



**Board Meeting Agenda  
April 25, 2022 at 6:30 p.m.**

<b>In Person</b>	Port of Morrow – Sand Hollow Room 2 East Marine Drive Boardman, OR 97818
<b>Zoom</b>	<a href="https://us06web.zoom.us/j/84106490181?pwd=OFItcEpBRktzZUE5dVB1alRzcEFFUT09">https://us06web.zoom.us/j/84106490181?pwd=OFItcEpBRktzZUE5dVB1alRzcEFFUT09</a> Meeting ID: 841 0649 0181 Passcode:

**1. Call to Order**

**2. Public Comments**

Maximum of 3 minutes per person/topic. Multiple items on the same topic need to be combined through one speaker. A maximum of 30 minutes may be allotted for public comment.

**3. Approval of Meeting Minutes**

A. March 28, 2022 – Regular Session

**4. Promise of Excellence Review – John Murray**

**5. CEO Report & Executive Team Dashboard – Emily Roberts**

**6. Financial Report – Nicole Mahoney**

**7. New Business**

- A. Proposed Budget Presentation FY 2022-2023
- B. Authorization for USDA Loan Refinance
- C. Vendor Selection for Electronic Medical Record (EMR)
- D. Equipment Purchases:
  - a. Portable X-Ray Machine (COVID Funds)
  - b. Hospital Water Softener
  - c. Hospital Bathtub (PMH Foundation Donation)
  - d. Pulmonary Function Test (PFT) Machine (COVID Funds)
- E. Provider Contracts:
  - a. Edward Piepmeier, MD
  - b. Jillian Webb, FNP
  - c. Christine Seals, MD
- F. RSN Contract
- G. SDAO Best Practices
- H. Community Benefit Project – Countywide Well Water Testing Initiative
- I. Morrow County EMS Advisory Committee Application

**8. Old Business**

**9. Executive Session**

- a. ORS 192.660(2)(f) To consider information or records that are exempt from public inspection.

**10. Adjourn**



# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

<b>Board of Directors Meeting Minutes</b>
---

Meeting Information		Committee Members		
<b>Meeting Date/Time:</b>	March 28, 2022 @ 6:30 p.m.	<b>Board Members:</b>	John Murray, Carri Grieb, Aaron Palmquist, Diane Kilkenny, Marie Shimer	
<b>Location</b>	Ione Community Church 395 East Main Ione, OR 97843	<b>Guests:</b>	<b>Staff Members:</b> Emily Roberts, Nicole Mahoney, Patti Allstott, Kathleen Greenup, Troy Soenen, Katelin Tellechea, Sam Van Laer, Karma Ezell (Zoom) <b>Guests:</b> None <b>Press:</b> April Sykes	
<b>Video Dial In:</b>	Zoom	<b>Leader:</b>	John Murray, Board Chairman	<b>Recorder:</b> Jodi Ferguson

**Vision:**  
Be the first choice for quality, compassionate care and lead the way in promoting wellness and improving health in Morrow County

**Mission:**  
Working together to provide excellence in healthcare

**Values:**  
Integrity, Compassion, Quality, Respect, Teamwork, Financial Responsibility

Agenda Item	Notes/Minutes
1. Call to Order	<ul style="list-style-type: none"> <li>Chairman John Murray called the meeting to order at 6:31 p.m.</li> </ul>
2. Public Comments	<ul style="list-style-type: none"> <li>None.</li> </ul>
3. Approval of Minutes	<p><b>MOTION: Aaron Palmquist moved to approve the minutes for the February 28, 2022 regular session and the March 8, 2022 special session as presented. Marie Shimer seconded the motion. The motion passed unanimously by all board members present.</b></p>
4. Promise of Excellence Review	<ul style="list-style-type: none"> <li>John Murray reviewed some of the topics of the District's Promise of Excellence.</li> </ul>
5. Medical Staff Report	<ul style="list-style-type: none"> <li>Emily Roberts summarized Dr. Berretta's report.</li> </ul>
6. CEO Report	<ul style="list-style-type: none"> <li>CEO report was presented by Emily Roberts (see board packet).</li> </ul>
7. CNO Report	<ul style="list-style-type: none"> <li>CNO report was presented by Kathleen Greenup. The District has COVID-19 testing kits at all clinic locations available to staff and community members as no charge. The State of Oregon has extended the resources of 3 RNs to the hospital through April 30, 2022.</li> </ul>
8. HR Director Report	<ul style="list-style-type: none"> <li>HR Director Report was presented by Patti Allstott (see board packet).</li> </ul>
9. Financial Report	<ul style="list-style-type: none"> <li>Financials for February were presented by Nicole Mahoney. The district had a \$39,438 gain for the month.</li> </ul>
10. New Business	

A. Pioneer Memorial Physical Therapy, LLC	<ul style="list-style-type: none"> <li>Emily presented a revised service agreement between the District and Pioneer Memorial Physical Therapy.</li> </ul> <p><b>MOTION: Carri Grieb moved to approve the service agreement for Pioneer Memorial Physical Therapy as presented. Diane Kilkenny seconded. The motion passed unanimously by all board members present.</b></p>
B. MedCall Staffing Agreement	<ul style="list-style-type: none"> <li>Emily presented a staffing agreement between the District and MedCall NorthWest.</li> </ul> <p><b>MOTION: Carri Grieb moved to approve the service agreement for MedCall NorthWest. Marie Shimer seconded the motion. The motion passed unanimously by all board members present.</b></p>
C. Lease Agreement with South Morrow Enterprises, LLC	<ul style="list-style-type: none"> <li>Emily presented a service agreement between the District and South Morrow Enterprises at the Board's request last year to review the need of this contract before renewal is due.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to have the CEO request a one-year renewal at the same rate as the previous year. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
D. Community Benefit Requests	<ul style="list-style-type: none"> <li>Emily presented three community benefit requests for AEDs - one for Morrow County in Irrigon and two for the Heppner Community Foundation for the Gilliam Bisbee building and the Fitness Center in Heppner.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the community benefit request for 3 AED machines as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
<b>11. Old Business</b>	<ul style="list-style-type: none"> <li>Emily Roberts reported that the District's attorney and CAPECO continue to work together on documentation necessary to complete the purchase of land for the future Irrigon Ambulance Hall.</li> </ul>
<b>12. Executive Session</b>	<ul style="list-style-type: none"> <li>John Murray called to order an Executive Session under ORS 192.660(2)(f) to consider information or records that are exempt from public inspection at 6:15 p.m.</li> </ul>
<b>13. Adjourn</b>	<p>With no further business to come before the board, the meeting adjourned at 7:15 p.m.</p> <p>Minutes taken and submitted by Jodi Ferguson. Approved _____</p>



April 25, 2022

**To:** Morrow County Health District Board of Directors

**From:** Emily Roberts, CEO

**Re:** CEO Board Report

**Provider Recruitment:**

The District is currently recruiting for the following provider positions:

- Pioneer Memorial Clinic
  - (1) Family Practice Physician (MD/DO)
  - (1) Behavioral Health Consultant (LCSW/Psychologist)
- Irrigon Medical Clinic:
  - (1) Family Practice Physician (MD/DO)

**Amazon Gift Payment:**

- The District will be receiving \$657,983.10 from the Amazon Gift Payment distribution.

FINANCIAL	
Days Cash on Hand	69
Days in AR	47



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months)	5%
New Hire (< 1 Year) Turnover Rate (Rolling 3 Months)	5%
Number of Open Positions	12

RURAL HEALTH CLINICS			
MEASURE	PMC	IMC	ICC
Third Next Available (Current Month)	28	23	2
Total Visits (Previous Month)	343	406	92

## CAHPS (PATIENT SATISFACTION SCORES)

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Pioneer Memorial Clinic	54%	80%	74%
	N = 13	N = 25	N = 19
Irrigon Medical Clinic	56%	73%	84%
	N = 9	N = 15	N = 19
Ione Community Clinic	100%	100%	92%
	N = 2	N = 12	N = 12
<b>NRC Average</b>	83%		

Would you recommend this provider's office to your family and friends?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Pioneer Memorial Clinic	100%	88%	95%
	N = 13	N = 24	N = 19
Irrigon Medical Clinic	78%	87%	79%
	N = 9	N = 15	N = 19
Ione Community Clinic	100%	100%	100%
	N = 2	N = 12	N = 12
<b>NRC Average</b>	91%		

Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this emergency department?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Adult</b>	<b>78%</b>	<b>81%</b>	<b>81%</b>
	N = 9	N = 37	N = 31
<b>NRC Average</b>	66%		
<b>Bed Size 6 - 24 Average</b>	77%		

Would you recommend this emergency department to your friends and family?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Adult</b>	<b>75%</b>	<b>78%</b>	<b>77%</b>
	N = 8	N = 37	N = 30
<b>NRC Average</b>	67%		
<b>Bed Size 6 - 24 Average</b>	78%		

Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this emergency department?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Pediatric</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 1	N = 0	N = 0
<b>NRC Average</b>	67%		

Would you recommend this emergency department to your friends and family?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Pediatric</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 1	N = 0	N = 0
<b>NRC Average</b>	71%		

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>Hospital</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 0	N = 0	N = 1
<b>NRC Average</b>	73%		
<b>Bed Size 6 - 24 Average</b>	82%		

Would you recommend this hospital to your friends and family?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>Hospital</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 0	N = 0	N = 1
<b>NRC Average</b>	74%		
<b>Bed Size 6 - 24 Average</b>	82%		

<b>Score is equal to or greater than the NRC Average</b>
<b>Score is less than the NRC Average, but may not be significantly</b>
<b>Score is significantly less than the NRC Average</b>



PO BOX 9  
 Heppner OR 97836  
 Tel: 541-676-9133  
 Toll Free: 1-800-737-4113  
[www.morrowcountyhealthdistrict.org](http://www.morrowcountyhealthdistrict.org)

Please be advised that the attached interim financial statements are unaudited and subject to change. The amounts reported on an interim basis may not include all cost report settlements, final audit adjustments, or unearned income, such as COVID provider relief funding. The audited financial statements will be posted to the Morrow County Health District website upon completion.

If you have any questions related to these documents, please contact Nicole Mahoney, Chief Financial Officer, at 541-676-2925.

<b>Pioneer Memorial Hospital &amp; Nursing Facility</b>	<b>Pioneer Memorial Home Health &amp; Hospice</b>	<b>Pioneer Memorial Clinic</b>	<b>Irrigon Medical Clinic</b>	<b>Ione Community Clinic</b>	<b>Morrow County Ambulance</b>
P – (541) 676-9133	P – (541) 676-2946	P – (541) 676-5504	P – (541) 922-5880	P – (541) 422-7128	P – (541) 676-9133
F – (541) 676-2901	F – (541) 676-9017	F – (541) 676-9025	F – (541) 922-5881	F – (541) 422-7145	F – (541) 676-2901
TDD – (541) 676-2908					

March 2022

Description	Current Year
<b>Assets</b>	
<b>Current Assets</b>	
Cash & Investments	8,110,676
A/R Hospital, Swing, Clinic	1,669,172
A/R Home Health & Hospice	183,930
Gross Patient Receivables	1,853,102
Less: Clearing Accounts	0
Less: Allow for Contractual	124,053
Less: Allow for Uncollectible	270,503
	-----
Net Patient Accounts Receivabl	1,458,546
Employee Advances	17,075
Employee Purchases Receivable	1,295
Receivable 340B SunRx	47,020
Taxes Receivable - Prior Year	25,314
Taxes Receivable - Current Yr	-603,337
Other Receivable	7,898
Grants Receivable	0
MC/MD Receivable	305,214
Assisted Living Receivable	5,733
	-----
Other Receivable Total	0
Inventory and Prepaid	519,077
	-----
Total Current Assets	9,894,510
<b>Long Term Assets</b>	
Land	135,701
Land Improvements	301,596
Building & Improvements	5,852,175
Equipment	7,814,544
Amortizable Loan Costs	0
Construction in Progress	160,365
Less: Accum Depreciation	9,706,279
	-----
Total Long Term Assets	4,558,101
	-----
Total Assets	14,452,612
	=====

UNAUDITED - SUBJECT TO CHANGE



March 2022

Description	Current Year
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	194,980
Refunds Payable-Hospital	0
Refunds Payable-Clinic	0
Misc Payable	0
Short Term Notes Payable	0
	-----
Accounts Payable Total	194,980
Accrued Wages & Liabilities	934,754
Accrued Interest	4,389
Suspense Account	0
TCAA Suspense	45
Deferred Income	1,506
Unearned Revenue for COVID 19	1,586,680
MC/MD Settlement Payable	388,168
Contingency Settlement Payable	200,000
	-----
Other Liabilities	2,180,789
	-----
Total Current Liabilities	3,310,522
	=====
<b>Longterm Liabilities</b>	
STRYKER CAPITAL LEASE	0
BEO 2019 BOILERS LOAN	77,698
BEO 2018 BOARDMAN BLDG LOAN	110,229
BEO 2018 OMNICELL/US LOAN	104,037
BEO 2020 AMBULANCE LOAN	92,272
Morrow Co 2016 Annex Loan	0
BEO Loan AMB/LAB 2016	0
MORROW CO 2018 BOARDMAN BLDG	60,967
BEO ENDO RM/MISC LOAN 2017	19,452
Morrow Co 2013 IMC Loan	12,058
BEO IMC EXPANSION 2018	343,439
GEODC 2021 HOUSE LOAN	84,228
MORROW CO 2021 CHURCH LOAN	63,254
BEO 2008 Hosp Remodel Loan	61,310
USDA Remodel Loan	801,889
	-----
Total Long Term Liabilities	1,830,834
<b>Equity/Fund Balance</b>	
General Fund Unrestricted Bal	9,683,311
Equity/Fund Bal Period End	-372,055
	-----
Total Liab+Equity/Fund Bal	14,452,612
	=====

UNAUDITED - SUBJECT TO CHANGE



MORROW COUNTY HEALTH DISTRICT  
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
FISCAL YEAR 2021-2022

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>ACUTE (INPATIENT)</b>													
ADMISSIONS	3	4	1	1	0	3	1	2	3				18
DISCHARGES	3	3	2	1	0	0	4	1	3				17
Admits- MEDICARE	3	1	1	1	0	2	1	1	1				11
MEDICAID	0	1	0	0	0	1	0	0	2				4
OTHER	0	2	0	0	0	0	0	1	0				3
SELF PAY	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>
Dschgs -MEDICARE	3	0	2	1	0	0	3	0	1				10
MEDICAID	0	1	0	0	0	0	1	0	2				4
OTHER	0	2	0	0	0	0	0	1	0				3
SELF PAY	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	10	0	11	3	0	0	12	0	5				41
MEDICARE ADVANTAGE	0	0	0	0	0	0	0	0	0				0
MEDICAID	0	0	0	0	0	0	0	0	0				0
MEDICAID MANAGED CARE	0	2	0	0	0	0	10	0	6				18
OTHER	0	4	0	0	0	0	0	3	0				7
SELF PAY	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>10</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>3</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66</b>
<b>PATIENT ADMISSION DAYS</b>													
Adults	10	10	7	3	0	7	15	5	11				68
Pediatric	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>15</b>	<b>5</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68</b>
AVG LENGTH OF STAY	3.3	3.3	3.5	3.0	#DIV/0!	#DIV/0!	3.8	5.0	3.7	#DIV/0!	#DIV/0!	#DIV/0!	4.0
AVG DAILY CENSUS	0.3	0.3	0.2	0.1	0.0	0.2	0.5	0.2	0.4	0.0	0.0	0.0	0.2
DEATHS	0	0	0	0	0	0	0	1	0				1
<b>SWING BED (Skilled)</b>													
ADMISSIONS	1	3	4	3	5	3	1	2	5				27
DISCHARGES	2	1	4	4	4	3	1	4	4				27
Dschgs -MEDICARE	2	1	3	4	3	2	1	4	3				23
MEDICAID	0	0	0	0	1	0	0	0	1				2
OTHER	0	0	1	0	0	1	0	0	0				2
SELF PAY	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	18	12	37	72	19	42	19	93	18				330
MEDICARE ADVANTAGE	0	0	18	0	0	0	0	0	21				39
MEDICAID	0	0	0	0	0	0	0	0	0				0
MEDICAID MANAGED CARE	0	0	0	0	14	0	0	0	10				24
OTHER	0	0	14	0	0	3	0	0	0				17
SELF PAY	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>18</b>	<b>12</b>	<b>69</b>	<b>72</b>	<b>33</b>	<b>45</b>	<b>19</b>	<b>93</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>410</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICARE	13	30	62	47	35	44	67	27	59				384
MEDICAID	0	0	0	11	3	0	0	0	10				24
OTHER	0	0	14	0	0	3	0	0	0				17
SELF PAY	0	0	0	0	0	0	0	0	0				0
<b>TOTAL</b>	<b>13</b>	<b>30</b>	<b>76</b>	<b>58</b>	<b>38</b>	<b>47</b>	<b>67</b>	<b>27</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>425</b>
AVG DAILY CENSUS	0.42	0.97	2.53	1.87	1.27	1.52	2.16	0.96	2.23	0.00	0.00	0.00	1.55
SWING BED REVENUE	\$ 5,044	\$ 11,640	\$ 29,488	\$ 22,504	\$ 14,744	\$ 18,236	\$ 25,996	\$ 10,088	\$ 26,772				\$164,512
SWING \$ DAYS	<b>13</b>	<b>30</b>	<b>76</b>	<b>58</b>	<b>38</b>	<b>47</b>	<b>67</b>	<b>27</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>425</b>
DEATHS	0	0	1	1	0	0	0	1	0	0	0	0	3

MORROW COUNTY HEALTH DISTRICT  
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
FISCAL YEAR 2021-2022

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>OBSERVATION</b>													
ADMISSIONS	3	4	4	6	2	5	8	6	6				44
DISCHARGES	4	4	4	6	2	5	6	7	7				45
HOURS	69	98	64	233	72	89	344	253	108				1330
REVENUE	\$ 9,105	\$ 12,383	\$ 8,975	\$ 28,949	\$ 9,009	\$ 11,805	\$ 41,932	\$ 32,838	\$ 14,819	\$ -	\$ -	\$ -	\$ 169,816
AVG LENGTH OF STAY (hours)	23.0	24.5	16.0	38.8	36.0	17.8	43.0	42.2	18.0	#DIV/0!	#DIV/0!	#DIV/0!	30.2
DEATHS	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>HOSPITAL RESPITE</b>													
ADMISSIONS	2	0	0	1	2	0	0	1	2				8
DISCHARGES	2	0	0	0	2	0	0	0	2				6
PATIENT ADMISSION DAYS	10	0	0	3	3	0	0	1	21				38
DEATHS	0	0	0	0	1	0	0	0	0				1
<b>SWING (Non-Skilled)</b>													
ADMISSIONS	1	0	0	1	0	0	0	1	0				3
DISCHARGES	1	0	1	1	0	0	1	0	0				4
Dschgs -MEDICAID	1	0	0	0	0	0	0	0	0				1
SELF PAY	0	0	1	1	0	0	1	0	0				3
<b>TOTAL</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICAID	6	0	0	0	0	0	0	0	0				6
SELF PAY	0	0	140	297	0	0	470	0	0				907
<b>TOTAL</b>	<b>6</b>	<b>0</b>	<b>140</b>	<b>297</b>	<b>0</b>	<b>0</b>	<b>470</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>913</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICAID	6	0	0	11	30	31	31	49	62				220
SELF PAY	124	124	111	92	60	62	43	28	31				675
<b>TOTAL</b>	<b>130</b>	<b>124</b>	<b>111</b>	<b>103</b>	<b>90</b>	<b>93</b>	<b>74</b>	<b>77</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>895</b>
AVG DAILY CENSUS	4.2	4.0	3.7	3.3	3.0	3.0	2.4	2.8	3.0	0.0	0.0	0.0	3.3
SWING BED REVENUE	\$ 45,709	\$ 43,600	\$ 39,029	\$ 36,216	\$ 31,665	\$ 32,700	\$ 26,019	\$ 29,047	\$ 35,083	\$ -	\$ -	\$ -	\$ 319,068
SWING \$ DAYS	130	124	111	103	90	93	74	77	93	0	0	0	895
DEATHS	0	0	1	1	0	0	1	0	0	0	0	0	3
<b>SUMMARY STATS</b>													
TOTAL/AVERAGE % OCCUPANCY	25.0%	25.2%	30.8%	25.7%	20.8%	22.6%	24.0%	18.7%	29.8%	0.0%	0.0%	0.0%	26.0%
<b>TOTAL OUTPATIENTS (Admits) w/ ER</b>													
	613	739	651	635	528	600	680	574	662				5682
<b>TOTAL ER (Encounters)</b>													
	98	110	89	96	95	100	80	70	100				838
<b>LAB TESTS</b>													
INPATIENT	22	73	91	65	67	112	87	31	81				629
OUTPATIENT	1604	1592	1419	1272	1340	1344	1587	1368	1671				13197
<b>TOTAL</b>	<b>1626</b>	<b>1665</b>	<b>1510</b>	<b>1337</b>	<b>1407</b>	<b>1456</b>	<b>1674</b>	<b>1399</b>	<b>1752</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13826</b>
<b>XRAY/ULTRASOUND TESTS</b>													
INPATIENT	1	8	7	3	7	6	2	2	4				40
OUTPATIENT	108	114	82	116	88	120	87	76	94				885
<b>TOTAL</b>	<b>109</b>	<b>122</b>	<b>89</b>	<b>119</b>	<b>95</b>	<b>126</b>	<b>89</b>	<b>78</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>925</b>
<b>CT SCANS</b>													
	36	44	25	28	39	39	38	54	37				340
<b>MRI SCANS</b>													
	4	4	1	4	1	4	7	1	5				31
<b>EKG TESTS</b>													
	36	32	30	22	32	24	42	24	31				273
<b>TREADMILL PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0				0
<b>LOWER ENDOSCOPY PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0				0
<b>UPPER ENDOSCOPY PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0				0
<b>LOWER/UPPER ENDOSCOPY PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0				0
<b>RESPIRATORY THERAPY</b>													
INPATIENT	6	8	5	10	1	0	0	1	10				41
OUTPATIENT	3	0	1	1	2	2	1	0	3				13
<b>TOTAL</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54</b>

