 to 200 ml in user-specified increments of 1 ml
- Pressure: 40 to 300 psi in user-specified increments of 1 psi
- Flow Rate: 0.1 to 10.0 mL/sec in user-specified increments of 0.1 mL/sec
- Power 150 watts (max); 100 to 240 VAC, with external switching power supply that auto seeks to applied voltage; 45 to 66 Hz includes +/- 10% tolerance. Regulated 28 VDC at the injector.
- EDA Patient Current Leakage: Less than 10 microamperes, type CF
- Extravasation Detection: Less than 20 milliliters



December 16, 2022
Quote Number: **2006163806.6**
Customer ID: **1-23LWWW**
Agreement Expiration Date: **12/23/2022**

Compatibility

- Compatible with all GE CT scanners
- Recommended with 8 Slice and Faster CT scanners

Trade-in Addendum to GE Healthcare Quotation

This Trade-In Addendum (“Addendum”), effective on December 16, 2022, between the GE Healthcare business identified on the Quotation and **Glen Rose Medical Center** (“Customer”), is made a part of Quotation # **2006163806.6** ^ dated December 16, 2022 (“Quotation”) and modifies it as follows:

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle (“mobile vehicles” are defined as any systems requiring a vehicle title) listed in Section E (“Trade-In Equipment”), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE Healthcare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE Healthcare has received a clean title signed over to GE Healthcare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE Healthcare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer’s new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE Healthcare is to take possession of them in order for GE Healthcare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE Healthcare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE Healthcare, or third-party purchaser of the Equipment through GE Healthcare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE Healthcare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE Healthcare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned; and (vii) for Trade-In Equipment that utilizes helium, ensuring sufficient helium for appropriate ramp down of the Trade-In Equipment.

C. Prior to removal or return to GE Healthcare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 (“PHI”) from the Trade-In Equipment; and (ii) indemnify GE Healthcare for any loss resulting from PHI not removed. GE Healthcare has no obligation in connection with PHI not properly removed.

D. GE Healthcare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (iii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned, which includes situations where helium levels at ramp down are insufficient and cause the Trade-In Equipment to quench – Customer is required to confirm for GE Healthcare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment; or (iii) as a result of Customer’s actions, deinstallation of the Trade-In Equipment does not occur within one year of the execution of this Trade-In Addendum or related Quotation. All other terms and conditions of the Quotation remain in full force and effect.

E. Trade-In Equipment:

Trade-In Equipment Mfr	<u>Model & Description</u>	<u>Quantity</u>	System ID	Trade-In Amount (\$)
Competitive	Hologic - Selenia Dimension Trade-in	1.00	16970_MM_25_0_1	\$0.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying either the terms of the Trade-In Equipment Quotation (which includes a reference to the Trade-In Equipment) or the Governing Agreement identified on the Quotation as governing the order (PO# _____)†.

GE Healthcare

Glen Rose Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

^ A Quotation number must be provided on this document.

* In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.

† If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).

& The Trade-In Amount is based on expected trade-in within one (1) year of execution of this Trade-In Addendum. If the Trade-In does not occur within such year, GE Healthcare may adjust the Trade-In Amount or decline to purchase the Trade-In Equipment as set forth in Section (D) herein.



December 16, 2022
Quote Number: **2006163806.6**
Customer ID: **1-23LWWW**
Agreement Expiration Date: **12/23/2022**

GPO Agreement Reference Information

Customer:	Glen Rose Medical Center
Contract Number:	HealthTrust Diagnostic Imaging
Billing Terms:	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms:	NET 30
Shipping Terms	FOB Destination

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and HealthTrust Diagnostic Imaging

If applicable, for more information on this devices' operating system, please visit GE Healthcare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>



December 16, 2022
 Quote Number: 2007929498.6
 Customer ID: 1-23LWWW
 Agreement Expiration Date: 12/31/2022

Glen Rose Medical Center
 1021 Holden St
 Glen Rose, TX 76043-4937

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE Healthcare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the Quotation supersedes.