MORROW COUNTY HEALTH DISTRICT  
 PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
 FISCAL YEAR 2021-2022

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>PROVIDER VISITS</b>													
HEPPNER CLINIC	327	249	226	203	224	202	240	268	343				2282
IRRIGON CLINIC	340	425	427	340	317	299	358	271	406				3183
IONE CLINIC	56	60	75	72	62	65	82	65	92				629
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	133	146	121	136	119	123	130	106	148				1162
<b>TOTAL</b>	<b>856</b>	<b>880</b>	<b>849</b>	<b>751</b>	<b>722</b>	<b>689</b>	<b>810</b>	<b>710</b>	<b>989</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7256</b>
REVENUE OF HOSPITAL ENCOUNTERS	\$ 65,997	\$ 82,304	\$ 63,913	\$ 75,078	\$ 69,005	\$ 72,194	\$ 72,146	\$ 60,512	\$ 73,405	\$ -	\$ -	\$ -	\$634,552
<b>AMBULANCE</b>													
HEPPNER AMBULANCE TRANSPORTS	19	38	19	21	21	26	23	20	18				205
BOARDMAN AMBULANCE TRANSPORTS	17	35	14	22	25	25	36	29	22				225
IRRIGON AMBULANCE TRANSPORTS	24	29	31	20	14	22	25	11	15				191
IONE AMBULANCE TRANSPORTS	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>60</b>	<b>102</b>	<b>64</b>	<b>63</b>	<b>60</b>	<b>73</b>	<b>84</b>	<b>60</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>621</b>
HEPPNER AMB REVENUE	\$ 31,774	\$ 66,467	\$ 32,368	\$ 33,579	\$ 36,341	\$ 46,576	\$ 39,426	\$ 36,196	\$ 36,830				\$359,556
BOARDMAN AMB REVENUE	\$ 33,969	\$ 71,133	\$ 29,319	\$ 45,241	\$ 50,102	\$ 56,478	\$ 80,363	\$ 62,996	\$ 48,469				\$478,068
IRRIGON AMB REVENUE	\$ 42,648	\$ 51,881	\$ 54,689	\$ 35,265	\$ 23,779	\$ 39,378	\$ 45,936	\$ 20,441	\$ 28,352				\$342,368
IONE AMB REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$0
<b>TOTAL</b>	<b>\$ 108,391</b>	<b>\$ 189,480</b>	<b>\$ 116,376</b>	<b>\$ 114,084</b>	<b>\$ 110,221</b>	<b>\$ 142,432</b>	<b>\$ 165,725</b>	<b>\$ 119,633</b>	<b>\$ 113,650</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$1,179,992</b>
<b>HOME HEALTH VISITS</b>													
SKILLED NURSING VISITS	82	87	55	34	30	70	91	78	63				590
AIDE VISITS	5	5	5	10	8	16	36	27	18				130
MSW VISITS	0	0	0	0	0	0	0	0	0				0
OCCUPATIONAL THERAPY	10	9	6	16	8	5	13	10	0				77
PHYSICAL THERAPY	23	42	18	33	26	19	24	40	42				267
SPEECH THERAPY	3	4	4	2	5	4	6	5	1				34
IN HOME CARE VISITS-PRIVATE PAY	32	27	37	42	44	32	33	35	29				311
<b>TOTAL</b>	<b>155</b>	<b>174</b>	<b>125</b>	<b>137</b>	<b>121</b>	<b>146</b>	<b>203</b>	<b>195</b>	<b>153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1409</b>
<b>HOSPICE</b>													
ADMITS	3	3	4	5	4	1	2	2	2				26
DISCHARGE	1	0	0	0	1	1	0	0	1				4
DEATHS	2	4	4	4	5	4	2	1	0				26
<b>TOTAL DAYS</b>	<b>192</b>	<b>201</b>	<b>168</b>	<b>216</b>	<b>198</b>	<b>79</b>	<b>40</b>	<b>55</b>	<b>79</b>				<b>1228</b>
<b>PHARMACY</b>													
DRUG DOSES	1563	2431	2368	3087	2357	3316	2185	1978	2331				21,616
DRUG REVENUE	\$ 137,123	\$ 110,214	\$ 143,635	\$ 148,267	\$ 114,441	\$ 169,514	\$ 155,535	\$ 126,442	\$ 93,128				\$1,198,298

**PIONEER MEMORIAL CLINIC - MARCH 2022**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Dr. Lion	Patient Hours Available	7.5	7.5					8	7.5	9					7.5	7.5	8																	85	
	Patients Seen	8	9					6	5	11					7	8	11																	87	
	No Shows	0	1					1	0	0					1	0	1																	6	
	Patient Cancellations	0	0					0	1	1					0	0	0																	5	
	Clinic Cancellations	1	0					2	1	0					1	2	0																	12	
	Pts. Per Available Hour	1.1	1.2					0.8	0.7	1.2					0.9	1.1	1.4																	1.0	
	No Show Rate	0%	6%					11%	0%	0%					11%	0%	8%																	5%	
	Patient Cancel Rate	0%	0%					0%	14%	8%					0%	0%	0%																	5%	
Clinic Cancel Rate	11%	43%					22%	14%	0%					11%	20%	0%																	11%		
Danielle Mateleska	Patient Hours Available			8	8										8	8	8	1						8	8	8	8							121	
	Patients Seen			11	10										14	11	15	2						10	12	10	10							152	
	No Shows			1	0										0	0	0	1						1	0	0	1							4	
	Patient Cancellations			0	0										0	1	0	1						0	0	0	1							5	
	Clinic Cancellations			0	0										0	0	0	0						0	0	0	0							0	
	Pts. Per Available Hour			1.4	1.3										0.9	1.1	1.4	0.9						1.3	1.5	1.3	1.3							1.3	
	No Show Rate			8%	0%										0%	0%	0%	13%						9%	0%	0%	8%							2%	
	Patient Cancel Rate			0%	0%										0%	10%	8%	0%						0%	8%	0%	8%							3%	
Clinic Cancel Rate			0%	0%										0%	0%	0%	0%						0%	0%	0%	0%							0%		
Dr. Sirucek	Patient Hours Available	8	8																				8	8	8	8	8							79.5	
	Patients Seen	12	10																				12	9	10	7	10							104	
	No Shows	0	0																				1	1	0	0	0							4	
	Patient Cancellations	0	1																				0	1	0	0	1							3	
	Clinic Cancellations	0	0																				0	0	0	3	0							5	
	Pts. Per Available Hour	1.5	1.3																					1.5	1.1	1.3	0.9	1.3						1.3	
	No Show Rate	0%	0%																					8%	9%	0%	0%	0%							3%
	Patient Cancel Rate	0%	9%																					0%	9%	0%	0%	9%							3%
Clinic Cancel Rate	0%	0%																					0%	0%	0%	30%	0%							4%	
PMC TOTALS	Patient Hours Available	15.5	15.5	8	8			8	15.5	17	8	8			7.5	15.5	16	8	1			8	16	16	16	16							285.5		
	Patients Seen	20	19	11	10			6	12	20	11	7			7	22	22	15	2			12	19	22	17	20							343		
	No Shows	0	1	1	0			1	0	0	0	1			1	0	1	0	0			1	2	0	0	1								14	
	Patient Cancellations	0	1	0	0			0	1	2	1	0			0	0	1	0	1			0	1	0	0	2								13	
	Clinic Cancellations	1	1	1	1			1	1	1	1	1			1	2	0	0	0			0	0	0	3	0								22	
	Pts. Per Available Hour	1.3	1.2	1.4	1.3			0.8	0.8	1.2	1.4	0.9			0.9	1.4	1.4	1.9	2.0				1.5	1.2	1.4	1.1	1.3							1.2	
	No Show Rate	0%	5%	8%	0%			13%	0%	0%	0%	11%			11%	0%	4%	0%	0%				8%	9%	0%	0%	4%							4%	
	Patient Cancel Rate	0%	5%	0%	0%			0%	7%	9%	8%	0%			0%	0%	4%	0%	33%				0%	5%	0%	0%	9%							3%	
Clinic Cancel Rate	5%	5%	8%	9%			13%	7%	4%	8%	11%			11%	8%	0%	0%	0%				0%	0%	0%	15%	0%							6%		

**IRRIGON MEDICAL CLINIC - March 2022**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Taylor Muenchow	Patient Hours Available	7	7	8	7					8	8	8				3.5	8	3.5															68
	Patients Seen	7	9	13	7					9	6	8				6	5	1															71
	No Shows	1	0	0	0					1	1	1				0	3	0															7
	Patient Cancellations	2	0	0	2					2	1	1				0	0	0															8
	Clinic Cancellations	0	0	0	0					0	0	0				0	0	0															0
	Pts. Per Available Hour	1.0	1.3	1.6	1.0					1.1	0.8	1.0				1.7	0.6	0.3															1.0
	No Show Rate	10%	0%	0%	0%					8%	13%	10%				0%	38%	0%															8%
	Patient Cancel Rate	20%	0%	0%	22%					17%	13%	10%				0%	0%	0%															9%
Clinic Cancel Rate	0%	0%	0%	0%					0%	0%	0%				0%	0%	0%															0%	
Jamie Reed	Patient Hours Available		3.5	6.5	6.5			2	6	6	6.5	3			6.5	6.5	6.5	6.5	6.5			6.5	6.5	5.5	6.5	6			3	6	6.5	6.5	125.5
	Patients Seen		3	1	3			1	1	3	0	1			0	3	1	4	1			1	2	1	3	2			3	2	3	1	40
	No Shows		0	1	1			0	0	1	1	0			0	0	0	0	0			0	0	1	0	0			0	0	0	1	6
	Patient Cancellations		1	1	1			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	3
	Clinic Cancellations		0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0
	Pts. Per Available Hour		0.9	0.2	0.5			0.5	0.2	0.5	0.0	0.3			0.0	0.5	0.2	0.6	0.2			0.2	0.3	0.2	0.5	0.3			1.0	0.3	0.5	0.2	0.3
	No Show Rate		0%	33%	20%			0%	0%	25%	100%	0%			N/A	0%	0%	0%	0%			0%	0%	50%	0%	0%			0%	0%	0%	50%	12%
	Patient Cancel Rate		25%	33%	20%			0%	0%	0%	0%	0%			N/A	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	6%
Clinic Cancel Rate		0%	0%	0%			0%	0%	0%	0%	0%			N/A	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%	
Jon Watson	Patient Hours Available	7	7	8				8	7.5	7.5	7.5				8	8	8	8				8	8	7	8				8	7.5	8	8	147
	Patients Seen	12	12	14				12	17	15	13				12	14	14	12				15	12	10	16				16	14	15	12	257
	No Shows	1	3	1				2	0	2	1				4	3	3	1				2	2	3	2				4	1	3	2	40
	Patient Cancellations	2	1	0				2	1	0	0				0	0	0	0				0	0	0	0				0	0	0	0	6
	Clinic Cancellations	0	0	0				0	0	0	0				0	0	0	0				0	0	0	0				0	0	0	0	0
	Pts. Per Available Hour	1.7	1.7	1.8				1.5	2.3	2.0	1.7				1.5	1.8	1.8	1.5				1.9	1.5	1.4	2.0				2.0	1.9	1.9	1.5	1.7
	No Show Rate	7%	19%	7%				13%	0%	12%	7%				25%	18%	18%	8%				12%	14%	23%	11%				20%	7%	17%	14%	13%
	Patient Cancel Rate	13%	6%	0%				13%	6%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	2%
Clinic Cancel Rate	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%	
Vicki Kent	Patient Hours Available																		8						8	8						8	32
	Patients Seen																		9						11	9						9	38
	No Shows																		1						0	1						1	3
	Patient Cancellations																		0						0	0						0	0
	Clinic Cancellations																		0						0	0						0	0
	Pts. Per Available Hour																		1.1						1.4	1.1						1.1	1.2
	No Show Rate																		10%						0%	10%						10%	7%
	Patient Cancel Rate																		0%						0%	0%						0%	0%
Clinic Cancel Rate																		0%						0%	0%						0%	0%	
IMC TOTALS	Patient Hours Available	14	17.5	22.5	13.5			10	13.5	21.5	22	11			14.5	18	22.5	18	14.5			14.5	14.5	12.5	22.5	14			11	13.5	14.5	22.5	372.5
	Patients Seen	19	24	28	10			13	18	27	19	9			12	23	20	17	10			16	14	11	30	11			19	16	18	22	406
	No Shows	2	3	2	1			2	0	4	3	1			4	3	6	1	1			2	2	4	2	1			4	1	3	4	56
	Patient Cancellations	4	2	1	3			2	1	2	1	1			0	0	0	0	0			0	0	0	0	0			0	0	0	0	17
	Clinic Cancellations	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0
	Pts. Per Available Hour	1.4	1.4	1.2	0.7			1.3	1.3	1.3	0.9	0.8			0.8	1.3	0.9	0.9	0.7			1.1	1.0	0.9	1.3	0.8			1.7	1.2	1.2	1.0	1.1
	No Show Rate	8%	10%	6%	7%			12%	0%	12%	13%	9%			25%	12%	23%	6%	9%			11%	13%	27%	6%	8%			17%	6%	14%	15%	12%
	Patient Cancel Rate	16%	7%	3%	21%			12%	5%	6%	4%	9%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	4%
Clinic Cancel Rate	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%	

**IONE COMMUNITY CLINIC - MARCH 2022**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Eileen McElligott	Patient Hours Available			8				8			8				8			8				8			8						8	72	
	Patients Seen			9				7			11				13			14				15			5					12		6	92
	No Shows			1				1			0				0			0				0			0					1		0	3
	Patient Cancellations			0				0			0				0			0				0			0					0		0	0
	Clinic Cancellations			0				0			0				0			0				0			0					0		0	0
	Pts. Per Available Hour			1.1				0.9			1.4				1.6			1.8				1.9			0.6					1.5		0.8	1.3
	No Show Rate			10%				13%			0%				0%			0%				0%			0%					8%		0%	3%
	Patient Cancel Rate			0%				0%			0%				0%			0%				0%			0%					0%		0%	0%
Clinic Cancel Rate			0%				0%			0%				0%			0%				0%			0%					0%		0%	0%	





# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

## PROPOSED BUDGET OVERVIEW For FY 2022-2023

April 20, 2022

The accompanying budget is a snapshot estimate of what we anticipate the new fiscal year holds for District operations and capital investments. Preparation of this budget is based on information provided by all departments, current and historical analysis, as well as new projections. The next year presents opportunity for increased clinic utilization and hospital ancillary services, expedited response times with expanded staffing to include a total of 8 full-time positions for the Boardman Ambulance service area. We hope this year brings the completion of the Ambulance Hall in Irrigon, which coincides with the addition of 6 more full time EMS staff for Irrigon, bringing them up to a total of 8.

This budget is presented in the cash based format consistent with prior years and state reporting requirements. In the budget document, total resources and expenditures are identified in summary and also by departmental details. The summarized revenues can be found on page 2 and the expenditures and revenue deductions on page 3. There is a projected net increase to cash of \$222,052, with an additional capital project cash carry-over of \$525,335 from prior years for projects scheduled to be completed in this budget year. On page 10 there is a detailed capital purchases list and the current debt service and interest payments are outlined on Page 11. Our accounting firm, WIPFLI, also converted the proposed cash budget to accrual based financial statements, so they are comparable to the District's regular monthly financial statements, which are attached hereto.

The fiscal goals of the upcoming year can be summarized into the following major areas, which support the proposed assumptions and estimations in the budget document.

**Planned Growth** The conservative assumptions in this budget predict volume & revenue increases over current year actuals in nearly all departments as new providers have been recruited for Heppner and Irrigon. Provider recruitment for two open positions remains a top priority to meet the population demand and budgeted growth projections for the coming year.

The increases in total patient service revenues are also due to a five percent service rate increase in most all departments. We believe the rate increase is necessary to meet the continual rising costs of providing services.

**Investment in Capital Improvements** This budget includes investments in facility maintenance, improved security for all District locations, and equipment replacements. Capital items such as the upgrade of defibrillators in the Hospital, and scheduled replacement of aging equipment in CT and Plant top the list. The District is also planning to complete construction of the long awaited Irrigon Ambulance Hall, with \$400,000 being paid for with grant funds obtained over 2020-2022 and held in reserve for this project completion. Delays due to land acquisition have pushed this project past the original estimated completion date. The full listing of estimated capital projects can be found on page 10 of the budget. The total for the year is \$1,343,640.

## **BUDGET HIGHLIGHTS**

The increases in expenses this budget cycle mostly hinge on market pay adjustments, new positions, rising employee health insurance costs and supply/service inflation.

Budgeted net patient revenues for FY 2022-23 are up 29% or \$3.8 million over current year-end projected volumes, which are historically low due to the pandemic and a provider shortage resulting in reduced utilization. Total Budgeted expenses, excluding Salaries & Benefits, for FY 2021-22 are decreased slightly over the current year-end estimates, as locum physician costs previously recorded under professional fees are budgeted under Salaries & Benefits for the coming year. Salaries & Benefits budgeted for FY 2022-23 are nearly 29% over current year-end projected totals, which includes several new full time positions as outlined below and the hiring of staff for positions that have been open for extended periods.

The FY 2022-23 budget includes a 4.5% cost of living increase for non-contracted and union employees, annual longevity step increases, market adjustments to pay scales, a 15% estimated increase to the District's employee health insurance contribution cap beginning 1/1/2023, and the addition of 11 FTE's over last year's budget due to staffing changes in the following areas:

- 4.0 EMS Positions in Boardman
- 6.0 EMS Positions in Irrigon
- 1.0 Medical Staff~Executive Coordinator
- 11.0 Total FTE's added**

### **Other Income – page 2 summary & page 8 detail**

Other revenue amounts did not fluctuate a great deal except for the addition of \$200,000 in COVID Provider Relief Funding for the clinics and a federal grant request that has been submitted for a new CT Scanner in the amount of \$585,000 that could be awarded in FY 2023.

### **Loans – page 2 summary**

No new loans are planned for FY 2022-2023

### **Property Tax Revenue – page 2 summary & page 9 detail**

The forecasted amount of \$3,078,680 is a 20% increase over the current year revenue due to increased property values in residential, commercial, and industrial development in primarily the north end of the County.

**Community Benefit Grants**

\$50,000 is budgeted to assist other non-profit entities that carry out the mission of the District in fostering community health improvements. Entities must apply to the Board for grant funds for their projects.

**Debt Principal Reduction – page 3 summary & page 11 detail**

There are no new capital equipment leases or loans budgeted for this year.

Thank you for your consideration of this proposed budget. Please keep in mind that the budget can be changed at any of the upcoming board meetings, and even after adoption in June, if the Board wants to make amendments. We look forward to hearing both the input from the Board as well as any public comments over the next couple months.

Nicole Mahoney, CFO  
Emily Roberts, CEO

Morrow County Health District  
d/b/a Pioneer Memorial Hospital  
Budgeted Statements of Net Position

<i>Assets</i>	2023 Budgeted	2022 Annualized	2/28/2022	2022 Budgeted	2021 Actual
Current assets:					
Cash and cash equivalents:					
Cash	\$ 4,881,201	\$ 4,823,702	\$ 5,986,662	\$ 10,763,588	\$ 6,707,182
Board-designated cash - Capital fund	662,447	547,946	547,946	24,968	171,661
Receivables:					
Patient accounts - Net	2,384,838	1,714,624	1,714,624	1,800,131	1,639,810
Taxes	-	-	-	-	70,029
Third-party settlements	-	405,935	-	-	-
Other	-	45,832	45,832	79,096	56,028
Inventories	421,502	421,502	366,523	298,057	366,523
Prepaid expenses	177,235	168,795	160,757	68,707	72,523
<b>Total current assets</b>	<b>8,527,222</b>	<b>8,128,335</b>	<b>8,822,344</b>	<b>13,034,547</b>	<b>9,083,756</b>
Restricted cash and cash equivalents:					
Restricted by debt instrument, USDA	-	-	68,588	68,588	68,588
Restricted by donors	89,485	119,313	140,153	110,000	140,153
Restricted by grant and service contracts	347,622	670,995	723,831	30,000	662,345
<b>Total restricted cash and cash equivalents</b>	<b>437,107</b>	<b>790,308</b>	<b>932,572</b>	<b>208,588</b>	<b>871,086</b>
Capital assets -Net					
Land	135,700	135,700	135,700	85,203	135,700
Construction in progress	154,000	140,000	158,794	603,081	430,755
Depreciable capital assets - Net	5,350,418	4,785,581	4,318,182	3,907,033	4,296,413
<b>Capital assets - Net</b>	<b>5,640,118</b>	<b>5,061,281</b>	<b>4,612,676</b>	<b>4,595,317</b>	<b>4,862,868</b>
<b>TOTAL ASSETS</b>	<b>\$ 14,604,447</b>	<b>\$ 13,979,924</b>	<b>\$ 14,367,592</b>	<b>\$ 17,838,452</b>	<b>\$ 14,817,710</b>

Morrow County Health District  
d/b/a Pioneer Memorial Hospital  
Budgeted Statements of Net Position

<i>Liabilities and Net Position</i>	2023 Budgeted	2022 Annualized	2/28/2022	2022 Budgeted	2021 Actual
Current liabilities:					
Current maturities of long-term debt	\$ 182,895	\$ 314,270	\$ 314,270	\$ 1,299,222	\$ 337,915
Accounts payable	214,400	194,910	226,646	166,895	287,380
Unrecognized tax revenue	-	-	766,025	-	-
Third-party settlements	-	-	28,372	505,913	28,670
Accrued compensation and related liabilities	368,591	335,082	335,082	394,321	208,389
Accrued vacation	477,954	434,503	434,503	478,057	459,105
Accrued interest payable	3,950	4,389	4,389	5,027	4,389
Unearned revenue	810,177	1,110,177	1,588,186	4,014,735	2,124,542
<b>Total current liabilities</b>	<b>2,057,967</b>	<b>2,393,331</b>	<b>3,697,474</b>	<b>6,864,170</b>	<b>3,450,390</b>
Long-term debt - Less current maturities	1,184,620	1,369,740	1,545,388	1,695,242	1,684,010
<b>Total liabilities</b>	<b>3,242,587</b>	<b>3,763,071</b>	<b>5,242,862</b>	<b>8,559,412</b>	<b>5,134,400</b>
Net position:					
Net investment in capital assets	4,272,603	3,377,271	2,753,018	1,600,853	2,840,943
Restricted:					
For debt service	-	-	68,588	68,588	68,588
By donors	89,485	119,313	140,153	110,000	140,153
By grant and service contracts	347,622	670,995	723,831	30,000	662,345
Unrestricted	10,924,753	9,426,544	8,192,158	7,469,599	5,971,281
<b>Total net position</b>	<b>11,361,860</b>	<b>10,216,852</b>	<b>9,124,730</b>	<b>9,279,040</b>	<b>9,683,310</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 14,604,447</b>	<b>\$ 13,979,924</b>	<b>\$ 14,367,592</b>	<b>\$ 17,838,452</b>	<b>\$ 14,817,710</b>

Morrow County Health District  
d/b/a Pioneer Memorial Hospital  
Budgeted Statements of Changes in Net Position

	2023 Budgeted	2022 Annualized	2/28/2022	2022 Budgeted	2021 Actual
Revenue:					
Net patient service revenue	\$ 16,803,192	\$ 13,002,651	\$ 8,397,811	\$ 15,209,442	\$ 13,243,682
Other operating revenue	571,900	553,774	503,430	267,343	396,950
<b>Total operating revenue</b>	<b>17,375,092</b>	<b>13,556,424</b>	<b>8,901,242</b>	<b>15,476,785</b>	<b>13,640,632</b>
Operating expenses:					
Salaries and wages	11,419,198	8,938,577	5,959,050	10,419,260	9,378,900
Employee benefits	3,913,188	2,949,096	1,966,063	3,282,948	2,977,315
Professional fees	611,595	1,213,225	808,816	490,900	661,528
Supplies	1,501,441	1,319,708	879,801	1,423,221	1,309,846
Purchased services - Utilities	236,722	208,069	138,712	84,014	207,306
Purchased services - Other	1,152,221	1,012,757	675,170	986,218	1,048,926
Insurance	146,985	129,194	86,129	74,713	138,242
Other	897,437	788,812	525,873	894,737	644,792
Depreciation and amortization	737,180	697,629	465,086	684,163	667,978
<b>Total operating expenses</b>	<b>20,615,966</b>	<b>17,257,067</b>	<b>11,504,699</b>	<b>18,340,174</b>	<b>17,034,833</b>
<b>Loss from operations</b>	<b>(3,240,874)</b>	<b>(3,700,643)</b>	<b>(2,603,457)</b>	<b>(2,863,389)</b>	<b>(3,394,201)</b>
Nonoperating revenue (expenses):					
Property tax revenue	3,078,680	2,557,795	1,684,610	2,372,518	2,333,380
Interest earnings	45,000	29,518	19,679	60,000	67,883
Interest expense	(64,142)	(84,663)	(56,440)	(83,234)	(94,099)
Noncapital grants, capital grants, contributions, and donations	859,000	53,547	35,698	270,000	438,344
Gain on sale of assets	-	9,900	6,600	-	2,201
Contract Revenue	-	-	-	-	117,814
Other revenue	467,343	1,668,088	354,731	503,100	4,291,523
<b>Total nonoperating revenue - Net</b>	<b>4,385,881</b>	<b>4,234,185</b>	<b>2,044,878</b>	<b>3,122,384</b>	<b>7,157,046</b>
Increase (decrease) in Net Assets, Excess of revenue over expense	1,145,007	533,542	(558,580)	258,995	3,762,845
Net position - Beginning of year	10,216,852	9,683,310	9,683,310	8,326,161	5,920,465
<b>Net position - End of year</b>	<b>\$ 11,361,860</b>	<b>\$ 10,216,852</b>	<b>\$ 9,124,730</b>	<b>\$ 8,585,156</b>	<b>\$ 9,683,310</b>



**MORROW COUNTY  
HEALTH DISTRICT**  
**Excellence in Healthcare**

**PROPOSED BUDGET**  
**Fiscal Year 2022-2023**

**Morrow County Health District  
FY 2022- 2023 Budget  
Resources**

<b>Historical Data 2017-2018</b>	<b>Historical Data 2018-2019</b>	<b>Historical Data 2019-2020</b>	<b>Historical Data 2020-2021</b>	<b>Adopted 2021-2022</b>	<b>Resource Description</b>	<b>Proposed FY 2022-23</b>	<b>Adopted FY 2022-23</b>
7,686,589	8,085,113	8,736,949	9,774,706	10,168,965	<b>Hospital</b>	11,678,067	
493,142	509,418	855,424	1,157,239	1,148,484	<b>Home Health &amp; Hospice</b>	1,217,749	
440,549	515,684	490,161	497,203	567,954	<b>Boardman Ambulance</b>	654,401	
277,454	284,969	326,241	389,832	348,603	<b>Irrigon Ambulance</b>	449,615	
7,076	1,486	4,790	1,684	4,421	<b>Ione Ambulance</b>	3,676	
1,117,874	1,108,383	1,148,307	1,218,913	2,532,056	<b>Heppner Clinic</b>	1,734,724	
887,902	1,023,712	1,116,193	1,365,333	2,071,900	<b>Irrigon Clinic</b>	2,061,756	
108,407	130,878	213,215	165,962	274,882	<b>Ione Clinic</b>	278,624	
313,452	314,201	306,091	4,311,634	267,343	<b>Other Revenue</b>	467,343	
278,367	418,442	549,400	438,344	274,000	<b>Donations &amp; Grants</b>	909,000	
49,730	58,752	61,400	67,883	60,000	<b>Interest Income</b>	45,000	
176,428	183,660	204,316	199,788	293,100	<b>Community Service Fees</b>	311,900	
25,500	17,000	0	0	0	<b>Electronic Health Record Reimbursements</b>	0	
0	138,059	253,204	297,066	260,000	<b>340B Retail Pharmacy Net Revenue</b>	260,000	
454,000	929,316	2,070,957	90,000	67,500	<b>Operating, Capital, Long &amp; Short Term Loans</b>	0	
12,316,470	13,719,073	16,336,648	19,975,587	18,339,208	<i>Total Resources Except Taxes</i>	20,071,855	0
1,755,448	1,951,914	2,129,531	2,333,380	2,372,518	<b>Property Taxes (Including Local Option Levy if applicable)</b>	3,078,680	
<b>\$14,071,918</b>	<b>\$15,670,987</b>	<b>\$18,466,179</b>	<b>\$22,308,967</b>	<b>\$20,711,726</b>	<b>Total Resources</b>	<b>\$23,150,535</b>	<b>\$0</b>



**Morrow County Health District  
FY 2022-2023 Budget  
Expenditures**

<b>Historical Data 2017-2018</b>	<b>Historical Data 2018-2019</b>	<b>Historical Data 2019-2020</b>	<b>Historical Data 2020-21</b>	<b>Adopted FY 2021-22</b>	<b>Expenditure Description</b>	<b>Proposed FY 2022-23</b>	<b>Adopted FY 2022-23</b>
8,090,960	8,725,782	9,370,021	10,745,692	11,975,707	<b>Hospital</b>	12,068,033	
668,768	674,971	895,740	1,081,333	1,230,084	<b>Home Health &amp; Hospice</b>	1,392,900	
381,741	383,496	416,662	421,505	552,838	<b>Boardman Ambulance</b>	863,687	
290,026	316,258	347,976	361,609	404,972	<b>Irrigon Ambulance</b>	863,769	
16,446	17,009	18,270	22,772	21,512	<b>Ione Ambulance &amp; Lexington EMS</b>	20,385	
1,288,007	1,464,703	1,721,376	2,024,852	2,075,910	<b>Heppner Clinic</b>	2,467,243	
961,396	1,326,017	1,670,976	1,592,779	1,697,013	<b>Irrigon Clinic</b>	2,008,841	
139,231	140,828	230,173	210,412	239,389	<b>Ione Community Clinic</b>	258,069	
1,801	27,589	11,280	12,536	50,000	<b>Community Benefit Grants</b>	50,000	
898,694	718,084	1,246,916	1,327,190	1,415,174	<b>Revenue Deductions &amp; Bad Debt</b>	1,275,420	
1,290,944	1,582,346	690,990	1,189,730	590,970	<b>Capital Purchases</b>	1,343,640	
0	0	47,229	47,230	0	<b>Capital Lease Principal Reduction</b>	0	
266,080	304,601	322,400	2,150,042	343,713	<b>Long &amp; Short Term Debt Principal Reduction</b>	316,495	
\$14,294,094	\$15,681,684	\$16,990,009	\$21,187,682	\$20,597,282	<b>Total Expenditures</b>	<b>\$22,928,483</b>	<b>\$0</b>
<b>(\$222,176)</b>	<b>(\$10,697)</b>	<b>\$1,476,170</b>	<b>\$1,121,285</b>	<b>\$114,444</b>	<b>Net Increase/(Decrease) in Cash</b>	<b>\$222,052</b>	<b>\$0</b>

**MORROW COUNTY HEALTH DISTRICT  
REVENUE DETAIL BY DEPARTMENT  
FISCAL YEAR 2022-2023**

**FY 2022-23 Proposed**

**FY 2022-23 Adopted**

	<u>Inpatient</u>	<u>Outpatient</u>	<u>TOTAL</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>TOTAL</u>
<b>NURSING (1)</b>	1,224,657	471,968	1,696,625			
EMERGENCY/PROF FEES	61,513	1,556,876	1,618,389			
AMBULANCE	0	515,544	515,544			
CENTRAL SUPPLY	10,051	47,508	57,559			
LABORATORY	93,403	3,255,220	3,348,623			
EKG/TREADMILL	2,906	85,150	88,056			
RADIOLOGY-XRAY	30,603	953,909	984,512			
CT SCAN	16,689	798,918	815,607			
PHARMACY	182,604	1,630,776	1,813,380			
PROCEDURE	0	0	0			
RESPIRATORY THERAPY THERAPIES	135,301	414,104	549,405			
	168,478	21,889	190,367			
<b>HOSPITAL TOTAL</b>	<b>1,926,205</b>	<b>9,751,862</b>	<b>11,678,067</b>	<b>0</b>	<b>0</b>	<b>0</b>
HOME HEALTH		546,117	546,117			
HOSPICE		671,632	671,632			
BRDMAN AMBULANCE		654,401	654,401			
IRRIGON AMBULANCE		449,615	449,615			
IONE AMBULANCE		3,676	3,676			
HEPPNER CLINIC		1,734,724	1,734,724			
IRRIGON CLINIC		2,061,756	2,061,756			
IONE CLINIC		278,624	278,624			
<b>OTHER DEPTS TOTAL</b>		<b>6,400,545</b>	<b>6,400,545</b>		<b>0</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>\$1,926,205</b>	<b>\$16,152,407</b>	<b>\$18,078,612</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>NURSING (1)</b>						
ACUTE, ICU, OBSERVATION	337,626	471,968	809,594			
SWING BED	207,999	0	207,999			
SWING BED NF	679,032	0	679,032			
<b>TOTAL</b>	<b>1,224,657</b>	<b>471,968</b>	<b>1,696,625</b>	<b>0</b>	<b>0</b>	<b>0</b>

**MORROW COUNTY HEALTH DISTRICT  
EXPENDITURE DETAIL BY DEPARTMENT  
FISCAL YEAR 2022-23**

	<u>FY 2022-23 PROPOSED</u>			<u>FY 2022-23 ADOPTED</u>		
	<u>S &amp; B</u>	<u>OTHER</u>	<u>TOTAL</u>	<u>S &amp; B</u>	<u>OTHER</u>	<u>TOTAL</u>
<b>NURSING (1)</b>	2,667,408	246,889	2,914,297			
EMERGENCY/PROF SERVICES	1,138,290	85,641	1,223,931			
AMBULANCE	332,298	59,099	391,397			
CENTRAL SUPPLY	63,459	53,081	116,539			
LABORATORY	443,972	427,293	871,265			
EKG/TREADMILL	22,515	3,738	26,253			
RADIOLOGY-XRAY	372,656	135,185	507,841			
CT SCAN	36,087	77,918	114,005			
PHARMACY	25,370	631,400	656,770			
PROCEDURE	0	0	0			
RESPIRATORY THERAPY	76,230	3,921	80,151			
THERAPIES	0	32,500	32,500			
DIETARY	213,292	92,835	306,127			
LAUNDRY	50,064	9,900	59,964			
HOUSEKEEPING	149,429	23,159	172,588			
PLANT	271,852	254,350	526,201			
BUSINESS OFFICE	571,287	83,665	654,953			
MEDICAL RECORDS	115,818	3,335	119,153			
<b>ADMINISTRATION (2)</b>	1,698,693	1,595,405	3,294,097			
<b>HOSPITAL TOTAL</b>	<b>8,248,720</b>	<b>3,819,313</b>	<b>12,068,033</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>HOME HEALTH/HOSPICE (3)</b>	1,143,403	249,497	1,392,900			
BOARDMAN AMBULANCE	798,611	65,076	863,687			
IRRIGON AMBULANCE	802,769	61,000	863,769			
IONE AMBULANCE	6,319	9,610	15,928			
LEXINGTON EMS	3,257	1,200	4,457			
HEPPNER CLINIC	2,315,687	151,556	2,467,243			
IRRIGON CLINIC	1,793,983	214,858	2,008,841			
IONE CLINIC	219,638	38,431	258,069			
<b>OTHER DEPTS TOTAL</b>	<b>7,083,666</b>	<b>791,228</b>	<b>7,874,894</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>\$15,332,386</b>	<b>\$4,610,542</b>	<b>\$19,942,928</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
ACUTE, ICU, OBSERVATION	1,623,869	213,980	1,837,849			
SWING BED	489,458	3,200	492,658			
SWING BED NF	554,080	29,709	583,790			
<b>NURSING (1)</b>	2,667,408	246,889	2,914,297	0	0	0
INFO SYSTEMS	150,981	718,595	869,576			
ACCOUNTING	406,486	78,092	484,578			
ADMINISTRATION	1,141,226	798,717	1,939,943			
<b>ADMINISTRATION (2)</b>	1,698,693	1,595,405	3,294,097	0	0	0
HOME HEALTH	538,541	153,421	691,962			
HOSPICE	604,862	96,077	700,938			
<b>HOME HEALTH/HOSPICE (3)</b>	1,143,403	249,497	1,392,900	0	0	0

**MORROW COUNTY HEALTH DISTRICT  
REVENUE DETAIL FOR ALL HOSPITAL DEPARTMENTS  
FISCAL YEAR 2022-2023**

<u>Historical Data</u>				<u>FY 2022-23</u>	
<u>Actual</u>	<u>Actual</u>	<u>Adopted Budget</u>		<u>Proposed</u>	<u>Adopted</u>
<u>FY 19-20</u>	<u>FY 20-21</u>	<u>FY 21-22</u>	<u>HOSPITAL DEPTS</u>		
773,107	715,631	748,365	ACUTE, ICU, OBSERVATION	809,594	
196,388	162,219	181,460	SWING BED	207,999	
494,373	547,137	632,898	SWING BED NF	679,032	
1,314,464	1,373,550	1,466,113	EMERGENCY/PROF FEES	1,618,389	
426,839	459,350	482,810	AMBULANCE	515,544	
61,107	62,622	64,494	CENTRAL SUPPLY	57,559	
2,154,634	2,680,496	2,940,473	LABORATORY	3,348,623	
56,956	88,095	73,434	EKG/TREADMILL	88,056	
616,391	600,312	754,836	RADIOLOGY-XRAY	984,512	
665,015	909,139	726,915	CT SCAN	815,607	
1,218,506	1,451,603	1,434,019	PHARMACY	1,813,380	
241,466	168,439	0	PROCEDURE	0	
324,106	376,722	428,405	RESPIRATORY THERAPY	549,405	
193,601	179,392	234,743	THERAPIES	190,367	
<b>8,736,952</b>	<b>9,774,706</b>	<b>10,168,965</b>	<b>HOSPITAL TOTAL</b>	<b>11,678,067</b>	<b>0</b>

**MORROW COUNTY HEALTH DISTRICT  
EXPENDITURE DETAIL FOR HOSPITAL DEPARTMENTS  
FISCAL YEAR 2022-2023**

<b>Actual FY 19-20</b>	<b><u>Historical Data</u></b>		<b>HOSPITAL DEPTS</b>	<b>FY 2022-23</b>	
	<b>Actual FY 20-21</b>	<b>Adopted Budget FY 21-22</b>		<b>Proposed</b>	<b>Adopted</b>
1,558,559	1,834,024	2,044,043	ACUTE, ICU, OBSERVATION	1,837,849	
520,513	474,910	490,504	SWING BED	492,658	
439,038	535,988	585,215	SWING BED NF	583,790	
1,016,963	1,221,360	1,462,997	EMERGENCY/PROF FEES	1,223,931	
311,948	349,173	406,910	AMBULANCE	391,397	
73,181	103,495	98,332	CENTRAL SUPPLY	116,539	
835,373	1,068,506	956,019	LABORATORY	871,265	
16,735	19,463	18,695	EKG/TREADMILL	26,253	
380,693	456,288	495,777	RADIOLOGY-XRAY	507,841	
107,180	107,419	115,043	CT SCAN	114,005	
442,662	587,425	589,864	PHARMACY	656,770	
71,867	60,962	0	PROCEDURE	0	
67,637	66,669	75,833	RESPIRATORY THERAPY	80,151	
29,708	21,111	30,000	THERAPIES	32,500	
257,219	265,396	311,484	DIETARY	306,127	
46,322	57,793	62,463	LAUNDRY	59,964	
131,542	164,432	205,720	HOUSEKEEPING	172,588	
393,864	411,598	486,493	PLANT	526,201	
521,891	557,358	593,040	BUSINESS OFFICE	654,953	
98,221	102,563	110,123	MEDICAL RECORDS	119,153	
602,546	587,256	720,918	INFORMATION SYSTEMS	869,576	
396,671	421,265	466,209	ACCOUNTING	484,578	
1,049,682	1,258,720	1,650,023	ADMINISTRATION	1,939,943	
<b>9,370,021</b>	<b>10,745,692</b>	<b>11,975,707</b>	<b>HOSPITAL TOTAL</b>	<b>12,068,033</b>	<b>0</b>

**Morrow County Health District  
Detail of Budgeted Resources  
for July 1, 2022 - June 30, 2023**

This Budget includes a 5% increase to Service Rates, effective 7/01/2022, for all departments except Swing Bed Nursing Facility, Hospice, Clinics and Pharmacy.