GE Healthcare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE Healthcare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	HealthTrust Diagnostic Imaging
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	NET 30
Sales and Use Tax Exemption	Certificate on File

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

- Cash
- GE HFS Loan GE HFS Lease
- Other Financing Loan Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Glen Rose Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____

Purchase Order Number, if applicable

GE Precision Healthcare LLC, a GE Healthcare business

Signature: Sharon Powell

Title: Account Manager - VASO Mfr Rep

Date: December 16, 2022



December 16, 2022
 Quote Number: 2007929498.6
 Customer ID: 1-23LWWW
 Agreement Expiration Date: 12/31/2022

To Accept This Quotation

Please sign and return this quotation together with your Purchase Order to:

Name: Sharon Powell
 Email: sharon.powell@ge.com
 Phone:
 Fax:

Payment Instructions

Please remit payment for invoices associated with this quotation to:

GE Precision Healthcare LLC
P.O. Box 96483
Chicago, IL 60693
FEIN: 83-0849145

Glen Rose Medical Center

Addresses:

Bill To GLEN ROSE MEDICAL CENTER

GLEN ROSE MEDICAL CENTER, ACCOUNTS PAYABLE 1021 HOLDEN ST
 GLEN ROSE, TX, 76043

Ship To GLEN ROSE MEDICAL CENTER

, 1021 HOLDEN ST GLEN ROSE, TX, 76043-4937 US

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate your form of payment.
- If you include a purchase order, please make sure it references the following information:
 The correct Quote number and Version number above
 The correct Remit To information as indicated in **"Payment Instructions"** above
 Your correct SHIP TO and BILL TO site name and address
 The correct Total Price as indicated above

Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms: Signature page on quote filled out with signature and P.O. number **** OR**** Verbiage on the purchase order must state one of the following:

(i) Per the terms of Quotation # _____, (ii) Per the terms of GPO # _____; (iii) Per the terms of MPA# _____; or (iv) Per the terms of SAA # _____.

Include applicable quote/agreement number with the reference on the purchase order. In addition, Source of Funds (choice of Cash/Third Party Load or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."



December 16, 2022
 Quote Number: 2007929498.6
 Customer ID: 1-23LWWW
 Agreement Expiration Date: 12/31/2022

Summary by Configuration

Configuration Name	Modality	Net Price (USD)
Revolution Maxima ES	CT	\$361,800.00
CT Trade-In	CT	(\$8,000.00)
		Grand Total:\$353,800.00

Summary by Modality

Modality Totals	Net Price (USD)
	Grand Total:\$353,800.00

Catalog Item Details

Line	Qty	Catalog	
1	1.00	Y0000LC	Pricing Non-Disclosure Language

This CONFIDENTIAL offer may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. This offer is being extended in relation to a national show-site agreement, research partnership, or other non-standard transaction. If required for publishing, GE will happily provide a list price quote.

Line	Qty	Catalog	
2	1.00	S7881AT	Revolution Maxima ES

For a period of 3 years from Equipment Acceptance, GE Healthcare will provide Customer (as part of the Equipment warranty) with the following software changes to the extent they maintain existing software features of the Equipment and are made generally available to GE Healthcare's installed customer base as part of warranty: (i) updates, which consist of error corrections or modifications; (ii) interface modifications; and (iii) security patches that have been validated by GE Healthcare to be compatible with the Equipment. Software upgrades (including revisions or enhancements to (i) the Equipment's software or (ii) separately licensed Software), which improve or expand existing software features and are made generally available for purchase under a separate GE Healthcare license, are excluded. Additional hardware required to implement the software changes are excluded. GE Healthcare remote connectivity to the Equipment is required per GE Healthcare terms and conditions.

GE's Revolution Maxima is a new standard computed tomography, powered by artificial intelligence technology that delivers a streamed line workflow for better ease of use and operational efficiency. For better clinical performance, Revolution Maxima has Clarity Imaging Chain consists of Clarity Detector, DAS, PerformixTM40 Plus X-ray Tube and ASiR-VTM (Option) / ASiRTM reconstruction and delivers high resolution imaging to meet various customer needs in real clinical situations. Clarity Imaging Chain delivers higher spatial resolution, lower noise, or less-artifact.

Smart Flow

Improve productivity and patient experience by streamlining your workflow and access to information, Smart Flow technologies enable exam prescription from the patient's side, integrated injections, real-time reconstruction during the scan and access to advanced applications right on the console.

- Xstream Tablet is a multi-purpose user interface on gantry sides with 12.1-inch monitor and supports following features.
 - o Touch screen operation
 - o Patient and protocol selection
 - o Patient information display
 - o Motion axes display
 - o Related Protocol
 - o Emergency Patient
- Related Protocols helps to reduce complexity of protocol selection. Matches an order information transferred from RIS (Radiology Information System) with a user protocol and shows only necessary protocols.
- Volume helical digital tilt is an innovation in image reconstruction technology that allows clinicians to reconstruct tilted views without the need for physically tilting the scanner.
- With Image Check, up to 55 images are reconstructed and available per second. For trauma patients, when the extent of the injuries is unknown, you can prospectively prescribe up to 10 multiphase reconstructions and easily prioritize which one you need first.
- Scan a chest in as fast as two seconds with 175 mm/sec acquisition speed with VT1700V table to help shorten patient breath-holds while maintaining image quality.