**Other Revenue**

10,000 Dietary & Cafeteria Revenue  
 26,489 Rental Income - Boardman Building  
 100,000 Miscellaneous Income and Reimbursements  
 130,854 Contract Revenue -(Willow Creek Terrace /Ione Community Clinic)  
 200,000 COVID Provider Relief Funding - RHC/General

**467,343**

**Donations & Grants**

**Detail of Anticipated Grants**

24,000 Donations/Foundation	Federal Grant	\$585,000
885,000 Grants	Miscellaneous	\$40,000
	CREZ	\$250,000
	OTHER	\$10,000
	<b>TOTAL GRANTS</b>	<b>\$885,000</b>

**909,000**

**Interest Income**

45,000 Interest Income on Investments/Bank Acnts

**Community Service Fees**

**\$311,900**

**340B Retail Pharmacy Program**

\$270,000 Revenue after drug costs and vendor fees  
 (\$10,000) Annual Program Audit Fees

**\$260,000** Net Revenue

**Operating , Capital, Long & Short Term Loans (New Borrowings)**

**none**

**Morrow County Health District  
Detail of Budgeted Property Tax Revenue  
For FY 2022-2023**

**REGULAR LEVY**

<b>Estimated Assessed Value of the County</b>	3,490,317,410
Billing Rate \$/1000	0.0006050
= Estimated Gross Taxes	\$2,111,642
Gross Taxes	2,111,642
Less estimated M5 compression	(50,000)
Less estimated discounts, & uncollectibles	(63,349)
= Estimated Collectible Taxes	<u><u>\$1,998,293</u></u>

**LOCAL OPTION LEVY**

<b>Estimated Assessed Value of the County</b>	3,490,317,410
Billing Rate \$/1000	0.0003900
= Estimated Gross Taxes	1,361,224
Gross Taxes	1,361,224
Less estimated M5 compression	(240,000)
Less estimated discounts, & uncollectibles	(40,837)
= Estimated Collectible Taxes	<u><u>\$1,080,387</u></u>

**TOTAL ESTIMATED COLLECTIBLE LEVIED TAXES** **\$3,078,680**

**Morrow County Health District  
Detail of Capital Purchases  
for July 1, 2022 - June 30, 2023**

<b>CAPITAL PURCHASES</b>	<b>COST</b>	<b>METHOD OF PAYMENT</b>
Replacement of Admin Car for staff	30,000	Cash from Operations
Hospital flooring	28,000	Cash from Operations
Hospital interior paint	10,000	Cash from Operations
Hospital Water Softner System	65,000	Cash for Operations
Heppner Clinic Back Entrance Project	35,000	COVID Funds
Zoll Defibrillator x2 for crash carts	21,930	Donation
Freezer for QC materials	6,088	COVID Funds
Irrigon Ambulance Hall, Site Prep, Paving	400,000	Grants Received Prior Years
Door security system at all locations	125,335	Grants Received Prior Years
Computer Switches x2	10,677	Cash from Operations
Omnicell Software Interfaces	26,610	Cash from Operations
CT Scanner with Injector	585,000	Federal Grant if awarded

**TOTAL CAPITAL PURCHASES FOR BUDGET**

**\$1,343,640**

*TOTAL AMOUNT TO BE FINANCED BY LOANS*

-

*TOTAL AMOUNT TO BE PAID WITH CASH ON HAND*

170,287

*TOTAL AMOUNT TO BE PAID BY GRANT/DONATED FUNDS*

525,335

Prior Year Grants/Donations/Board Designated

*TOTAL AMOUNT TO BE PAID BY GRANT/DONATED FUNDS*

648,018

Current Year Grants/Donations

*TOTAL AMOUNT TO BE FINANCED BY LEASE*

-

**\$1,343,640**



**Morrow County Health District  
Detail of Long/Short Term Loans & Capital Leases  
for July 1, 2022 - June 30, 2023**

<b>LONG &amp; SHORT TERM DEBT SUMMARY</b>	<b>PRINCIPAL PAYMENTS</b>	<b>INTEREST PAYMENTS</b>	<b>MATURITY DATE</b>	<b>INTEREST RATE</b>	<b>INTEREST EXP. DEPT</b>
USDA LOAN - ER WING REMODEL	\$26,231	\$32,705	2042	4.15%	Admin
BEO LOAN - HOSPITAL PT ROOMS REMODEL	\$48,560	\$1,242	2023	4.5%	Admin
MORROW CO LOAN - IRRIGON CLINIC EXPANSION	\$9,493	\$96	2023	2%	Irrigon Clinic
BEO LOAN (2) AMBULANCES & (2) ANALYZERS			2021		B Amb/H Amb/Lab
BEO EQUIPMENT/ENDOSCOPY ROOM LOAN	\$9,895	\$63	2022	3.75%	Admin/Lab
BEO LOAN - BOARDMAN BUILDING	\$17,303	\$3,926	2028	4%	Admin
MORROW CO LOAN-BOARDMAN BUILDING	\$9,966	\$809	2028	1.5%	Admin
IRRIGON CLINIC REMODEL LOAN	\$45,060	\$14,044	2038	3.25%	Irrigon Clinic
ULTRASOUND & DRUG DISPENSING UNIT LOAN	\$78,298	\$2,221	2023	5%	Radiology/ Acute
BEO LOAN - HOSPITAL BOILERS	\$27,553	\$2,429	2024	4.15%	Admin
BEO LOAN - BOARDMAN AMBULANCE	\$29,820	\$2,968	2025	4.15%	Boardman Ambulance
MORROW CO EQUITY FUND LOAN - CHURCH	\$6,392	\$883	2031	1.5%	Admin
GEODC LOAN - HOUSE	\$7,924	\$2,756	2031	3.5%	Admin
<b>TOTALS</b>	<b>\$316,495</b>	<b>\$64,142</b>			

<b>CAPITAL LEASES SUMMARY</b>	<b>PRINCIPAL PAYMENTS</b>	<b>INTEREST PAYMENTS</b>	<b>MATURITY DATE</b>	<b>INTEREST RATE</b>	<b>INTEREST EXP. DEPT</b>
NONE				NA	NA
	<b>\$0</b>				

**Morrow County Health District  
Community Benefit Donations & Grants  
for July 1, 2022 - June 30, 2023**

<b>Recipient</b>	<b>Project</b>	<b>Type</b>	<b>Amount</b>
Unknown	Various	Community Benefit Grant	\$50,000.00

**HOSPITAL (NURSING - including ICU, Acute Care, & Observation)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
0	0	0	3010	010	ICU IP SELF PAY	0	
0	0	0	3010	012	ICU IP COMMERCIAL	0	
0	0	0	3010	013	ICU IP WORK COMP	0	
0	0	0	3010	014	ICU IP MEDICARE	0	
0	0	0	3010	015	ICU IP MEDICAID	0	
4,605	3,070	4,577	3170	010	ACUTE IP SELF PAY	0	
18,420	6,140	18,307	3170	012	ACUTE IP COMMERCIAL	41,462	
0.00	0.00	0.00	3170	013	ACUTE IP WORK COMP	0	
326,886	268,629	267,725	3170	014	ACUTE IP MEDICARE	225,084	
35,305	19,955	22,883	3170	015	ACUTE IP MEDICAID	71,080	
10,179	3,918	6,171	3170	030	RESPIRE	7,230	
12,755	7,611	0	3170	020	OBSERV-SELF PAY	7,744	
83,484	87,305	100,570	3170	022	OBSERV-COMMERCIAL	117,352	
5,198	0	0	3170	023	OBSERV-WORK COMP	5,032	
219,561	275,147	274,028	3170	024	OBSERV-MEDICARE	307,259	
56,714	43,855	54,104	3170	025	OBSERV-MEDICAID	27,351	
<b>773,107</b>	<b>715,631</b>	<b>748,365</b>	<b>TOTAL REVENUE</b>			<b>809,594</b>	<b>0</b>
122,167	240,257	251,388	6170	101	MGT	271,270	
52,356	63,888	32,000	6170	105	PHYSICIAN	40,000	
2,517	3,106	2,924	6170	110	OTHER PROVIDER	3,558	
699,310	815,308	889,933	6170	120	RN	684,560	
10,404	16,865	18,713	6170	130	LPN	26,712	
142,629	148,538	157,831	6170	140	AIDES	171,146	
0	0	0	6170	150	CLERICAL	0	
0	0	0	6170	180	OTHER MED	0	
75,977	95,475	102,115	6170	200	FICA	88,257	
1,026	1,283	1,392	6170	211	UNEMPLOY TAX	1,221	
5,086	8,316	5,000	6170	220	PTO	5,000	
170,272	214,976	264,997	6170	230	HEALTH INS	253,578	
1,403	1,568	1,798	6170	240	LIFE/DISABILITY INS	1,590	
36,524	46,647	57,408	6170	250	RETIREMENT	69,221	
4,888	5,278	5,595	6170	260	WORKERS COMP INS	7,543	
200	247	264	6170	270	WORKERS COMP TAX	214	
<b>1,324,758</b>	<b>1,661,752</b>	<b>1,791,359</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>1,623,869</b>	<b>0</b>
1,425	58	18,000	6170	301	PRO. FEES	2,685	
1,198	772	1,000	6170	410	CHRGABLE SUPPLIES	1,000	
4,485	9,074	9,000	6170	460	OFFICE SUPPLIES	5,800	
64,187	23,112	15,500	6170	482	MINOR EQUIP-MED	2,000	
8,145	8,305	14,000	6170	490	MINOR OTHER EQUIP	27,000	
20,657	21,679	25,000	6170	500	NOCHRG SUPPLIES	23,725	
5,555	7,857	8,000	6170	510	O2 & MEDICAL GASES	10,000	
16,878	53,693	95,000	6170	570	EDU TUITION/MAT.	65,000	
0	1,024	0	6170	621	R&M BUILDING	0	
513	0	1,000	6170	622	R&M MED EQUIP	10,252	
1,044	1,184	1,500	6170	627	R&M NON MED EQUIP	1,500	
0	0	10,000	6170	661	REC/RELOCATE BONUS	0	
78,547	19,882	25,000	6170	680	PURCHASED SERVICES	35,800	

**HOSPITAL (NURSING - including ICU, Acute Care, & Observation)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
0	0	0	6170	755	PHONE	0	
617	1,259	1,600	6170	830	TAXES & LICENSES	2,000	
8,250	6,092	3,849	6170	846	INTEREST EXP	1,110	
8,798	8,962	10,000	6170	860	DUES & SUBS	12,000	
1,046	454	1,000	6170	880	TVL & MILEAGE GEN	3,000	
10,348	3,880	10,000	6170	882	TVL & MILEAGE EDU	8,748	
144	166	236	6170	898	POSTAGE	54	
1,964	4,822	3,000	6170	900	MISC	2,305	
<b>233,800</b>	<b>172,272</b>	<b>252,685</b>	<b>TOTAL OTHER</b>			<b>213,980</b>	<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>				
<b>1,558,559</b>	<b>1,834,024</b>	<b>2,044,043</b>				<b>1,837,849</b>	<b>0</b>
0	0	0	6170	725	DEPR-FIXED EQUIP	0	
52,257	58,053	115,161	6170	741	DEPR-MAJ MOVEABLE	118,780	
26,068	25,423	22,778	6170	742	DEPR MINOR EQUIP	13,562	
<b>78,325</b>	<b>83,476</b>	<b>137,939</b>	<b>DEPRECIATION</b>			<b>132,342</b>	<b>0</b>
			<b>TOTAL EXPENSES FOR G/L</b>				
<b>1,636,884</b>	<b>1,917,500</b>	<b>2,181,982</b>				<b>1,970,191</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>(1,028,255)</b>	

**HOSPITAL (SWING BED)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
0	0	0	3570 010	IP SELF PAY	0
3,519	12,564	0	3570 012	IP COMMERCIAL	0
0	0	0	3570 013	IP-WC INS	0
186,886	130,071	181,460	3570 014	IP MEDICARE	207,999
5,983	19,585	0	3570 015	IP MEDICAID	0
<b>196,388</b>	<b>162,219</b>	<b>181,460</b>	<b>TOTAL REVENUE</b>		<b>207,999</b>
0	0	0	6570 101	MGT	0
364304	313075	316029	6570 120	RN	300,000
957	0	0	6570 130	LPN	314
58946	61184	67713	6570 140	AIDES	80,888
0	0	0	6570 150	CLERICAL	0
0	0	0	6570 180	OTHER MED PERS	0
32171	28486	29075	6570 200	FICA	29,162
424	375	384	6570 211	UNEMPLOY TAX	470
0	0	0	6570 212	DISABILITY INS	0
50252	54632	55208	6570 230	HEALTH INS	52,829
415	443	466	6570 240	LIFE/DISABILITY INS	491
8800	10892	13221	6570 250	RETIREMENT	22,872
1776	2175	2306	6570 260	WORKERS COMP INS	2,315
107	97	102	6570 270	WORKERS COMP TAX	117
<b>518,153</b>	<b>471,359</b>	<b>484,504</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>489,458</b>
0	0	0	6570 410	CHRGABLE SUPPLIES	0
1847	1448	2500	6570 482	MINOR MED EQUIP	1,000
303	446	1000	6570 500	NONCHRG SUPPLIES/ACTIV	1,000
193	197	500	6570 622	R&M MED EQUIP	200
0	0	0	6570 663	ADVERTISING	0
0	0	0	6570 755	TELEPHONE	0
0	425	0	6570 680	PURCH SERVICES	0
0	0	0	6570 880	TRAVEL-GENERAL	0
17	1035	2000	6570 900	MISC	1,000
<b>2,360</b>	<b>3,551</b>	<b>6,000</b>	<b>TOTAL OTHER</b>		<b>3,200</b>
<b>520,513</b>	<b>474,910</b>	<b>490,504</b>	<b>TOTAL BUDGETED EXPENSES</b>		<b>492,658</b>
0	0	0	<b>DEPRECIATION</b>		0
<b>520,513</b>	<b>474,910</b>	<b>490,504</b>	<b>TOTAL EXPENSES FOR G/L</b>		<b>492,658</b>
			<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>		<b>(284,659)</b>

**HOSPITAL (SWING BED NURSING FACILITY)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
145,498	292,681	210,966	3580 010	IP SELF PAY	536,243
0	0	0	3580 012	IP COMMERCIAL	0
0	313	0	3580 014	IP MEDICARE	0
348,875	254,142	421,932	3580 015	IP MEDICAID	142,789
<b>494,373</b>	<b>547,137</b>	<b>632,898</b>	<b>TOTAL REVENUE</b>		<b>679,032</b>
0	0	0	6580 101	MGT	0
75,701	98,134	99,938	6580 120	RN	100,000
41,332	43,506	47,376	6580 130	LPN	42,688
173,955	205,587	214,098	6580 140	AIDES	222,087
0	0	0	6580 150	CLERICAL	0
0	4,265	1,788	6580 180	OTHER MED PERSONNEL	3,470
0	0	0	6580 190	ACTIVITIES	0
22,327	26,894	27,707	6580 200	FICA	28,171
291	352	364	6580 211	UNEMPLOY TAX	351
0	0	0	6580 212	DISABILITY INS	0
0	0	0	6580 220	PTO	0
91,252	114,972	138,020	6580 230	HEALTH INS	132,072
751	751	768	6580 240	LIFE/DISABILITY INS	939
11,597	14,134	16,225	6580 250	RETIREMENT	22,095
1,535	1,492	1,582	6580 260	WORKERS COMP INS	2,068
127	142	149	6580 270	WORKERS COMP TAX	138
<b>418,869</b>	<b>510,229</b>	<b>548,015</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>554,080</b>
0	0	0	6580 301	PROFESSIONAL FEES	0
0	0	0	6580 510	O2 & OTHER MED GASES	0
611	1,323	1,500	6580 410	CHRGABLE SUPPLIES	709
509	229	900	6580 460	OFFICE SUPPLIES	500
819	7,767	500	6580 482	MINOR MED EQUIP	500
5,878	189	14,500	6580 490	MINOR OTHER EQUIP	6,000
7,285	10,494	7,500	6580 500	NOCHRG SUPPLIES	12,000
0	0	3,000	6580 502	ACTIVITY SUPPLIES	500
2,039	655	2,000	6580 570	EDU TUITION & MAT	2,000
0	0	0	6580 621	R&M - BUILDING	0
0	0	0	6580 622	R&M - MED EQUIP	0
325	847	400	6580 627	R&M - NON MED EQUIP	500
0	0	0	6580 628	R&M - VEHICLE	0
0	0	0	6580 663	ADVERTISING	0
0	0	0	6580 670	PURCH. SVCS - DIETARY	1,000
0	0	0	6580 675	PURCH. SVCS - OTHER	0
836	925	900	6580 680	PURCHASED SERVICES	1,000
0	0	0	6580 811	MALPRACTICE INS	0
0	0	0	6580 820	INSURANCE	0
595	0	0	6580 830	TAXES & LICENSES	0
0	0	0	6580 755	PHONE	0
0	0	0	6580 860	DUES & SUBS	0
0	0	0	6580 880	TVL - GENERAL	0
0	2,255	4,000	6580 882	TVL - EDU	4,000
0	0	0	6580 888	VEHICLE GAS & OIL	0

**HOSPITAL (SWING BED NURSING FACILITY)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
0	0	0	6580 898	POSTAGE	0
1,272	1,076	2,000	6580 900	MISC	1,000
<b>20,169</b>	<b>25,759</b>	<b>37,200</b>	<b>TOTAL OTHER</b>		<b>29,709</b>
			<b>TOTAL BUDGETED EXPENSES</b>		<b>0</b>
<b>439,038</b>	<b>535,988</b>	<b>585,215</b>			<b>583,790</b>
0	0	0	6580 720	DEPR- BLDG & IMPROV.	0
0	0	0	6580 725	DEPR-FIXED EQUIP	0
3,008	3,008	3,008	6580 741	DEPR-MAJ MOVABLE	3,008
0	0	0	6580 742	DEPR-MINOR EQUIP	0
<b>3,008</b>	<b>3,008</b>	<b>3,008</b>	<b>TOTAL DEPRECIATION</b>		<b>3,008</b>
			<b>TOTAL EXPENSES FOR G/L</b>		<b>0</b>
<b>442,046</b>	<b>538,996</b>	<b>588,223</b>			<b>586,798</b>
			<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>		<b>95,242</b>

**HOSPITAL (EMERGENCY & PROFESSIONAL SERVICES)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
0	0	0	4010 010	IP SELF PAY	0
0	0	0	4010 012	IP COMMERCIAL	0
0	0	0	4010 013	IP WORK COMP	0
754	0	0	4010 014	IP MEDICARE	0
0	0	0	4010 015	IP MEDICAID	0
19,220	19,209	21,392	4010 020	OP SELF PAY	22,180
167,070	202,375	205,672	4010 022	OP COMMERCIAL	196,561
16,319	11,185	14,273	4010 023	OP WORK COMP	14,653
226,153	232,884	244,508	4010 024	OP MEDICARE	263,511
103,761	113,890	126,579	4010 025	OP MEDICAID	162,720
1,479	1,311	0	4020 010	IP SELF PAY	0
6,214	5,199	0	4020 012	IP COMMERCIAL	0
0	0	0	4020 013	IP WORK COMP	0
110,016	90,972	96,574	4020 014	IP MEDICARE	61,513
9,860	10,378	0	4020 015	IP MEDICAID	0
22,717	24,062	27,536	4020 020	OP SELF PAY	32,106
207,806	229,222	249,675	4020 022	OP COMMERCIAL	277,473
20,694	12,922	14,804	4020 023	OP WORK COMP	27,090
274,141	300,048	322,847	4020 024	OP MEDICARE	347,468
128,259	119,891	142,253	4020 025	OP MEDICAID	213,114
<b>1,314,464</b>	<b>1,373,550</b>	<b>1,466,113</b>	<b>TOTAL REVENUE</b>		<b>1,618,389</b>
502,683	596,511	782,120	7010 105	PHYSICIANS	592,640
0	0	0	7010 110	OTHER PROVIDER	0
225,898	239,033	258,085	7010 120	RN	235,281
151	0	0	7010 130	LPN	0
17,062	67,000	69,219	7010 140	AIDES	78,590
0	0	0	7010 150	CLERICAL	0
9,515	17,835	16,778	7010 180	OTHER MED PERS	38,289
44,123	54,688	65,058	7010 200	FICA	75,337
755	921	951	7010 211	UNEMPLOY TAX	1,052
0	0	0	7010 212	DISABILITY INS	0
0	0	0	7010 220	PTO	0
46,259	73,764	93,853	7010 230	HEALTH INS	89,808
987	1,350	1,661	7010 240	LIFE/DISABILITY INS	612
7,179	10,987	20,645	7010 250	RETIREMENT	21,130
3,970	3,873	4,105	7010 260	WORKERS COMP INS	5,410
72	112	121	7010 270	WORKERS COMP TAX	141
<b>858,656</b>	<b>1,066,075</b>	<b>1,312,597</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>1,138,290</b>
22,725	44,777	50,000	7010 301	PROFESSIONAL FEES	0
237	1,632	500	7010 410	CHRGABLE SUPPLIES	500
1,531	2,472	3,000	7010 460	OFFICE SUPPLIES	2,000
7,390	4,629	1,200	7010 482	MINOR MED EQUIP	1,200
14,694	7,213	5,000	7010 490	MINOR OTHER EQUIP	6,000
16,837	19,432	20,000	7010 500	NOCHRG SUPPLIES	24,000
4,276	5,918	6,500	7010 510	O2 & OTHER MED GASES	6,500
4,089	48,388	14,000	7010 570	EDU TUITION & MAT.	10,000
0	0	1,500	7010 622	R&M MED EQUIP	1,500
3,350	649	2,000	7010 627	R&M NON MED EQUIP	2,000
76,234	12,835	17,000	7010 680	PURCHASED SERVICES	12,599
351	378	400	7010 755	TELEPHONE	414
79	888	0	7010 830	TAXES & LICENSES	0
229	2,601	18,300	7010 880	TVL & MILEAGE GEN	10,000



**HOSPITAL (EMERGENCY & PROFESSIONAL SERVICES)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget	Proposed by		Adopted by		
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board		
4,487	309	6,000	7010	882	TVL & MILEAGE EDU	5,000	
1,800	3,165	5,000	7010	900	MISC	3,928	
<b>158,307</b>	<b>155,285</b>	<b>150,400</b>			<b>TOTAL OTHER</b>	<b>85,641</b>	<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>			<b>1,223,931</b>	<b>0</b>
<b>1,016,963</b>	<b>1,221,360</b>	<b>1,462,997</b>					
13,684	21,344	15,874	7010	741	DEPR-MAJ MOVABLE	35,415	
0	0	0	7010	742	DEPR-MINOR EQUIP	0	
<b>13,684</b>	<b>21,344</b>	<b>15,874</b>			<b>DEPRECIATION</b>	<b>35,415</b>	<b>0</b>
			<b>TOTAL EXPENSES FOR G/L</b>			<b>1,259,346</b>	<b>0</b>
<b>1,030,648</b>	<b>1,242,704</b>	<b>1,478,871</b>					
			<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>			<b>394,458</b>	

**HOSPITAL (AMBULANCE)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
0	0	0	4040 010	IP SELF PAY	0
0	0	0	4040 012	IP COMMERCIAL	0
0	0	0	4040 013	IP WORK COMP	0
0	0	0	4040 014	IP MEDICARE	0
0	0	0	4040 015	IP MEDICAID	0
6,496	18,077	19,059	4040 020	OP SELF PAY	29,645
99,432	117,672	124,726	4040 022	OP COMMERCIAL	111,816
8,664	6,064	7,078	4040 023	OP WORK COMP	12,868
235,513	248,794	254,418	4040 024	OP MEDICARE	294,223
76,734	68,744	77,529	4040 025	OP MEDICAID	66,992
<b>426,839</b>	<b>459,350</b>	<b>482,810</b>	<b>TOTAL REVENUE</b>		<b>515,544</b>
44,682	46,905	50,218	7040 101	MGT	26,754
0	0	0	7040 120	RN	0
171,141	180,925	233,347	7040 180	OTHER MEDICAL	242,345
16,528	17,404	21,557	7040 200	FICA	20,586
216	228	254	7040 211	UNEMPLOY TAX	296
0	0	0	7040 212	DISABILITY INS	0
2,533	(107)	1,000	7040 220	PTO	2,500
34,297	38,021	39,606	7040 230	HEALTH INS	26,940
314	344	387	7040 240	LIFE/DISABILITY INS	341
5,518	6,296	8,030	7040 250	RETIREMENT	11,118
836	1,107	1,173	7040 260	WORKERS COMP INS	1,368
45	45	50	7040 270	WORKERS COMP TAX	50
<b>276,111</b>	<b>291,167</b>	<b>355,622</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>332,298</b>
0	0	0	7040 301	PROFESSIONAL FEES	0
0	0	0	7040 410	CHRGABLE SUPPLIES	0
848	588	600	7040 460	OFFICE SUPPLIES	1,000
1,300	134	2,000	7040 470	UNIFORMS	500
3,234	10,234	2,500	7040 482	MINOR MED EQUIP	2,500
828	4,465	5,000	7040 490	MINOR OTHER EQUIP	5,000
4,870	13,337	6,000	7040 500	NOCHRG SUPPLIES	10,000
315	1,919	2,500	7040 505	OHV PARK SUPPLIES	2,500
1,554	1,563	2,000	7040 510	O2 & OTHER MED GAS	2,000
2,007	4,007	6,500	7040 570	EDU TUITION & MAT.	7,000
0	0	300	7040 622	R&M MED EQUIP	300
0	0	200	7040 627	R&M NON MED EQUIP	200
1,236	4,468	6,000	7040 628	R&M VEHICLES	6,000
6,984	7,879	7,000	7040 680	PURCHASED SVCS	10,000
2,002	2,559	2,517	7040 755	PHONE	2,999
2,609	2,786	2,946	7040 820	INSURANCE	3,000
654	1,196	1,000	7040 830	TAXES & LICENSES	1,000
3,261	442	0	7040 846	INTEREST	0
0	0	0	7040 860	DUES & SUBS	0
501	48	200	7040 880	TVL& MILEAGE GEN	500
0	0	500	7040 882	TVL & MILEAGE EDU	500
2,720	2,291	2,525	7040 888	GAS & OIL	3,000
0	0	0	7040 898	POSTAGE	100

**HOSPITAL (AMBULANCE)**  
**FY 2023 Operating Budget**

Historical Data						Budget for Fiscal Year 2022-2023	
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
918	90	1,000	7040	900	MISC	1,000	
<b>35,837</b>	<b>58,006</b>	<b>51,288</b>	<b>TOTAL OTHER</b>			<b>59,099</b>	<b>0</b>
<b>TOTAL BUDGETED</b>							
<b>311,948</b>	<b>349,173</b>	<b>406,910</b>	<b>EXPENSES</b>			<b>391,397</b>	<b>0</b>
0	0	0	7040	720	DEPR-BLDG & IMPROV	0	
0	0	0	7040	725	DEPR-FIXED EQUIPMENT	0	
44,815	43,202	84,946	7040	741	DEPR-MAJ MOVABLE	56,041	
0	0	0	7040	742	DEPR- MINOR EQUIP	0	
<b>44,815</b>	<b>43,202</b>	<b>84,946</b>	<b>DEPRECIATION</b>			<b>56,041</b>	<b>0</b>
<b>TOTAL EXPENSES FOR G/L</b>							
<b>356,763</b>	<b>392,376</b>	<b>491,856</b>				<b>447,438</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						124,147	

**HOSPITAL (CENTRAL SUPPLY)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
164	0	0	4470 010	IP SELF PAY	0
1,782	535	0	4470 012	IP COMMERCIAL	0
0	0	0	4470 013	IP WORK COMP	0
16,015	13,176	12,712	4470 014	IP MEDICARE	10,051
1,458	2,329	0	4470 015	IP MEDICAID	0
0	46	0	4470 030	RESPITE	0
1,092	2,674	3,329	4470 020	OP SELF PAY	2,368
11,743	11,670	13,462	4470 022	OP COMMERCIAL	15,141
1,200	547	652	4470 023	OP WORK COMP	1,045
18,879	20,992	22,194	4470 024	OP MEDICARE	17,956
8,773	10,653	12,145	4470 025	OP MEDICAID	10,998
<b>61,107</b>	<b>62,622</b>	<b>64,494</b>	<b>TOTAL REVENUE</b>		<b>57,559</b>
44,263	60,097	40,615	7470 150	CLERICAL	43,423
3,388	4,598	3,107	7470 200	FICA	3,322
44	60	55	7470 211	UNEMPLOY TAX	45
(89)	2,181	279	7470 220	PTO	250
6,523	8,275	12,060	7470 230	HEALTH INS	13,470
99	80	94	7470 240	LIFE/DISABILITY INS	80
2,495	2,612	2,437	7470 250	RETIREMENT	2,605
218	227	241	7470 260	WORKERS COMP INS	240
18	27	22	7470 270	WORKERS COMP TAX	24
<b>56,959</b>	<b>78,157</b>	<b>58,909</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>63,459</b>
23,269	37,841	26,822	7470 410	CHRGABLE SUPPLIES	37,906
8,714	4,433	9,500	7470 460	OFFICE SUPPLIES	12,000
334	1,958	1,000	7470 490	MINOR OTH EQUIP	2,000
(16,729)	(23,596)	1,000	7470 500	NOCHRG SUPPLIES	100
0	0	0	7470 627	R&M NON MED EQUIP	0
0	0	0	7470 755	TELEPHONE	0
140	0	500	7470 882	TVL & MILEAGE EDU	500
25	73	100	7470 898	POSTAGE & FREIGHT	75
468	4,630	500	7470 900	MISC	500
<b>16,222</b>	<b>25,338</b>	<b>39,422</b>	<b>TOTAL OTHER</b>		<b>53,081</b>
<b>73,181</b>	<b>103,495</b>	<b>98,332</b>	<b>TOTAL BUDGETED EXPENSES</b>		<b>116,539</b>
0	0	0	7470 741	DEPR-MAJOR MOV	0
0	0	0	7470 742	DEPR-MINOR EQUIP	0
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>		<b>0</b>
<b>73,181</b>	<b>103,495</b>	<b>98,332</b>	<b>TOTAL EXPENSES FOR G/L</b>		<b>116,539</b>
			<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>		<b>(58,980)</b>

**HOSPITAL( LABORATORY )  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
0	200	0	4500	010	IP SELF PAY	0	
9,628	3,054	0	4500	012	IP COMMERCIAL	0	
0	0	0	4500	013	IP WORK COMP	0	
137,070	86,401	91,760	4500	014	IP MEDICARE	93,403	
12,015	20,691	0	4500	015	IP MEDICAID	0	
42,275	37,710	30,759	4500	020	OP SELF PAY	49,534	
650,455	978,625	1,140,616	4500	022	OP COMMERCIAL	1,037,836	
7,335	2,776	4,325	4500	023	OP WORK COMP	13,364	
1,001,884	1,144,004	1,209,359	4500	024	OP MEDICARE	1,646,730	
293,971	407,037	463,654	4500	025	OP MEDICAID	507,756	
<b>2,154,634</b>	<b>2,680,496</b>	<b>2,940,473</b>	<b>TOTAL REVENUE</b>		<b>3,348,623</b>	<b>0</b>	
142,464	123,775	100,864	7500	101	MGT	26,754	
206,486	256,872	283,954	7500	180	OTHER MED PERS	272,763	
0	0	0	7500	190	COURIER	8,840	
25,484	28,775	29,439	7500	200	FICA	23,589	
349	381	413	7500	211	UNEMPLOY TAX	334	
(2,257)	(10,872)	1,000	7500	220	PTO	1,000	
70,054	79,249	86,184	7500	230	HEALTH INS	94,314	
650	614	657	7500	240	LIFE/DISABILITY INS	698	
15,227	13,128	14,500	7500	250	RETIREMENT	13,314	
1,811	1,789	1,897	7500	260	WORKERS COMP INS	2,273	
92	94	95	7500	270	WORKERS COMP TAX	94	
<b>460,361</b>	<b>493,804</b>	<b>519,003</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>443,972</b>	<b>0</b>	
0	0	14,000	7500	301	PROFESSIONAL FEES	6,000	
19,114	9,814	15,000	7500	410	CHRGABLE SUPPLIES	5,000	
4,243	5,158	4,554	7500	460	OFFICE SUPPLIES	2,000	
307	4,477	2,000	7500	482	MINOR MED EQUIP	4,000	
3,683	100	2,000	7500	490	MINOR OTHER EQUIP	3,000	
223,867	266,038	260,000	7500	500	NOCHRG SUPPLIES	275,000	
14,675	8,815	15,625	7500	570	EDU TUITION & MAT.	10,000	
7	1,750	10,000	7500	622	R&M MED EQUIP	2,500	
0	0	0	7500	627	R&M NON MED EQUIP	0	
89,723	256,789	105,000	7500	680	PURCHASED SVCS	100,000	
0	0	0	7500	750	RENT	0	
0	0	0	7500	755	PHONE	0	
0	0	0	7500	820	INSURANCE	0	
1,560	3,620	300	7500	830	TAXES & LICENSES	500	
1,763	1,018	344	7500	846	INTEREST	0	
746	3,276	3,500	7500	860	DUES & SUBS	1,000	
9,189	4,034	500	7500	880	TVL & MILEAGE GEN	15,000	
726	0	1,000	7500	882	TVL & MILEAGE EDU	2,000	
1,179	878	2,193	7500	898	POSTAGE	793	
4,231	8,936	1,000	7500	900	MISC	500	
<b>375,012</b>	<b>574,702</b>	<b>437,016</b>	<b>TOTAL OTHER</b>		<b>427,293</b>	<b>0</b>	
<b>835,373</b>	<b>1,068,506</b>	<b>956,019</b>	<b>TOTAL BUDGETED EXPENSES</b>		<b>871,265</b>	<b>0</b>	
0	0	0	7500	720	DEPR-BLDG & IMPROV.	0	
0	0	0	7500	725	DEPR-FIXED EQUIP	0	
25,685	25,106	30,192	7500	741	DEPR-MAJ MOVABLE	21,052	
2,600	2,600	2,600	7500	742	DEPR-MINOR EQUIP	800	
<b>28,285</b>	<b>27,706</b>	<b>32,792</b>	<b>DEPRECIATION</b>		<b>21,852</b>	<b>0</b>	
<b>863,658</b>	<b>1,096,212</b>	<b>988,811</b>	<b>TOTAL EXPENSES FOR G/L</b>		<b>893,117</b>	<b>0</b>	
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>					<b>2,477,358</b>		

**HOSPITAL ( EKG & TREADMILL)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
0	0	0	4590	010	IP SELF PAY	0	
573	0	0	4590	012	IP COMMERCIAL	0	
0	0	0	4590	013	IP WORK COMP	0	
2,278	5,383	6,024	4590	014	IP MEDICARE	2,906	
0	0	0	4590	015	IP MEDICAID	0	
962	1,400	1,769	4590	020	OP SELF PAY	731	
16,412	23,181	18,110	4590	022	OP COMMERCIAL	18,229	
191	201	243	4590	023	OP WORK COMP	365	
31,389	51,114	41,712	4590	024	OP MEDICARE	52,672	
5,151	6,815	5,576	4590	025	OP MEDICAID	13,153	
<b>56,956</b>	<b>88,095</b>	<b>73,434</b>	<b>TOTAL REVENUE</b>			<b>88,056</b>	<b>0</b>
9,360	11,508	11,912	7590	101	MGT	19,686	
236	0	0	7590	120	RN	0	
249	200	145	7590	180	MED PERS OTHER	9	
746	890	917	7590	200	FICA	1,507	
10	12	12	7590	211	UNEMPLOY TAX	20	
0	0	0	7590	212	DISABILITY INS	0	
1,499	2,168	0	7590	230	HEALTH INS	0	
24	31	34	7590	240	LIFE/DISABILITY INS	36	
551	649	718	7590	250	RETIREMENT	1,185	
43	51	54	7590	260	WORKERS COMP INS	69	
2	3	3	7590	270	WORKERS COMP TAX	4	
<b>12,720</b>	<b>15,511</b>	<b>13,795</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>22,515</b>	<b>0</b>
3,476	3,950	4,500	7590	301	PROFESSIONAL FEES	3,338	
0	0	0	7590	410	CHRGABLE SUPPLIES	0	
0	0	0	7590	460	OFFICE SUPPLIES	0	
0	0	0	7590	482	MINOR MED EQUIP	0	
376	0	0	7590	490	MINOR OTHER EQUIP	0	
120	2	200	7590	500	NOCHRG SUPPLIES	200	
0	0	200	7590	622	R&M MED EQUIP	200	
43	0	0	7590	680	PURCH SERVICES	0	
0	0	0	7590	755	PHONE	0	
0	0	0	7590	900	MISC	0	
<b>4,014</b>	<b>3,952</b>	<b>4,900</b>	<b>TOTAL OTHER</b>			<b>3,738</b>	<b>0</b>
<b>16,735</b>	<b>19,463</b>	<b>18,695</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>26,253</b>	<b>0</b>
965	0	0	7590	741	DEPR-MAJ MOVABLE	0	
0	0	0	7590	742	DEPR-MINOR EQUIP	0	
<b>965</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>			<b>0</b>	<b>0</b>
<b>17,699</b>	<b>19,463</b>	<b>18,695</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>26,253</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>61,803</b>	