Clarity Imaging Chain

Revolution Maxima Clarity Imaging Chain consists of Clarity Detector, DAS, Performix 40 Plus X-ray Tube and ASiR/ASiR-V reconstruction, to

deliver high resolution imaging.

Clarity Imaging Chain provides the following:

- For better performance Volume CT, Clarity Imaging Chain provides enhancement of spatial resolution up to 20% compared with previous GE technology (20% improvement is compared to previous GE CT measured at 4% MTF with Edge kernel).
 - Designed as analog cable free between ASIC and Photodiode reducing electronic noise.
 - Designed for up to 90% less heat generation for easier thermal management which is important for consistent Image quality.
 - Designed for less electronic noise for better low signal performance.
 - Optimized collimator with ability to reduce scatter noise.
 - Performix40* Plus X-ray tube provides less focus movement.
 - A liquid bearing tube that has a capability of less-wear of Tube bearing and is enabled up to 0.35sec rotation speed option with a routine scan.
- Revolution Maxima allows users to utilize helical pitches up to 1.531 and 0.35sec rotation speed option that meets GE's image quality specifications for lower pitch acquisitions. This high pitch and 0.35sec rotation speed enable faster scan times which may allow for shorter breath holds, and may help to avoid sedation, simultaneously (or "as well as") reducing motion artifacts from patient and organ movement. As an example, using this higher pitch, a full-body trauma scan of 1000 mm can be acquired in as little as 6 seconds.

Key Features: Excellent Performance

- Silent design of Revolution Maxima gantry allows significant reduction of audible noise compared with previous GE technology.
- IQ Enhance (IQE) reconstruction reduces helical Artifact Index in thin slice helical scanning. This reduction in artifacts makes it possible to scan at faster helical pitches.
- GE's protocol management is improved with the addition of a workflow improvement feature, which allows easy configuration of back to back Axial or helical scans of the same anatomy at two different X-ray energies (kVps). To further improve registration accuracy, patient immobilization may be utilized. The additionally acquired dual energy data can be post-processed on console or AW workstation using Add/Sub function to gain additional clinical information.
- Adaptive Enhance Level Adjustment (AELA) may improve visual spatial resolution while maintaining pixel noise standard deviation and artifact.
- ODM provides reduction of radiation dose via X-ray tube current modulation for superficial organs and tissues, such as breasts while maintaining diagnostic quality without decreasing productivity (as the result of not using externally applied shields). Because attenuation data from the Scan Projection Radiograph is used to determine the mA modulation for acquisitions using Automatic Exposure Control, it is understood that when using externally applied shields that these shields should not be put in place prior to acquiring the scan projection radiograph(s). Placement of externally applied shielding prior to obtaining the scan projection radiograph(s) may adversely affect the AEC performance.
- Revolution Maxima supports 1024 reconstruction matrix.
- Auto mA/Smart mA modulates X-ray tube mA to account for specific patient anatomy – based upon data gathered from the scout image. The system predicts the optimal setting for the exam and adjusts mA to these settings.
- Dynamic Z-axis tracking provides automatic and continuous correction of the x-ray beam shape to block unused x-ray at the beginning and end of a helical scan to reduce unnecessary radiation.
- Direct MPR with Auto-Batch feature, affording automatic real-time direct reconstruction and transfer of fully corrected multi-planar images, also allows users to move from routine 2D review to prospective 3D image review of axial, sagittal, coronal, and oblique planes while enabling automated protocol-driven batch reformats to be created and networked to their desired reading location.
- Dose Check provides users with tools to help them manage CT dose in clinical practice and is based on the standard XR-25-2010 published by The Association of Electrical and Medical Imaging Equipment Manufacturers (NEMA).
- Dose Reporting: CTDIvol, DLP, Dose Efficiency displays during scan prescription and provides dose information. The CTDIvol, DLP, and Phantom size used to calculate dose is automatically saved once the user selects End Exam.
- DICOM Structured Dose Report generates a CT Dose Report, which can enable tracking of dose (CTDIvol and DLP) for the patient by the hospital radiation tracking system/RIS/HIS.

Scan mode: Helical

- Helical Scan Speeds: Full 360° rotational scans: 0.7, 0.8, 0.9, 1.0 second
- Helical Pitch (nominal): 0.516 to 1.531
- Selectable kV: 80, 100, 120, 140
- Selectable mA: 10 to 460mA at 120kV, 5mA increments
- Reconstruction Algorithms: Soft Tissue, Standard, Detail, Chest, Bone, Bone Plus, Lung, Ultra, Edge, Edge Plus, Soft# and Standard#.

Scan Mode: Axial & Cine

- Scan Speeds: 0.7, 0.8, 0.9, 1.0, and 2.0 second full scans (360° acquisition).
- Selectable kV: 80, 100, 120, 140
- Selectable mA: 10 to 460mA at 120kV, 5mA increments
- Reconstruction Algorithms: Soft Tissue, Standard, Detail, Chest, Bone, Bone Plus, Lung, Ultra, Edge, Edge Plus, Soft# and Standard#.

Image Quality

- 0.28mm high resolution



System Components:

- Gantry Advanced slip ring design continuously rotates the generator, Performix 40 Plus, Clarity detector and data acquisition system around the patient.
- Aperture: 70 cm
- Maximum SFOV: 50 cm
- Tilt: + / - 30 degree (Digital)
- Rotational Speeds: 360 degrees in 0.7, 0.8, 0.9, 1.0 seconds
- Multi-purpose Xstream Tablet
- Integrated start scan button with countdown timer to indicate when x-ray will turn on.

X-ray Tube: Performix 40 plus liquid metal bearing tube unit offers an optimized design for exams requiring a number of scans without tube cooling.

- Performix 40 Plus with 7.0MHU of storage provides increased helical performance with greater patient throughput
- Wide range of technique (10 mA to 460 mA at 120kV, in 5 ma increments) gives technologist and physician flexibility to tailor protocols to specific patient needs for optimizing patient dose.
- Heat storage capacity: 7.0MHU (Performix 40 Plus)
- Dual Focal Spots:
 - o Small Focal Spot: 0.7 (W) x 0.6 (L) Nominal Value; (IEC 60:193)
 - o Large Focal Spot: 0.9 (W) x 0.9 (L) Nominal Value; (IEC 60:193)

High Voltage Generator: High Frequency on-board generator allows for continuous operation during scan.

- kV: 80, 100, 120, 140
- Max Power (Hardware): 55kW; in-field upgradeable to 72kW
- mA: 10 to 460mA at 120kV, 5mA increments

Clarity Detector:

32ch based system

- 54,272 individual elements composed by 64 rows of 0.625mm thickness at isocenter. All data is acquired as thin slice at 1.25mm with the option of thicker slice from image reconstruction or processing.
- 32x 0.625mm or 32x1.25mm scan mode.
- 98% absorption efficiency.
- 354 reconstructed slices (images) per rotation: under 32ch x 1.25mm, 1.375 helical pitch, 6 rotation, 266mm coverage, 0.1mm recon interval condition

Clarity DAS (Data Acquisition System): The Clarity DAS dramatically reduces noise and improves image performance.

- 2,460 Hz maximum sample rate.
- 861 - 1968 views per rotation.

Revolution Maxima operator Console:

- 2,000GB Disk (system, image, scan disks) stores up to 460,000 512*2images and 3520 scan rotations at 64 slice mode or up to 1,500 scan data files, or up to 300 exams.
- Reconstruction speed with Standard reconstruction: Up to 50 frames per second.

Warranty:

Revolution Maxima is designed to support GE Healthcare's liquid bearing X-ray tube technology. Posted advisory messages will be present in the event a 3rd party X-liquid bearing tube is used.

The published Company warranty in effect on the date of shipment shall apply. The Company reserves the right to make changes.

General Electric Company reserves the right to make changes in specifications and features shown herein, or discontinue the product described at any time without notice or obligation.

Laser alignment devices contained within this product are appropriately labeled according to the requirements of the Center for Devices and Radiological Health.

Line	Qty	Catalog	
3	1.00	B7881BF	VT2000 Table

The VT2000 patient table has the following features:

- Maximum table load: 227 kg (500 lbs)
- Cradle max horizontal speed: 175 mm/s

- Horizontal range: 2,045 mm
- Scannable range: 2,000 mm for Axial. 1,890 mm for Helical
- Vertical range: 430 – 990 mm

Line	Qty	Catalog	
4	1.00	B76122DA	Standard Cable Collector
System standard cable set			

Line	Qty	Catalog	
5	1.00	S7881AP	SmartScore Package

The SmartScore package provides ECG-gated hardware for both prospective and retrospective gating for coronary artery calcium scoring.