**HOSPITAL ( RADIOLOGY - X-RAY - MRI - ULTRASOUND )  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023			
Actual		Adopted Budget			Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board
0	0	0	4630	010	IP SELF PAY	0
449	643	0	4630	012	IP COMMERCIAL	0
0	0	0	4630	013	IP WORK COMP	0
20,627	18,252	21,962	4630	014	IP MEDICARE	30,603
1,365	2,094	0	4630	015	IP MEDICAID	0
10,831	6,483	7,962	4630	020	OP SELF PAY	17,036
222,630	178,627	229,170	4630	022	OP COMMERCIAL	265,862
26,485	25,259	29,233	4630	023	OP WORK COMP	11,568
263,706	296,833	361,332	4630	024	OP MEDICARE	492,835
70,300	72,121	105,177	4630	025	OP MEDICAID	166,608
<b>616,391</b>	<b>600,312</b>	<b>754,836</b>	<b>TOTAL REVENUE</b>		<b>984,512</b>	<b>0</b>
116,359	146,562	165,978	7630	101	MGT	143,781
0	0	0	7630	150	CLERICAL	0
111,427	128,404	138,289	7630	180	MED PERS OTHER	138,456
17,455	20,927	23,110	7630	200	FICA	21,591
228	275	304	7630	211	UNEMPLOY TAX	278
1,905	2,930	3,818	7630	220	PTO	2,590
29,732	37,759	43,588	7630	230	HEALTH INS	51,484
293	285	297	7630	240	LIFE/DISABILITY INS	325
8,868	9,952	10,553	7630	250	RETIREMENT	13,226
1,100	1,168	1,238	7630	260	WORKERS COMP INS	876
43	51	55	7630	270	WORKERS COMP TAX	49
<b>287,408</b>	<b>348,312</b>	<b>387,229</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>372,656</b>	<b>0</b>
0	0	0	7630	301	PROFESSIONAL FEES	4,800
0	0	0	7630	400	XRAY FILM	0
0	0	0	7630	410	CHRGABLE SUPPLIES	0
268	592	1,000	7630	460	OFFICE SUPPLIES	1,548
392	240	0	7630	482	MINOR MED EQUIP	2,347
0	40	0	7630	490	MINOR OTHER EQUIP	73
381	2,242	633	7630	500	NOCHRG SUPPLIES	3,000
440	600	1,500	7630	570	EDU TUITION & MAT	3,250
359	0	500	7630	622	R&M MED EQUIP	1,980
0	0	500	7630	627	R&M NON MED EQUIP	1,785
77,724	85,729	86,924	7630	680	PURCHASED SVCS	110,000
0	0	0	7630	755	PHONE	0
2,017	344	625	7630	830	TAXES & LICENSES	2,036
3,882	2,867	1,811	7630	846	INTEREST	1,110
125	125	227	7630	860	DUES & SUBS	154
5,871	14,013	10,000	7630	880	TVL - GENERAL	1,200
1,643	0	2,500	7630	882	TVL - EDU	800
152	457	828	7630	898	POSTAGE	101
30	726	1,500	7630	900	MISC	1,000
<b>93,285</b>	<b>107,976</b>	<b>108,548</b>	<b>TOTAL OTHER</b>		<b>135,185</b>	<b>0</b>
<b>380,693</b>	<b>456,288</b>	<b>495,777</b>	<b>TOTAL BUDGETED EXPENSES</b>		<b>507,841</b>	<b>0</b>
0	0	0	7630	725	DEPR-FIXED EQUIP	0
37,300	42,206	46,997	7630	741	DEPR-MAJ MOVABLE	38,617
0	0	0	7630	742	DEPR-MINOR EQUIP	0
<b>37,300</b>	<b>42,206</b>	<b>46,997</b>	<b>DEPRECIATION</b>		<b>38,617</b>	<b>0</b>
<b>417,993</b>	<b>498,493</b>	<b>542,774</b>	<b>TOTAL EXPENSES FOR G/L</b>		<b>546,458</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>					<b>476,671</b>	

**HOSPITAL (CT SCAN)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
0	0	0	4660	010	IP SELF PAY	0	
2,934	4,956	0	4660	012	IP COMMERCIAL	0	
0	0	0	4660	013	IP WORK COMP	0	
27,093	43,222	35,877	4660	014	IP MEDICARE	16,689	
1,507	3,081	0	4660	015	IP MEDICAID	0	
19,819	12,823	13,039	4660	020	OP SELF PAY	36,391	
199,822	314,830	264,616	4660	022	OP COMMERCIAL	241,644	
27,778	13,410	12,499	4660	023	OP WORK COMP	33,953	
305,656	390,264	275,606	4660	024	OP MEDICARE	353,451	
80,404	126,552	125,278	4660	025	OP MEDICAID	133,479	
<b>665,015</b>	<b>909,139</b>	<b>726,915</b>	<b>TOTAL REVENUE</b>			<b>815,607</b>	
16,473	13,805	18,653	7660	101	MGT	14,400	
0	0	0	7660	150	CLERICAL	0	
10,663	12,028	14,478	7660	180	MED PERS OTHER	13,731	
2,075	1,977	2,523	7660	200	FICA	2,020	
27	26	33	7660	211	UNEMPLOY TAX	28	
0	0	0	7660	212	DISABILITY INS	0	
0	0	0	7660	220	PTO	0	
3,603	4,678	5,000	7660	230	HEALTH INS	5,000	
36	25	31	7660	240	LIFE/DISABILITY INS	30	
904	601	853	7660	250	RETIREMENT	802	
100	84	90	7660	260	WORKERS COMP INS	70	
7	6	8	7660	270	WORKERS COMP TAX	6	
<b>33,888</b>	<b>33,231</b>	<b>41,668</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>36,087</b>	
0	0	0	7660	301	PROFESSIONAL FEES	0	
0	0	0	7660	400	CT FILM	0	
0	0	0	7660	410	CHRGABLE SUPPLIES	0	
10	95	172	7660	460	OFFICE SUPPLIES	100	
0	0	500	7660	482	MINOR MED EQUIP	500	
0	0	0	7660	490	MINOR OTHER EQUIP	0	
2,441	1,886	1,940	7660	500	NOCHRG SUPPLIES	2,000	
0	0	0	7660	570	EDU TUITION & MAT	0	
0	0	0	7660	622	R&M MED EQUIP	2,728	
0	1,379	0	7660	627	R&M NON MED EQUIP	0	
70,550	70,764	70,645	7660	680	PURCHASED SVCS	72,000	
0	0	0	7660	755	PHONE	0	
285	0	0	7660	830	TAXES & LICENSES	490	
0	0	0	7660	846	INTEREST	0	
0	0	0	7660	860	DUES & SUBS	0	
0	0	0	7660	880	TVL - GENERAL	0	
0	0	0	7660	882	TVL - EDU	0	
0	0	0	7660	898	POSTAGE	0	
6	65	117	7660	900	MISC	100	
<b>73,292</b>	<b>74,188</b>	<b>73,375</b>	<b>TOTAL OTHER</b>			<b>77,918</b>	
<b>107,180</b>	<b>107,419</b>	<b>115,043</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>114,005</b>	
0	0	0	7660	725	DEPR-FIXED EQUIP	0	
0	0	0	7660	741	DEPR-MAJ MOVABLE	0	
0	0	0	7660	742	DEPR-MINOR EQUIP	0	
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>			<b>0</b>	
<b>107,180</b>	<b>107,419</b>	<b>115,043</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>114,005</b>	
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>701,602</b>	



**HOSPITAL (PHARMACY & I.V.THERAPY)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
2,609	2,227	0	4710 010	IP SELF PAY	0
17,203	15,735	0	4710 012	IP COMMERCIAL	0
0	0	0	4710 013	IP WORK COMP	0
372,091	229,905	245,486	4710 014	IP MEDICARE	182,604
51,749	29,852	0	4710 015	IP MEDICAID	0
207	19,605	0	4710 030	IP RESPITE	0
8,689	175,666	15,094	4710 020	OP SELF PAY	13,976
100,310	2,667	196,175	4710 022	OP COMMERCIAL	147,269
7,087	918,493	2,500	4710 023	OP WORK COMP	4,337
601,564	57,515	895,303	4710 024	OP MEDICARE	1,388,636
56,997	(61)	79,461	4710 025	OP MEDICAID	76,558
<b>1,218,506</b>	<b>1,451,603</b>	<b>1,434,019</b>	<b>TOTAL REVENUE</b>		<b>1,813,380</b>
					<b>0</b>
36,192	25,332	26,595	7710 120	RN	22,414
0	124	225	7710 180	OTH MED PERS	0
2,765	1,945	2,036	7710 200	FICA	1,724
37	26	27	7710 211	UNEMPLOY TAX	23
0	0	0	7710 212	DISABILITY INS	0
2,322	3,485	0	7710 230	HEALTH INS	0
14	23	23	7710 240	LIFE/DISABILITY INS	30
530	870	1,011	7710 250	RETIREMENT	1,009
129	186	197	7710 260	WORKERS COMP INS	165
6	6	6	7710 270	WORKERS COMP TAX	5
<b>41,995</b>	<b>31,996</b>	<b>30,119</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>25,370</b>
					<b>0</b>
3,847	2,291	5,000	7700 420	IV SOLUTIONS	6,000
0	0	0	7700 410	CHRGABLE SUPPLIES	0
0	184	0	7700 500	NONCHRG SUPPLIES	0
0	0	0	7700 900	MISC	0
126,294	197,883	135,000	7710 301	PROFESSIONAL FEES	165,000
0	0	0	7710 302	CONSULTING FEES	0
266,796	345,976	405,000	7710 425	DRUGS	450,000
241	1,928	1,000	7710 460	OFFICE SUPPLIES	600
1,892	2,911	3,000	7710 482	MINOR MED EQUIP	2,000
370	2,542	4,000	7710 490	MINOR OTHER EQUIP	200
947	1,122	1,000	7710 500	NOCHRG SUPPLIES	1,500
0	0	0	7710 570	EDUCATION	0
0	0	0	7710 680	PURCHASED SERVICES	5,000
0	0	0	7710 755	TELEPHONE EXP	0
200	200	400	7710 830	TAXES & LICENSES	400
0	0	4,995	7710 860	DUES & SUBSCRIPTIONS	0
0	0	0	7710 880	TRAVEL - GENERAL	0
0	0	0	7710 882	TRAVEL - EDUCATION	0
62	54	50	7710 898	POSTAGE/FREIGHT	200
18	339	300	7710 900	MISC	500
<b>400,667</b>	<b>555,429</b>	<b>559,745</b>	<b>TOTAL OTHER</b>		<b>631,400</b>
					<b>0</b>
			<b>TOTAL BUDGETED</b>		
<b>442,662</b>	<b>587,425</b>	<b>589,864</b>	<b>EXPENSES</b>		<b>656,770</b>
					<b>0</b>

**HOSPITAL (PHARMACY & I.V.THERAPY)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget	Proposed by		Adopted by		
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board		
0	245	0	7710	741	DEP-MAJ MOVEABLE	735	
3,000	3,000	3,000	7710	742	DEP-MIN EQUIP	0	
<b>3,000</b>	<b>3,245</b>	<b>3,000</b>			<b>DEPRECIATION</b>	<b>735</b>	<b>0</b>
					<b>TOTAL EXPENSES</b>		
<b>445,662</b>	<b>590,670</b>	<b>592,864</b>			<b>FOR G/L</b>	<b>657,505</b>	<b>0</b>
					<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>	<b>1,156,610</b>	

**HOSPITAL (PROCEDURE)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023					
Actual		Adopted Budget				Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board	
0	0	0	4800	010	IP SELF PAY	0		0
0	0	0	4800	012	IP COMMERCIAL	0		0
0	0	0	4800	013	IP WORK COMP	0		0
358	0	0	4800	014	IP MEDICARE	0		0
0	0	0	4800	015	IP MEDICAID	0		0
3,020	4,931	0	4800	020	OP SELF PAY	0		0
80,334	82,207	0	4800	022	OP COMMERCIAL	0		0
0	0	0	4800	023	OP WORK COMP	0		0
114,735	61,455	0	4800	024	OP MEDICARE	0		0
43,018	19,846	0	4800	025	OP MEDICAID	0		0
<b>241,466</b>	<b>168,439</b>	<b>0</b>	<b>TOTAL REVENUE</b>			<b>0</b>		<b>0</b>
22,307	17,473	0	7800	180	MED PERS OTHER	0		
1,727	1,342	0	7800	200	FICA	0		
22	18	0	7800	211	UNEMPLOY TAX	0		
0	0	0	7800	220	PTO	0		
3,413	3,329	0	7800	230	HEALTH INS	0		
26	23	0	7800	240	LIFE/DISABILITY INS	0		
523	557	0	7800	250	RETIREMENT	0		
115	114	0	7800	260	WORKERS COMP INS	0		
7	5	0	7800	270	WORKERS COMP TAX	0		
<b>28,141</b>	<b>22,861</b>	<b>0</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>0</b>		<b>0</b>
0	0	0	7800	410	CHRGABLE SUPPLIES	0		
10	2,229	0	7800	460	OFFICE SUPPLIES	0		
2,269	1,209	0	7800	482	MINOR MED EQUIP	0		
16,998	11,755	0	7800	500	NOCHRG SUPPLIES	0		
273	0	0	7800	622	R&M MED EQUIP	0		
23,877	22,908	0	7800	680	PURCH SERVICES	0		
300	0	0	7800	900	MISC	0		
<b>43,726</b>	<b>38,101</b>	<b>0</b>	<b>TOTAL OTHER</b>			<b>0</b>		<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>					
<b>71,867</b>	<b>60,962</b>	<b>0</b>				<b>0</b>		<b>0</b>
4,675	2,586	2,586	7800	741	DEPR-MAJ MOVABLE	2,586		
<b>4,675</b>	<b>2,586</b>	<b>2,586</b>	<b>DEPRECIATION</b>			<b>2,586</b>		<b>0</b>
			<b>TOTAL EXPENSES FOR G/L</b>					
<b>76,542</b>	<b>63,547</b>	<b>2,586</b>				<b>2,586</b>		<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>0</b>		<b>0</b>

**HOSPITAL (RESPIRATORY THERAPY)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023			
Actual		Adopted Budget			Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board
1,476	1,389	0	4720	010	IP SELF PAY	0
1,187	0	0	4720	012	IP COMMERCIAL	0
0	0	0	4720	013	IP WORK COMP	0
87,963	123,989	116,925	4720	014	IP MEDICARE	135,301
3,131	5,411	0	4720	015	IP MEDICAID	0
386	4,121	2,779	4720	020	OP SELF PAY	3,586
7,592	6,033	6,628	4720	022	OP COMMERCIAL	35,946
0	0	0	4720	023	OP WORK COMP	225
219,705	233,917	291,547	4720	024	OP MEDICARE	336,992
2,666	1,862	10,526	4720	025	OP MEDICAID	37,355
<b>324,106</b>	<b>376,722</b>	<b>428,405</b>	<b>TOTAL REVENUE</b>		<b>549,405</b>	<b>0</b>
45,367	43,641	47,207	7720	101	MGT	53,280
108	0	0	7720	120	RN	0
0	0	0	7720	130	LPN	0
46	0	0	7720	140	AIDES	0
3,316	3,714	3,306	7720	180	MED PERS OTHER	0
3,775	3,642	3,869	7720	200	FICA	4,078
49	47	51	7720	211	UNEMPLOY TAX	53
1,753	1,780	1,000	7720	220	PTO	1,701
8,576	8,639	12,060	7720	230	HEALTH INS	13,470
142	124	130	7720	240	LIFE/DISABILITY INS	150
2,841	2,651	3,035	7720	250	RETIREMENT	3,199
226	250	265	7720	260	WORKERS COMP INS	288
11	10	10	7720	270	WORKERS COMP TAX	10
<b>66,210</b>	<b>64,498</b>	<b>70,933</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>76,230</b>	<b>0</b>
0	105	100	7720	410	CHRGABLE SUPPLIES	100
826	206	800	7720	482	MINOR MED EQUIP	500
0	1,205	2,000	7720	490	MINOR OTHER EQUIP	500
201	259	500	7720	500	NONCHRG SUPPLIES	1,121
0	0	0	7720	510	O2 & OTH MED GASES	0
0	114	0	7720	570	EDU TUITION & MAT	0
0	0	1,000	7720	622	R&M - MED EQUIP	1,000
0	0	0	7720	680	PURCHASED SERVICES	0
0	0	0	7720	882	TVL - EDU	0
399	284	500	7720	900	MISC	700
<b>1,427</b>	<b>2,172</b>	<b>4,900</b>	<b>TOTAL OTHER</b>		<b>3,921</b>	<b>0</b>
<b>67,637</b>	<b>66,669</b>	<b>75,833</b>	<b>TOTAL BUDGETED EXPENSES</b>		<b>80,151</b>	<b>0</b>
0	0	0	7720	741	DEPR-MAJ MOVABLE	0
0	0	0	7720	742	DEPR-MINOR EQUIP	0
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>		<b>0</b>	<b>0</b>
<b>67,637</b>	<b>66,669</b>	<b>75,833</b>	<b>TOTAL EXPENSES FOR G/L</b>		<b>80,151</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>					<b>469,254</b>	

**HOSPITAL (THERAPIES)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
0	0	0	4770	010	IP SELF PAY	0	
4,793	11,975	0	4770	012	IP COMMERCIAL	0	
0	0	0	4770	013	IP WORK COMP	0	
174,121	145,262	192,918	4770	014	IP MEDICARE	168,478	
4,595	10,171	0	4770	015	IP MEDICAID	0	
0	0	0	4770	020	OP SELF PAY	1,064	
180	1,929	17,270	4770	022	OP COMMERCIAL	9,409	
0	0	0	4770	023	OP WORK COMP	0	
8,921	10,055	13,321	4770	024	OP MEDICARE	6,470	
991	0	11,234	4770	025	OP MEDICAID	4,946	
<b>193,601</b>	<b>179,392</b>	<b>234,743</b>	<b>TOTAL REVENUE</b>			<b>190,367</b>	<b>0</b>
0	0	0	7770	101	MGT	0	
0	0	0	7770	150	CLERICAL	0	
0	0	0	7770	180	MED PERS - OTHER	0	
0	0	0	7770	200	FICA	0	
0	0	0	7770	211	UNEMPLOY TAX	0	
0	0	0	7770	212	DISABILITY INS	0	
0	0	0	7770	220	PTO	0	
0	0	0	7770	230	HEALTH INS	0	
0	0	0	7770	240	LIFE/DISABILITY INS	0	
0	0	0	7770	250	RETIREMENT	0	
0	0	0	7770	260	WORKERS COMP INS	0	
0	0	0	7770	270	WORKERS COMP TAX	0	
<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>0</b>	<b>0</b>
0	0	0	7770	301	PROFESSIONAL FEES	0	
0	0	0	7770	410	CHRGABLE SUPPLIES	0	
0	0	0	7770	460	ADM SUPPLIES	0	
0	0	0	7770	482	MINOR MED EQUIP	1,000	
0	0	0	7770	490	MINOR OTHER EQUIP	0	
0	306	0	7770	500	NOCHRG SUPPLIES	1,000	
0	0	0	7770	570	EDU TUITION & MAT	0	
0	0	0	7770	622	R&M - MED EQUIP	0	
0	0	0	7770	627	R&M - NON MED EQUIP	0	
29,618	20,805	30,000	7770	680	PURCHASED SVCS	30,000	
0	0	0	7770	755	TELEPHONE	0	
0	0	0	7770	790	UTILITIES	0	
0	0	0	7770	846	INTEREST	0	
0	0	0	7770	898	POSTAGE	0	
90	0	0	7770	900	MISC	500	
<b>29,708</b>	<b>21,111</b>	<b>30,000</b>	<b>TOTAL OTHER</b>			<b>32,500</b>	<b>0</b>
<b>29,708</b>	<b>21,111</b>	<b>30,000</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>32,500</b>	<b>0</b>
0	0	0	7770	720	DEPR-BLDG & IMPROVE	0	
0	0	0	7770	725	DEPR-FIXED EQUIP	0	
0	799	0	7770	741	DEPR-MAJ MOVABLE	9,583	
0	0	0	7770	742	DEPR-MINOR EQUIP	0	
<b>0</b>	<b>799</b>	<b>0</b>	<b>DEPRECIATION</b>			<b>9,583</b>	<b>0</b>
<b>29,708</b>	<b>21,910</b>	<b>30,000</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>42,083</b>	<b>0</b>
					DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)	157,867	

## HOSPITAL (DIETARY) FY 2023 Operating Budget

Historical Data								Budget for Fiscal Year 2022-2023	
Actual		Adopted Budget						Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22						MCHD Board	MCHD Board
41,818	38,843	45,363	8340	101	MGT		47,515		
76,943	79,737	86,012	8340	190	DIETARY PERSONNEL		91,306		
9,104	9,055	9,989	8340	200	FICA		10,620		
119	119	131	8340	211	UNEMPLOY TAX		122		
1,344	(5,193)	1,000	8340	220	PTO		1,000		
47,704	46,452	62,592	8340	230	HEALTH INS		53,172		
421	381	441	8340	240	LIFE/DISABILITY INS		450		
6,780	5,911	7,591	8340	250	RETIREMENT		8,330		
534	609	645	8340	260	WORKERS COMP INS		718		
65	57	65	8340	270	WORKERS COMP TAX		59		
<b>184,830</b>	<b>175,971</b>	<b>213,829</b>	<b>TOTAL SALARY &amp; BENEFITS</b>				<b>213,292</b>	<b>0</b>	
0	0	5,000	8340	302	CONSULTING FEES		750		
57,152	61,330	65,000	8340	430	FOOD		70,500		
628	237	300	8340	460	OFFICE SUPPLIES		200		
695	2,343	6,000	8340	490	MINOR OTHER EQUIP		2,000		
11,449	17,325	12,000	8340	500	NON MED SUPPLIES		14,342		
0	0	500	8340	570	EDU TUITION & MAT		974		
1,506	3,312	3,000	8340	627	R&M - NON MED EQUIP		744		
960	2,204	3,355	8340	780	GAS & OIL		2,200		
0	0	0	8340	755	PHONE		0		
0	0	1,000	8340	882	TVL & MILEAGE EDU		125		
0	0	0	8340	898	POSTAGE		0		
0	2,674	1,500	8340	900	MISC		1,000		
<b>72,389</b>	<b>89,425</b>	<b>97,655</b>	<b>TOTAL OTHER</b>				<b>92,835</b>	<b>0</b>	
			<b>TOTAL BUDGETED</b>						
<b>257,219</b>	<b>265,396</b>	<b>311,484</b>	<b>EXPENSES</b>				<b>306,127</b>	<b>0</b>	
0	0	0	8340	720	DEPR-BLDG & IMPROV		0		
40	0	0	8340	725	DEPR-FIXED EQUIP		0		
525	1970	2451	8340	741	DEPR-MAJ MOVABLE		2,451		
0	0	0	8340	742	DEPR-MINOR EQUIP		0		
<b>565</b>	<b>1,970</b>	<b>2,451</b>	<b>DEPRECIATION</b>				<b>2451</b>	<b>0</b>	
			<b>TOTAL EXPENSES</b>						
<b>257,784</b>	<b>267,366</b>	<b>313,935</b>	<b>FOR G/L</b>				<b>308,578</b>	<b>0</b>	

**HOSPITAL (LAUNDRY)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
4,250	3,846	3,295	8350 101	MGT	0
20,685	25,025	33,321	8350 160	ENVIRONMENTAL	30,000
374	425	2,801	8350 200	FICA	417
25	29	29	8350 211	UNEMPLOY TAX	29
0	0	0	8350 220	PTO	0
10,002	16,098	10,000	8350 230	HEALTH INS	17,500
72	110	110	8350 240	LIFE/DISABILITY INS	128
1,094	1,575	2,197	8350 250	RETIREMENT	1,800
83	128	135	8350 260	WORKERS COMP INS	171
16	18	18	8350 270	WORKERS COMP TAX	18
<b>36,601</b>	<b>47,254</b>	<b>51,906</b>	<b>TOTAL SALARY &amp; BENEFITS</b>		<b>50,064</b>
					<b>0</b>
3,416	4,137	3,000	8350 440	LINEN	3,000
2,702	2,447	3,500	8350 500	NON MED SUPPLIES	3,000
416	658	471	8350 627	R&M - NON MED EQUIP	500
2,950	2,975	3,000	8350 780	GAS & OIL	3,000
237	323	586	8350 900	MISC	400
<b>9,721</b>	<b>10,539</b>	<b>10,557</b>	<b>TOTAL OTHER</b>		<b>9,900</b>
					<b>0</b>
<b>46,322</b>	<b>57,793</b>	<b>62,463</b>	<b>TOTAL BUDGETED EXPENSES</b>		<b>59,964</b>
					<b>0</b>
0	0	0	8350 725	DEPR-FIXED EQUIP	0
752	752	1,299	8350 741	DEPR-MAJ MOVEABLE	1,784
<b>752</b>	<b>752</b>	<b>1,299</b>	<b>DEPRECIATION</b>		<b>1,784</b>
					<b>0</b>
<b>47,074</b>	<b>58,545</b>	<b>63,762</b>	<b>TOTAL EXPENSES FOR G/L</b>		<b>61,748</b>
					<b>0</b>

**HOSPITAL (HOUSEKEEPING)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
31,182	26,322	28,325	8440	101	MGT	0	
37,945	59,410	66,643	8440	160	ENVIRONMENTAL	83,505	
5,289	6,555	7,265	8440	200	FICA	6,388	
69	86	87	8440	211	UNEMPLOY TAX	105	
6,369	2,322	1,415	8440	220	PTO	1,000	
26,544	36,123	71,564	8440	230	HEALTH INS	52,500	
165	266	234	8440	240	LIFE/DISABILITY INS	368	
3,558	4,493	5,698	8440	250	RETIREMENT	5,010	
330	354	376	8440	260	WORKERS COMP INS	503	
35	43	43	8440	270	WORKERS COMP TAX	51	
<b>111,486</b>	<b>135,974</b>	<b>181,650</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>149,429</b>	<b>0</b>
33	21	100	8440	460	OFFICE SUPPLIES	100	
1,325	9,262	2,000	8440	490	MINOR OTHER EQUIP	2,000	
17,555	17,731	19,970	8440	500	NOCHRG SUPPLIES	18,859	
0	0	0	8440	627	R&M - NON MED EQUIP	0	
0	23	0	8440	898	POSTAGE	0	
1,144	1,421	2,000	8440	900	MISC	2,200	
<b>20,056</b>	<b>28,458</b>	<b>24,070</b>	<b>TOTAL OTHER</b>			<b>23,159</b>	<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>				
<b>131,542</b>	<b>164,432</b>	<b>205,720</b>				<b>172,588</b>	<b>0</b>
0	0	0	8440	741	DEPR-MAJ MOVABLE	0	
0	0	0	8440	742	DEPR-MINOR EQUIP	0	
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>			<b>0</b>	<b>0</b>
			<b>TOTAL EXPENSES FOR G/L</b>				
<b>131,542</b>	<b>164,432</b>	<b>205,720</b>				<b>172,588</b>	<b>0</b>



**HOSPITAL (PLANT)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
61,220	62,664	67,277	8450	101	MGT	70,635	
92,176	97,457	103,770	8450	160	ENVIRONMENTAL	104,766	
11,835	12,303	13,085	8450	200	FICA	13,418	
153	160	171	8450	211	UNEMPLOY TAX	168	
3,573	3,971	3,427	8450	220	PTO	1,000	
53,153	59,294	67,806	8450	230	HEALTH INS	69,954	
463	451	479	8450	240	LIFE/DISABILITY INS	372	
8,749	8,810	10,263	8450	250	RETIREMENT	10,524	
726	786	834	8450	260	WORKERS COMP INS	963	
66	60	65	8450	270	WORKERS COMP TAX	52	
<b>232,113</b>	<b>245,956</b>	<b>267,177</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>271,852</b>	<b>0</b>
543	202	71	8450	460	OFFICE SUPPLIES	50	
7,665	2,458	8,000	8450	490	MINOR OTHER EQUIP	2,500	
7,623	5,999	6,191	8450	500	NOCHRG SUPPLIES	10,246	
275	0	0	8450	570	EDU TUITION & MAT.	0	
11,056	10,290	50,000	8450	621	R&M - BUILDING	55,000	
1,229	1,272	1,496	8450	627	R&M - NON MED EQUIP	1,400	
165	1,146	2,082	8450	628	R&M - VEHICLE	2,000	
61,427	61,594	62,000	8450	680	PURCHASED SVCS	85,362	
1,803	1,577	1,655	8450	755	PHONE	1,675	
44,451	45,742	49,652	8450	770	UTILITIES	49,532	
18,899	24,420	17,500	8450	780	GAS AND OIL	34,159	
2,551	2,771	2,866	8450	820	INSURANCE	3,087	
567	388	705	8450	830	TAXES & LICENSES	705	
0	4,151	7,100	8450	860	DUES & SUBS	0	
0	0	0	8450	880	TVL & MILEAGE GEN	0	
0	0	0	8450	882	TVL & MILEAGE EDU	0	
2,794	3,298	5,000	8450	888	VEHICLE GAS & OIL	3,634	
0	0	0	8450	898	POSTAGE	0	
704	333	5000	8450	900	MISC	5,000	
<b>161,751</b>	<b>165,641</b>	<b>219,317</b>	<b>TOTAL OTHER</b>			<b>254,350</b>	<b>0</b>
			<b>TOTAL BUDGETED</b>				
<b>393,864</b>	<b>411,598</b>	<b>486,493</b>	<b>EXPENSES</b>			<b>526,201</b>	<b>0</b>
0	0	0	8450	710	DEPR-LAND IMPROV.	0	
52,917	51,328	55,946	8450	720	DEPR-BLDG & IMPROV.	38,315	
61,186	68,447	73,556	8450	725	DEPR-FIXED EQUIP	69,214	
9,750	9,722	12,619	8450	741	DEPR-MAJ MOVABLE	19,595	
194	2,326	2,466	8450	742	DEPR-MINOR EQUIP.	2,326	
<b>124,046</b>	<b>131,823</b>	<b>144,586</b>	<b>DEPRECIATION</b>			<b>129,450</b>	<b>0</b>
			<b>TOTAL EXPENSES</b>				
<b>517,910</b>	<b>543,421</b>	<b>631,080</b>	<b>FOR G/L</b>			<b>655,651</b>	<b>0</b>

**HOSPITAL (BUSINESS OFFICE)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
71,913	75,785	80,628	8530	101	MGT	86,352	
218,034	224,442	244,859	8530	150	CLERICAL	246,256	
23,300	24,373	26,164	8530	200	FICA	25,444	
290	300	325	8530	211	UNEMPLOY TAX	328	
5,291	8,052	1,000	8530	220	PTO	1,000	
119,433	131,286	153,516	8530	230	HEALTH INS	189,030	
957	885	951	8530	240	LIFE/DISABILITY INS	986	
16,686	16,657	19,402	8530	250	RETIREMENT	19,956	
1,500	1,487	1,576	8530	260	WORKERS COMP INS	1,808	
132	124	133	8530	270	WORKERS COMP TAX	128	
<b>457,536</b>	<b>483,391</b>	<b>528,553</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>571,287</b>	<b>0</b>
0	0	0	8530	302	CONSULTING FEES	0	
14,967	14,224	10,304	8530	306	COLLECTION FEES	21,000	
7,006	9,616	8,000	8530	460	OFFICE SUPPLIES	7,030	
0	0	0	8530	490	MINOR OTHER EQUIP	0	
99	0	0	8530	570	EDU TUITION & MAT.	410	
0	0	0	8530	627	R&M NON MED EQUIP	0	
41,222	48,943	45,000	8530	680	PURCHASED SVCS	54,000	
0	0	0	8530	750	RENT	0	
409	378	393	8530	755	PHONE	414	
0	0	0	8530	846	INTEREST	0	
0	0	0	8530	880	TVL & MILEAGE GEN	0	
0	0	0	8530	882	TVL & MILEAGE EDU	0	
0	0	0	8530	898	POSTAGE	12	
651	807	790	8530	900	MISC	800	
<b>64,354</b>	<b>73,967</b>	<b>64,487</b>	<b>TOTAL OTHER</b>			<b>83,665</b>	<b>0</b>
<b>521,891</b>	<b>557,358</b>	<b>593,040</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>654,953</b>	<b>0</b>
0	0	0	8530	720	DEPR-BLDG & IMPROV	0	
0	0	0	8530	741	DEPR-MAJOR MOVABLE	0	
3,388	4,517	4,517	8530	742	DEPR-MINOR EQUIP.	4,517	
<b>3,388</b>	<b>4,517</b>	<b>4,517</b>	<b>DEPRECIATION</b>			<b>4,517</b>	<b>0</b>
<b>525,278</b>	<b>561,875</b>	<b>597,557</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>659,470</b>	<b>0</b>

**HOSPITAL (MEDICAL RECORDS)**  
**FY 2023 Operating Budget**

Historical Data								Budget for Fiscal Year 2022-2023	
Actual		Adopted Budget						Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22						MCHD Board	MCHD Board
73,940	77,902	83,276	8700	101	MGT		89,180		
0	0	0	8700	150	CLERICAL		0		
5,646	5,928	6,309	8700	200	FICA		6,822		
74	78	83	8700	211	UNEMPLOY TAX		88		
2,679	19	169	8700	220	PTO		250		
9,998	10,807	12,060	8700	230	HEALTH INS		13,470		
149	139	147	8700	240	LIFE INS		168		
4,300	4,356	4,997	8700	250	RETIREMENT		5,350		
358	379	402	8700	260	WORKERS COMP INS		468		
22	20	21	8700	270	WORKERS COMP TAX		22		
<b>97,166</b>	<b>99,629</b>	<b>107,463</b>	<b>TOTAL SALARY &amp; BENEFITS</b>				<b>115,818</b>	<b>0</b>	
0	0	0	8700	302	CONSULTING FEES		0		
871	1,249	875	8700	460	OFC & ADM SUPPLIES		1,400		
0	0	0	8700	490	MINOR OTHER EQUIP		0		
185	150	510	8700	570	EDU TUITION/MAT		510		
0	0	0	8700	623	SERVICE CONTRACTS		0		
0	0	0	8700	627	R & M NON MED EQUIP		0		
0	1,350	1,200	8700	680	PURCHASED SVCS		1,300		
0	0	0	8700	755	TELEPHONE		0		
0	0	0	8700	880	TVL & MILEAGE - GEN		0		
0	0	0	8700	882	TVL & MILEAGE - EDU		0		
0	0	0	8700	898	POSTAGE		50		
0	185	75	8700	900	MISC		75		
<b>1,056</b>	<b>2,934</b>	<b>2,660</b>	<b>TOTAL OTHER</b>				<b>3,335</b>	<b>0</b>	
			<b>TOTAL BUDGETED EXPENSES</b>					<b>119,153</b>	<b>0</b>
<b>98,221</b>	<b>102,563</b>	<b>110,123</b>							
0	0	0	8700	741	DEPR - MAJ MOVE		0		
0	0	0	8700	742	DEPR - MINOR EQUIP		0		
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>				<b>0</b>	<b>0</b>	
			<b>TOTAL EXPENSES FOR G/L</b>					<b>119,153</b>	<b>0</b>
<b>98,221</b>	<b>102,563</b>	<b>110,123</b>							

**HOSPITAL (INFORMATION SYSTEMS)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
50,132	360	0	8480	101	MANAGEMENT	132,282	
40,934	8,302	156,160	8480	190	OTHER	0	
6,963	666	11,946	8480	200	FICA	10,120	
91	9	146	8480	211	UNEMPLOY TAX	113	
(16,776)	11,544	1,000	8480	220	PTO	1,000	
9,830	8	55,092	8480	230	HEALTH INS	0	
164	13	400	8480	240	LIFE/DISABILITY INS	188	
4,245	484	9,369	8480	250	RETIREMENT	6,857	
716	467	1,450	8480	260	WORKERS COMP INS	400	
22	2	55	8480	270	WORKERS COMP TAX	21	
<b>96,322</b>	<b>21,854</b>	<b>235,618</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>150,981</b>	<b>0</b>
154,283	224,084	120,000	8480	302	CONSULTING FEES	270,000	
2,371	1,408	2,500	8480	460	OFFICE SUPPLIES	3,000	
72,304	66,196	65,000	8480	490	MINOR OTHER EQUIP	80,000	
9,898	6,149	13,000	8480	502	COMPUTER SUPPLIES	10,000	
0	0	2,500	8480	570	EDU TUITION & MAT.	2,500	
59,197	68,011	62,000	8480	623	SERVICE CONTRACTS	89,000	
2,265	335	1,000	8480	627	R&M - NON MED EQUIP	2,000	
202,766	194,648	210,000	8480	680	PURCHASED SERVICES	250,000	
0	0	0	8480	755	PHONE	245	
0	665	4,800	8480	880	TVL & MILEAGE GEN	6,500	
0	0	2,000	8480	882	TVL & MILEAGE EDU	2,000	
0	(40)	0	8480	898	POSTAGE	50	
3,140	3,947	2,500	8480	900	MISC	3,300	
<b>506,224</b>	<b>565,402</b>	<b>485,300</b>	<b>TOTAL OTHER</b>			<b>718,595</b>	<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>				
<b>602,546</b>	<b>587,256</b>	<b>720,918</b>				<b>869,576</b>	<b>0</b>
6,222	22,537	22,537	8480	741	DEPR-MAJ MOVABLE	45,558	
35,472	27,390	26,696	8480	742	DEPR-MINOR EQUIP	7,029	
<b>41,694</b>	<b>49,927</b>	<b>49,233</b>	<b>DEPRECIATION</b>			<b>52,587</b>	<b>0</b>
			<b>TOTAL EXPENSES FOR G/L</b>				
<b>644,240</b>	<b>637,182</b>	<b>770,151</b>				<b>922,163</b>	<b>0</b>

**HOSPITAL (ACCOUNTING)  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023					
Actual		Adopted Budget			Proposed by	Adopted by		
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board		
133,674	146,592	147,000	8510	101	MGT	158,216		
100,723	108,844	110,890	8510	150	CLERICAL	123,561		
17,864	19,365	19,728	8510	200	FICA	21,556		
234	255	274	8510	211	UNEMPLOY TAX	334		
8,730	168	1,000	8510	220	PTO	1,000		
64,723	65,904	89,640	8510	230	HEALTH INS	82,794		
486	444	469	8510	240	LIFE/DISABILITY INS	578		
13,591	14,170	15,473	8510	250	RETIREMENT	16,907		
1,133	1,202	1,274	8510	260	WORKERS COMP INS	1,464		
59	58	61	8510	270	WORKERS COMP TAX	76		
<b>341,218</b>	<b>357,002</b>	<b>385,809</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>406,486</b>	<b>0</b>	
21,300	29,472	25,000	8510	301	PROFESSIONAL FEES	30,000		
0	1,400	0	8510	302	CONSULTING FEES	0		
22,103	19,800	30,000	8510	304	AUDIT FEES	23,320		
9,850	11,200	11,000	8510	305	COST REPORT PREP	11,872		
1,447	1,446	2,000	8510	460	OFFICE SUPPLIES	3,000		
0	0	10,000	8510	490	MINOR OTHER EQUIP	5,500		
0	0	0	8510	500	NOCHRG SUPPLIES	0		
0	0	500	8510	570	EDU TUITION & MAT	1,000		
0	0	0	8510	627	R&M - NON MED EQUIP	0		
0	0	0	8510	680	PURCHASED SERVICES	0		
0	0	0	8510	755	PHONE	0		
0	0	400	8510	860	DUES & SUBS	400		
0	0	0	8510	880	TVL & MILEAGE GEN	1,000		
0	0	500	8510	882	TVL & MILEAGE EDU	1,000		
0	0	0	8510	898	POSTAGE	0		
754	945	1,000	8510	900	MISC	1,000		
<b>55,453</b>	<b>64,263</b>	<b>80,400</b>	<b>TOTAL OTHER</b>			<b>78,092</b>	<b>0</b>	
			<b>TOTAL BUDGETED EXPENSES</b>					
<b>396,671</b>	<b>421,265</b>	<b>466,209</b>				<b>484,578</b>	<b>0</b>	
0		0	8510	741	DEPR-MAJ MOVABLE	0		
0		0	8510	742	DEPR-MINOR EQUIP	0		
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>			<b>0</b>	<b>0</b>	
			<b>TOTAL EXPENSES FOR G/L</b>					
<b>396,671</b>	<b>421,265</b>	<b>466,209</b>				<b>484,578</b>	<b>0</b>	