Xtream 12" Gantry and Operator Console ECG Trace: The ECG trace provided by the Ivy monitor will be displayed on the CT gantry and operator console with this option. Allowing the user to display the live trace of the patient's heart rate and display the actual location of the window of time when the image is being acquired. It will provide easy access to patient cardiac output status and assist in providing visual feedback for optimum acquisition start.

Calcium scoring acquisition and post processing software is included in this package.

The IVY Cardiac Monitor Kit does not come with this package and will need to be quoted separately.

Line	Qty	Catalog	
6	1.00	B7880MR	SmartMAR option

SmartMAR (Metal Artifact Reduction) software helps reduce photon starvation, beam hardening and streak artifacts caused by high Z materials in the body, such as hip implants.

The clarity of SmartMAR images is addressing the challenges posed by metal artifacts, helping clinicians accurately contour targets and critical organs.

MAR offers:

Exceptional image quality.

SmartMAR is based on the latest in GE Healthcare smart technology, which uses a novel three-step, sinogram-based iterative algorithm.

Streamlined workflow.

SmartMAR requires only one scan, making the process of obtaining a corrected image fast and efficient.

Dose conscious.

SmartMAR requires only one acquisition.

Patient comfort.

The efficient, single-scan process helps to reduce patient time inside the scanner.

Versatility.

SmartMAR is designed to enhance clarity across a range of images including scans of hip implants, dental fillings, screws and other metal objects.

Line	Qty	Catalog	
7	1.00	B78962CB	Xtream Integrated Injector Interface Kit - Class IV

Xtream Injector provides one handed synchronized start of the scan and injection from the CT Operators console or from the scan room providing consistent simultaneous start of contrast injection and scan acquisition protocols.

It utilizes the CiA Class 4 functionality which includes the following benefits:

Up to a 50% reduction in the number of user interface selections needed when compared to systems not utilizing the Xtream Injector. The 50% reduction comes from the fact that users select one button to start the scan acquisition and injection.

- Better control of contrast enhancement by synchronizing start time of the contrast injection and CT scan
- Improved workflow by enabling single-button start of both the injector and scanner from the scanner

- Injection parameter preview from the scanner console prior to beginning the scan
- Post-study review of injection results from the scanner console
- Automatic documentation of injection results in PACS

Line	Qty	Catalog	
8	1.00	B75412DA	Injector Cable

Injector cable collection for Integrated Injector option.

Line	Qty	Catalog	
9	1.00	B78552CA	CT Operator Console Desk

The Freedom workspace is an ergonomic working environment specifically designed for use with the GE Healthcare imaging systems. The sleek table design enables the efficient use of space while enhancing clinical workflow and technologist comfort.

The Freedom workspace provides a minimalist footprint to improve patient visibility and giving the user easier access to patients in the imaging suite.

It offers sit/stand and horizontal/vertical monitor flexibility. It can also help reduce noise and heat with remote location options of the console. The non-adjustable Freedom workspace version is 1300mm long x 895mm wide x 850mm height and weighs 55.8kg.

Line	Qty	Catalog	
10	1.00	B7660B	Chair

Chair for CT scanner

Line	Qty	Catalog	
11	1.00	B77292CA	CT Service Cabinet

Service cabinet for system accessories storage

Line	Qty	Catalog	
12	1.00	B75352CA	Table Convenience kit

Table tray and IV pole

Line	Qty	Catalog	
13	1.00	B7900LC	Low Dose CT Lung Screening Option with Indication For Use

This option provides lung screening reference protocols that are tailored to the CT system, patient size (small, average large), and the most current recommendations from a wide range of professional medical and governmental organizations. Now, qualified GE Healthcare CT scanners with this option are formally indicated for, and can be confidently used by physicians for low dose CT lung cancer screening of identified high-risk patient populations. These protocols deliver low dose, short scan times, and clear and sharp images for the detection of small lung nodules. Early detection from an annual lung screening with low dose CT in high-risk individuals can prevent a substantial number of lung cancer-related deaths.

All new GE 64-slice and greater CT scanners, and virtually all of the 16-slice CT scanners that GE Healthcare sells are qualified for this screening option. This solution is also available to thousands of qualified GE CT scanners currently in use, increasing access to the quality scanners that satisfy both patient and physician needs. The new protocols, do include the choice for the user to be able to utilize GE Healthcare's industry-leading technologies such as ASiRTM, ASiR-VTM and VeoTM that are designed to reduce image noise, which is undesirable for physicians looking for small nodules.

This option contains two documents. Lung Cancer Screening Option Reference Protocol Guide, and the Lung Cancer Screening Option User Manual / Technical Reference Manual

i) The following GE Healthcare CT scanners are qualified to receive the new low dose CT Lung Cancer Screening Option: LightSpeed 16, BrightSpeed Elite, LightSpeed Pro16, Optima CT540, Discovery CT590 RT, Optima CT580, Optima CT580 W, Optima CT590 RT, LightSpeed Xtra, LightSpeed RT16, LightSpeed VCT, LightSpeed VCT XT, LightSpeed VCT XTe, LightSpeed VCT Select, Optima CT660, Revolution



EVO, Discovery CT750 HD, Revolution HD, Revolution CT, Revolution Frontier.

ii) Moyer V. Screening for Lung Cancer: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2014;160:330-338.

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/lung-cancer-screening>

Line	Qty	Catalog	
14	1.00	E8007RT	Ivy 7800 Cardiac Monitoring Kit

The Model 7800 is Ivy Biomedical's fifth generation of cardiac trigger monitors intended primarily for use on patients in applications requiring precision R-wave synchronization. Incorporating a simple, easy-to-use touchscreen interface, the 7800 displays two simultaneous ECG vectors along with the patient's heart rate. The Trigger ECG vector (top waveform) can be selected from Leads I, II, III, or Auto Lead Select. The Second ECG vector (bottom waveform) can be selected from Leads I, II, III. If required, High and Low heart rate alarm limits can be adjusted to bracket the patient's heart rate so that a violation of these limits produces an audible and visual indication of the alarm.

- Impedance Measurement: Measures Impedance between the patient's skin and each individual ECG electrode
- Automatic operation: After patient cables are connected and the monitor is receiving an ECG signal, the monitor finds the peak of the R-wave and generates synchronization pulses
- Bright TFT active matrix 8.4 in. color touch screen LCD with a wide viewing angle and large heart rate characters enhance visibility of patient data
- Polarity lock helps reduce the number of false triggers when tall T waves or deep S waves occur
- Color trigger mark indicates timing of each trigger pulse with respect to the ECG
- System interlock function indicates proper connection with the imaging device
- Integrated USB Drive - allows user to store and retrieve ECG events for retrospective analysis
- Auto-notch selects the correct ECG notch filter. This reduces interference on the ECG signal

The Kit includes:

Cardiac Trigger Monitor; set of 4 RT lead wires - 30 in, low noise patient cable - lead, Ethernet Internet cables, ECG adult electrode (box of 40), cord-set hospital grade (12ft), NuPrep Gel, USB Memory Stick, Recorder Paper, Roll Stand for 7000 series and IPC cable.

Line	Qty	Catalog	
15	1.00	E8016AN	CT Table Slicker with Cushion - 2000 Systems (2-pc Set)

FEATURES/BENEFITS

- Two-piece, sealed slicker cushion set has comfort pads enclosed inside the slicker cover and extender cover
- Durable, clear PVC plastic cover facilitates faster, more thorough cleanup of blood and fluids
- Increase system uptime by protecting table from spills and particulate contaminants
- Thermo-sealed seams and flaps prevent contaminate buildup in hard to clean areas

COMPATIBILITY

- VCT with GT 2000 Table, CT HD750

Line	Qty	Catalog	
16	1.00	E8016BA	CT Footswitch Slicker - 2000 & 1700 Systems

The footswitch slicker for CT VCT 2000 and 1700 systems is made of durable, clear PVC plastic that protects the footswitch and facilitates faster, more thorough cleanup of contamination caused by blood and other body fluids. Cover is held securely in place with Velcro.

Line	Qty	Catalog	
17	1.00	E4502BB	CT Main Disconnect and UPS Control 380-480V 50 60Hz 90A

NOTES:

- Customer is responsible for arranging for installation with a qualified party
 - ITEM IS NON-RETURNABLE AND NON-REFUNDABLE
- Main Disconnect Panel (MDP) UL 90A 400/480V 50/60Hz 3 phases for CT, PET and PETCT

The (Main Disconnect and UPS Control Panel serves as the main facility power disconnect source installed ahead of the CT system PDU. On systems where the optional partial system UPS is included in the system, the panel provides NEC mandated UPS emergency power-off control function via a UPS control cable included with the UPS. The optimized design PDB saves time, installation labor, and valuable mounting space by consolidating the main circuit breaker, control power source and required warning lights into a compact factory manufactured panel. The panel provides short circuit protection, overload protection and National Electrical Code and Canadian Electrical Code required emergency shutdown for the system. The 24-volt low voltage controls all power, using either the panel cover mounted EMERGENCY OFF push button or the remote EMERGENCY OFF push button included with each system. The PDB is painted to match the imaging system for a total coordinated system

appearance. Available in a combination surface/semi-flush mounted enclosure. The system provides stock availability of otherwise special-order devices, saving time and installation costs.

Benefits

- The System Main Disconnect saves time, installation labor, and valuable mounting space by consolidating the main circuit breaker, the feeder overcurrent devices, magnetic contactors and UPS emergency power-off into one compact panel
- The system provides stock availability of otherwise special-order devices, saving time and installation costs
- Reduces installation time and cost by eliminating delays in obtaining individually enclosed components and by eliminating on site assembly
- UPS emergency power-off functions are included for future, partial system UPS addition.
- Disconnects system power on first loss of incoming power, preventing damage to system components
- Provides a standardized platform for UPS or other future GE engineered modifications or upgrades
- Main power disconnect operating handle can be padlocked in the OFF position for servicing safety and OSHA lock out/tag out
- The door has provisions for padlocking
- Enclosure door is interlocked with ON / OFF disconnect handle to prevent unauthorized access if disconnect is in the ON position

Features

- Optional partial system UPS provides clean uninterrupted power to the system computer, maintaining system integrity during power loss while also providing a solution to power quality problems
- UL, cUL listed, and CE labeled
- Supplied with low voltage, cover mounted Push to Stop, Twist to Restore pushbutton and long-life LED pilot lights
- Provides overcurrent and short circuit protection with GE GuardEON solid-state circuit breakers
- Suitable for use on systems with 25,000A of short circuit current. It is the installer's responsibility to verify that the available short circuit current is 25,000A or less for compliance to all electrical codes
- Emergency-off disconnects power to both the PDU and optional partial system UPS output, per National Electric Code
- Factory wired and tested
- All devices are selected for high reliability and long life
- Panel disconnect provides OSHA lockout / tag out provisions

Remote EPO

- This MDP comes with two normally closed contact blocks attached to the back of the emergency off push button.

Seismic Specifications

- This Panel has been certified by an independent California structural engineer in conformance with the shake testing requirements of ICC-AC 156. The California OSHPD number is OSP-0457-10.
- The seismic performance characteristics are as follows: $SDS(g) \leq 2.56$; $z/h \leq 1.0$; $I_p \leq 1.5$

Physical Characteristics

- Dimensions: Height x Width x Depth: 24 x 16 x 7 inches (610 x 407 x 178 mm)
- Handle depth: 2.75 inches (70 mm)
- Weight: 46 pounds (21 kg)

Components supplied with each panel

- The Main Disconnect and UPS Control Panel
- An Installation, Operations & Service Manual
- (2) sets of Emergency Power Off pushbuttons with 2NC on each EPO
- Drawings and Electrical Schematics

Line	Qty	Catalog	
18	1.00	E4502KZ	Liebert GXT4 10kVA 208V/120V 2-phase CT partial UPS

Line	Qty	Catalog	
19	1.00	W0303CT	TIP CT Scanner 3 Training Program

This training program is designed for customers purchasing a GEHC CT system to include EVO-ES or Discovery RT. GEHC will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists that will leverage blended content delivery and may include a combination of onsite days and virtual offerings, to include TiP Virtual Assist, the GEHC Answerline and available on-demand courses ("Virtual Inclusions"). This blended curriculum with multiple delivery platforms promotes learner retention and allows for an efficient and effective skill development.



December 16, 2022
 Quote Number: 2007929498.6
 Customer ID: 1-23LWWW
 Agreement Expiration Date: 12/31/2022

This program may contain:

- Onsite training (generally 5 days)
- Virtual Inclusions may include:
 - Remote instructor-led training: Instructor leads a remote training session one-on-one or in a group, typically for 1 hour
 - Answerline Support-Access to GEHC experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console
 - Tip Virtual Assist-Direct interactive access to a GEHC expert for enhanced support.
- On Demand courses-On healthcare learning system. Self-paced courses and webinars (CE and non-CE).

Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends), are subject to availability and generally will not exceed 10 days. This training program has a term of twelve (12) months commencing on Acceptance, where all onsite training must be scheduled and completed within twelve (12) months of Acceptance and all Virtual Inclusions also expire at the end of such twelve (12) month period. Additional onsite days may be available for purchase separately.

All GEHC "Training" terms and conditions apply. Given the unique nature of this program, if this program is purchased as part of a purchase under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, this program shall take precedence over any conflicting training deliverables set forth therein.

Line	Qty	Catalog	
20	1.00	R23053AC	Standard Service License

GE Healthcare has reclassified its service tools, diagnostics and documentation into various classes (please refer to the Service Licensing Notification statement at the beginning of this Quotation). The Standard License provides access to service tools used to perform basic level service on the Equipment and is included at no charge for the warranty period.

Total Quote List Price: \$881,028.00
Total Quote Discount: 58.93%
Total Quote Subtotal: \$361,800.00

Qty	Credits and Adjustments	
1	Goldseal Lightspeed 16 Trade-in	\$-8,000.00

Total Quote Net Selling Price: \$353,800.00



December 16, 2022
Quote Number: 2007929498.6
Customer ID: 1-23LWWW
Agreement Expiration Date: 12/31/2022

Optional Items

Please initial the Catalogs you wish to purchase

Catalog Number	Qty	Description	Net Price	Initial
B75402DA	1.00	Auto Patient Positioning kit	\$31,136.00	

Auto Positioning is a solution that provides a stream lined workflow and delivers an outstanding customer experience. With a current traditional scanner, an operation for patient positioning requires some manual settings such as scan range determination, centering or landmark setting, and challenges are time-consuming and variation by operators. On the other hands, Auto positioning activates automatic table elevation motion to the centering height, and cradle motion to the scout start position, with one single click on the touchscreen. Moreover, it safeguards the positioning motion by checking possible collision of the patient body with the CT gantry. The AI technology realizes the auto scout scan range, anatomical reference detecting and centering by specifying the position and shape in three dimensions. This GE' unique technology provides better patient throughput, ease of use, consistent image quality, standardization, and less error.

Trade-in Addendum to GE Healthcare Quotation

This Trade-In Addendum (“Addendum”), effective on December 16, 2022, between the GE Healthcare business identified on the Quotation and **Glen Rose Medical Center** (“Customer”), is made a part of Quotation # **2007929498.6** ^ dated December 16, 2022 (“Quotation”) and modifies it as follows:

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle (“mobile vehicles” are defined as any systems requiring a vehicle title) listed in Section E (“Trade-In Equipment”), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE Healthcare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE Healthcare has received a clean title signed over to GE Healthcare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE Healthcare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer’s new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE Healthcare is to take possession of them in order for GE Healthcare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE Healthcare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE Healthcare, or third-party purchaser of the Equipment through GE Healthcare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE Healthcare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE Healthcare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned; and (vii) for Trade-In Equipment that utilizes helium, ensuring sufficient helium for appropriate ramp down of the Trade-In Equipment.

C. Prior to removal or return to GE Healthcare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 (“PHI”) from the Trade-In Equipment; and (ii) indemnify GE Healthcare for any loss resulting from PHI not removed. GE Healthcare has no obligation in connection with PHI not properly removed.

D. GE Healthcare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (iii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned, which includes situations where helium levels at ramp down are insufficient and cause the Trade-In Equipment to quench – Customer is required to confirm for GE Healthcare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment; or (iii) as a result of Customer’s actions, deinstallation of the Trade-In Equipment does not occur within one year of the execution of this Trade-In Addendum or related Quotation. All other terms and conditions of the Quotation remain in full force and effect.

E. Trade-In Equipment:

<u>Trade-In Equipment Mfr</u>	<u>Model & Description</u>	<u>Quantity</u>	<u>System ID</u>	<u>Trade-In Amount</u> (\$)
	Goldseal Lightspeed 16 Trade-in	1.00	254897LS16	\$-8,000.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying either the terms of the Trade-In Equipment Quotation (which includes a reference to the Trade-In Equipment) or the Governing Agreement identified on the Quotation as governing the order (PO# _____)†.

GE Healthcare

Glen Rose Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

^ A Quotation number must be provided on this document.

* In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.

† If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).

& The Trade-In Amount is based on expected trade-in within one (1) year of execution of this Trade-In Addendum. If the Trade-In does not occur within such year, GE Healthcare may adjust the Trade-In Amount or decline to purchase the Trade-In Equipment as set forth in Section (D) herein.



December 16, 2022
Quote Number: **2007929498.6**
Customer ID: **1-23LWWW**
Agreement Expiration Date: **12/31/2022**

GPO Agreement Reference Information

Customer:	Glen Rose Medical Center
Contract Number:	HealthTrust Diagnostic Imaging
Billing Terms:	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms:	NET 30
Shipping Terms	FOB Destination

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and HealthTrust Diagnostic Imaging

If applicable, for more information on this devices' operating system, please visit GE Healthcare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>