**HOSPITAL (ADMINISTRATION)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
179,648	285,797	301,000	8610	101	MGT	471,578	
255,692	258,167	323,389	8610	150	CLERICAL	310,598	
30,883	38,931	47,765	8610	200	FICA	59,836	
435	544	489	8610	211	UNEMPLOY TAX	650	
0	0	0	8610	212	DISABILITY INS	0	
4,195	2,397	5,000	8610	220	PTO	5,000	
80,665	111,107	175,950	8610	230	HEALTH INS	240,084	
1,244	1,043	800	8610	240	LIFE/DISABILITY INS	1,400	
25,310	21,395	37,043	8610	250	RETIREMENT	46,930	
(2,405)	516	3,000	8610	260	WORKERS COMP INS	5,000	
87	89	150	8610	270	WORKERS COMP TAX	150	
<b>575,755</b>	<b>719,985</b>	<b>894,586</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>1,141,226</b>	<b>0</b>
56,750	36,795	134,900	8610	302	CONSULTING FEES	120,000	
11,381	59,473	50,000	8610	303	LEGAL FEES	60,000	
8,914	11,258	12,000	8610	460	OFFICE SUPPLIES	13,494	
2,132	0	18,000	8610	490	MINOR OTHER EQUIP	21,000	
1,754	2,521	2,500	8610	500	NOCHRG SUPPLIES	2,500	
22,276	30,086	35,000	8610	530	COMMUNITY BENEFIT	30,000	
785	0	2,500	8610	550	EMP WELLNESS COMM	2,500	
6,165	1,376	6,000	8610	560	EMP REWARDS COMM	6,000	
1,998	(1,211)	15,000	8610	570	EDU TUITION & MAT.	28,151	
26	0	0	8610	627	R&M - NON MED EQUIP	1,257	
602	277	1,000	8610	628	R&M - VEHICLES	1,000	
20,880	67,443	130,000	8610	661	RECRUITMENT	100,000	
47,647	13,405	30,000	8610	663	ADVERTISING	50,000	
22,569	30,775	27,000	8610	680	PURCH. SVCS	40,000	
0	0	0	8610	750	RENT	13,200	
32,822	40,423	36,160	8610	755	PHONE	42,694	
5,891	6,088	6,349	8610	770	UTILITIES	6,500	
58,881	51,120	60,000	8610	811	MALPRACTICE INS	60,000	
45,168	46,802	48,553	8610	820	INSURANCE	51,910	
10,228	9,997	12,000	8610	830	TAXES & LICENSES	6,500	
61,501	57,262	55,655	8610	846	INTEREST	44,813	
13,780	16,456	15,000	8610	860	DUES & SUBS	16,500	
595	9,312	10,000	8610	880	TVL & MILEAGE GEN	15,000	
3,736	4,200	5,000	8610	882	TVL & MILEAGE EDU	7,500	
502	970	500	8610	888	VEHICLE GAS & OIL	500	
7,433	7,479	7,319	8610	898	POSTAGE	7,698	
29,512	36,426	35,000	8610	900	MISC	50,000	
<b>473,927</b>	<b>538,735</b>	<b>755,436</b>	<b>TOTAL OTHER</b>			<b>798,717</b>	<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>			<b>1,939,943</b>	<b>0</b>
<b>1,049,682</b>	<b>1,258,720</b>	<b>1,650,023</b>					

**HOSPITAL (ADMINISTRATION)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023		
Actual		Adopted Budget	Proposed by		Adopted by
FY 19-20	FY 20-21	FY 21-22	MCHD Board		MCHD Board
7,420	7,420	7,420	8610 710	DEPR-LAND IMPROV.	7,420
25,937	26,498	25,937	8610 720	DEPR-BLDG & IMPROV.	32,674
77	0	0	8610 725	DEPR-FIXED EQUIP	863
358	1,091	1,158	8610 741	DEPR-MAJOR MOVABLE	6,802
0	0	0	8610 742	DEPR-MINOR EQUIP	0
0	0	0	8610 743	LOAN COST AMORT	0
<b>33,792</b>	<b>35,009</b>	<b>34,515</b>	<b>DEPRECIATION</b>		<b>47,759</b>
			<b>TOTAL EXPENSES</b>		
<b>1,083,474</b>	<b>1,293,728</b>	<b>1,684,538</b>	<b>FOR G/L</b>		<b>0</b>

**HOME HEALTH**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget			Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board	
(3,364)	0	0	4290	040	OP SELF PAY	0	
63,180	95,488	85,986	4290	042	OP COMMERCIAL	81,305	
351,694	379,253	352,540	4290	044	OP MEDICARE	453,503	
11,248	29,136	39,990	4290	045	OP MEDICAID	11,309	
0	0	0	4290	049	OP FOOT CLINIC	0	
0		0	5660	299	MISC HH REVENUE	0	
<b>422,759</b>	<b>503,876</b>	<b>478,516</b>	<b>TOTAL REVENUE</b>			<b>546,117</b>	
						<b>0</b>	
62,354	56,015	66,253	7290	101	MGT	61,560	
139,448	164,862	170,000	7290	120	RN	207,000	
26,790	20,563	21,491	7290	140	AIDES	24,862	
51,709	67,484	70,320	7290	150	CLERICAL	80,817	
21,536	23,473	24,546	7290	200	FICA	28,629	
280	309	319	7290	211	UNEMPLOY TAX	342	
5,349	7,511	5,000	7290	220	PTO	5,000	
45,790	63,036	82,131	7290	230	HEALTH INS	106,863	
435	533	555	7290	240	LIFE/DISABILITY INS	572	
10,165	12,382	19,252	7290	250	RETIREMENT	20,954	
1,233	1,437	1,523	7290	260	WORKERS COMP INS	1,842	
97	93	99	7290	270	WORKERS COMP TAX	100	
<b>365,188</b>	<b>417,699</b>	<b>461,489</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>538,541</b>	
						<b>0</b>	
0	0	0	7290	301	PROFESSIONAL FEES	0	
0	0	0	7290	302	CONSULTING FEES	0	
3,636	11,382	12,800	7290	410	CHRGABLE SUPPLIES	17,000	
6,636	14,364	6,000	7290	460	OFFICE SUPPLIES	4,300	
1,645	169	2,500	7290	482	MINOR EQUIP	500	
3,199	3,300	4,900	7290	500	NOCHRG SUPPLIES	6,500	
2,176	1,096	3,000	7290	570	EDU TUITION & MAT.	2,500	
32	17	31	7290	627	R&M - NON MED EQUIP	245	
1,620	610	1,500	7290	628	R&M-VEHICLES	800	
382	995	1,500	7290	663	ADVERTISING	2,000	
0	0	0	7290	675	PURCH. SVCS - OTHER	0	
97,522	89,080	94,195	7290	680	PURCH. SVCS	90,000	
0	0	0	7290	750	RENT	0	
3,346	4,399	5,530	7290	755	PHONE	4,899	
1,212	1,212	1,256	7290	770	UTILITIES	1,360	
0	0	0	7290	811	MALPRACTICE INS	0	
2,225	2,547	2,651	7290	820	INSURANCE	2,820	
0	0	0	7290	846	INTEREST	0	
803	2,528	4,000	7290	860	DUES & SUBS	2,500	
14,676	10,992	12,281	7290	880	TVL - GENERAL	9,390	
1,715	0	2,000	7290	882	TVL - EDU	2,000	
2,948	2,380	2,700	7290	888	VEHICLE GAS & OIL	4,000	
55	110	100	7290	898	POSTAGE	105	
3,059	2,652	2,500	7290	900	MISCELLANEOUS	2,500	
<b>146,886</b>	<b>147,832</b>	<b>159,445</b>	<b>TOTAL OTHER</b>			<b>153,421</b>	
						<b>0</b>	
<b>512,073</b>	<b>565,531</b>	<b>620,934</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>691,962</b>	
						<b>0</b>	
5,801	5,801	5,801	7290	720	DEPR-BLDG & IMPROV	5,801	
0	0	0	7290	725	DEPR-FIXED EQUIPMENT	0	
3,397	5,096	7,596	7290	741	DEPR-MAJOR MOVABLE	5,096	
0	0	0	7290	742	DEPR-MINOR EQUIPMENT	0	
<b>9,198</b>	<b>10,897</b>	<b>13,397</b>	<b>DEPRECIATION</b>			<b>10,897</b>	
						<b>0</b>	
<b>521,272</b>	<b>576,428</b>	<b>634,331</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>702,859</b>	
						<b>0</b>	
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>(145,845)</b>	



**HOSPICE**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
0	0	0	4300	040	OP SELF PAY	0	
32,422	11,245	3,483	4300	042	OP COMMERCIAL	37,976	
400,244	617,011	637,439	4300	044	OP MEDICARE	633,656	
0	25,106	29,046	4300	045	OP MEDICAID	0	
<b>432,666</b>	<b>653,362</b>	<b>669,968</b>	<b>TOTAL REVENUE</b>			<b>671,632</b>	<b>0</b>
49,485	65,170	71,754	7300	101	MGT	73,560	
83,858	137,350	145,500	7300	120	RN	216,000	
9,442	6,777	8,381	7300	140	AIDES	11,532	
61,069	88,002	98,641	7300	150	CLERICAL	86,405	
26,400	15,290	25,512	7300	180	OTHER MED PERSONNEL	21,470	
17,594	23,422	26,208	7300	200	FICA	31,286	
230	313	351	7300	211	UNEMPLOY TAX	362	
1,139	700	500	7300	220	PTO	1,500	
44,517	77,923	109,677	7300	230	HEALTH INS	137,667	
347	578	646	7300	240	LIFE/DISABILITY INS	680	
8,644	13,579	20,555	7300	250	RETIREMENT	22,498	
828	1,181	1,251	7300	260	WORKERS COMP INS	1,811	
77	84	95	7300	270	WORKERS COMP TAX	91	
<b>303,630</b>	<b>430,369</b>	<b>509,070</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>604,862</b>	<b>0</b>
0	0	0	7300	301	PROFESSIONAL FEES	0	
364	1,146	1,000	7300	410	CHRGABLE SUPPLIES	700	
19,779	20,987	25,000	7300	425	DRUGS	20,000	
2,618	2,708	6,000	7300	460	OFFICE SUPPLIES	2,200	
461	43	500	7300	482	MINOR MED EQUIP	500	
170	116	2,500	7300	490	MINOR OTHER EQUIP	500	
849	1,087	1,182	7300	500	NOCHRG SUPPLIES/DME	1,500	
2,474	1,526	2,500	7300	570	EDU TUITION & MAT	2,500	
1,620	610	1,500	7300	628	R & M - VEHICLES	800	
26,538	42,172	40,000	7300	680	PURCHASED SERVICES	44,720	
1,787	1,737	2,740	7300	755	PHONE	2,014	
1,212	1,149	1,256	7300	770	UTILITIES	1,360	
685	711	741	7300	820	INSURANCE	783	
1,791	2,344	2,500	7300	860	DUES & SUBSCRIPTIONS	2,000	
7,221	3,169	4,461	7300	880	TVL - GENERAL	2,000	
2,431	0	3,000	7300	882	TVL - EDUCATIONAL	3,000	
2,948	2,380	2,700	7300	888	VEHICLE GAS & OIL	4,000	
7,089	3,548	2,500	7300	900	MISCELLANEOUS	7,500	
<b>80,036</b>	<b>85,433</b>	<b>100,080</b>	<b>TOTAL OTHER</b>			<b>96,077</b>	<b>0</b>
			<b>TOTAL BUDGETED EXPENSES</b>			<b>700,938</b>	<b>0</b>
4,692	3,128	4,692	7300	741	DEPR-MAJOR MOVABLE	0	
<b>4,692</b>	<b>3,128</b>	<b>4,692</b>	<b>DEPRECIATION</b>			<b>0</b>	<b>0</b>
			<b>TOTAL EXPENSES FOR G/L</b>			<b>700,938</b>	<b>0</b>
<b>388,358</b>	<b>518,930</b>	<b>613,842</b>					
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>(29,306)</b>	

**BOARDMAN AMBULANCE  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
69,611	64,767	68,494	4042	020	OP SELF PAY	95,661	
122,024	133,571	144,983	4042	022	OP COMMERCIAL	203,365	
22,509	15,235	16,681	4042	023	OP WORK COMP	24,652	
108,907	118,191	137,872	4042	024	OP MEDICARE	193,553	
167,110	165,439	199,924	4042	025	OP MEDICAID	137,170	
<b>490,161</b>	<b>497,203</b>	<b>567,954</b>	<b>TOTAL REVENUE</b>			<b>654,401</b>	<b>0</b>
15,043	15,804	17,135	7042	101	MGT	26,754	
0	0	0	7042	102	RN	0	
276,395	268,651	361,542	7042	180	OTHER MEDICAL	492,047	
22,446	21,815	27,658	7042	200	FICA	39,688	
292	285	321	7042	211	UNEMPLOY TAX	520	
0	0	0	7042	212	DISABILITY INS	0	
4,056	4,412	1,000	7042	220	PTO	10,000	
37,800	33,803	63,726	7042	230	HEALTH INS	194,430	
356	280	278	7042	240	LIFE/DISABILITY INS	1,200	
9,370	7,222	13,497	7042	250	RETIREMENT	31,128	
1,405	1,494	1,584	7042	260	WORKERS COMP INS	2,594	
57	51	56	7042	270	WORKERS COMP TAX	250	
<b>367,219</b>	<b>353,818</b>	<b>486,797</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>798,611</b>	<b>0</b>
0	0	0	7042	301	PROFESSIONAL FEES	0	
0	0	0	7042	410	CHRGABLE SUPPLIES	0	
72	758	700	7042	460	OFFICE SUPPLIES	500	
1,080	1,967	3,000	7042	470	UNIFORMS	500	
3,015	2,207	5,000	7042	482	MINOR MED EQUIP	500	
2,933	6,293	3,000	7042	490	MINOR OTHER EQUIP	3,000	
10,964	14,298	12,000	7042	500	NOCHRG SUPPLIES	20,000	
0	0	0	7042	510	OXYGEN & GASES	0	
2,084	1,178	3,000	7042	570	EDU TUITION & MAT.	1,000	
0	0	200	7042	622	R&M - MED EQUIP	300	
0	874	300	7042	627	R&M - NON MED EQUIP	300	
2,193	5,964	5,000	7042	628	R&M - VEHICLES	5,000	
9,219	10,084	11,000	7042	680	PURCH. SVCS	10,000	
4,456	5,009	5,000	7042	755	PHONE	5,710	
2,131	2,148	3,000	7042	770	UTILITIES	2,598	
3,561	3,891	3,929	7042	820	INSURANCE	5,000	
611	1,120	1,000	7042	830	TAXES & LICENSES	1,200	
2,718	7,997	4,212	7042	846	INTEREST	2,968	
338	654	1,000	7042	880	TVL - GENERAL	500	
0	0	200	7042	882	TVL - EDU	500	
3,551	3,113	4,000	7042	888	VEHICLE GAS & OIL	5,000	
516	133	500	7042	900	MISC	500	
<b>49,441</b>	<b>67,688</b>	<b>66,041</b>	<b>TOTAL OTHER</b>			<b>65,076</b>	<b>0</b>
<b>416,660</b>	<b>421,506</b>	<b>552,838</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>863,687</b>	<b>0</b>
784	784	784	7042	720	DEPR-BLDG & IMPROV	784	
0	0	0	7042	725	DEPR-FIXED EQUIP	0	
47,598	67,563	73,969	7042	741	DEPR- MAJ MOVE EQUIP	51,623	
0	0	0	7042	742	DEPR- MINOR EQUIP	0	
<b>48,382</b>	<b>68,347</b>	<b>74,753</b>	<b>DEPRECIATION</b>			<b>52,407</b>	<b>0</b>
<b>465,042</b>	<b>489,853</b>	<b>627,591</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>916,094</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>(209,286)</b>	

**IRRIGON AMBULANCE**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
17,317	14,096	8,207	4046	020	OP SELF PAY	29,248	
55,845	97,564	101,647	4046	022	OP COMMERCIAL	74,055	
0	3,197	4,865	4046	023	OP WORK COMP	1,948	
155,264	184,319	164,897	4046	024	OP MEDICARE	202,245	
97,815	90,656	68,987	4046	025	OP MEDICAID	142,119	
<b>326,241</b>	<b>389,831</b>	<b>348,603</b>	<b>TOTAL REVENUE</b>			<b>449,615</b>	<b>0</b>
15,042	15,804	17,135	7046	101	MGT	26,754	
0	0	0	7046	120	RN	0	
215,759	226,567	242,590	7046	180	OTHER MEDICAL	492,000	
17,489	18,120	19,311	7046	200	FICA	39,688	
231	243	260	7046	211	UNEMPLOY TAX	519	
0	0	0	7046	212	DISABILITY INS	0	
1,300	(891)	1,500	7046	220	PTO	10,000	
60,457	66,943	59,370	7046	230	HEALTH INS	198,636	
431	402	428	7046	240	LIFE/DISABILITY INS	1,200	
6,715	6,448	8,005	7046	250	RETIREMENT	31,128	
1,100	1,183	1,254	7046	260	WORKERS COMP INS	2,594	
57	52	55	7046	270	WORKERS COMP TAX	250	
<b>318,581</b>	<b>334,873</b>	<b>349,910</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>802,769</b>	<b>0</b>
0	0	0	7046	301	PROFESSIONAL FEES	0	
0	0	0	7046	410	CHRGABLE SUPPLIES	0	
866	233	500	7046	460	OFFICE SUPPLIES	400	
629	241	2,000	7046	470	UNIFORMS	3,000	
2,529	0	1,000	7046	482	MINOR MED EQUIP	1,000	
1,334	5,854	21,850	7046	490	MINOR OTHER EQUIP	6,000	
5,421	6,189	7,000	7046	500	NOCHRG SUPPLIES	10,000	
0	0	0	7046	510	OXYGEN & GASES	0	
235	0	3,000	7046	570	EDU TUITION & MAT.	1,000	
0	0	300	7046	622	R&M - MED EQUIP	300	
0	0	300	7046	627	R&M - NON MED EQUIP	300	
4,824	1,243	4,000	7046	628	R&M - VEHICLES	10,000	
6,544	6,289	6,500	7046	680	PURCH. SVCS	7,000	
2,460	2,702	2,735	7046	755	PHONE	3,500	
1,301	1,418	1,477	7046	820	INSURANCE	2,000	
202	730	1,000	7046	830	TAXES & LICENSES	1,000	
0	0	0	7046	846	INTEREST	0	
0	54	200	7046	880	TVL - GENERAL	500	
0	0	500	7046	882	TVL - EDU	500	
1,739	1,533	2,000	7046	888	VEHICLE GAS & OIL	2,500	
1,311	252	700	7046	900	MISC	12,000	
<b>29,396</b>	<b>26,738</b>	<b>55,063</b>	<b>TOTAL OTHER</b>			<b>61,000</b>	<b>0</b>
<b>347,977</b>	<b>361,611</b>	<b>404,972</b>	<b>TOTAL BUDGETED EXPENSES</b>			<b>863,769</b>	<b>0</b>
0	0	3,610	7046	720	DEPR-BLDG & IMPROVE	0	
0	0	0	7046	725	DEPR-FIXED EQUIPMENT	0	
11,885	12,017	18,423	7046	741	DEPR-MAJ MOVABLE	21,759	
0	0	0	7046	742	DEPR- MINOR EQUIP	0	
<b>11,885</b>	<b>12,017</b>	<b>22,033</b>	<b>DEPRECIATION</b>			<b>21,759</b>	<b>0</b>
<b>359,862</b>	<b>373,628</b>	<b>427,005</b>	<b>TOTAL EXPENSES FOR G/L</b>			<b>885,528</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>(414,154)</b>	

**IONE AMBULANCE**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023					
Actual		Adopted Budget				Proposed by	Adopted by	
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board	
3,208	(1,604)	0	4047	020	OP SELF PAY	0		
0	1,604	0	4047	022	OP COMMERCIAL	0		
0	0	0	4047	023	OP WORK COMP	0		
1,582	1,684	4,421	4047	024	OP MEDICARE	1,838		
0	0	0	4047	025	OP MEDICAID	1,838		
<b>4,790</b>	<b>1,684</b>	<b>4,421</b>	<b>TOTAL REVENUE</b>			<b>3,676</b>	<b>0</b>	
4,559	4,802	5,142	7047	101	MGT	1,500		
1,055	824	1,496	7047	180	OTHER MED	4,000		
448	450	526	7047	200	FICA	470		
6	6	7	7047	211	UNEMPLOY TAX	6		
0	0	0	7047	212	DISABILITY INS	0		
0	0	0	7047	220	PAID TIME OFF	0		
1,342	1,415	1,436	7047	230	HEALTH INS	0		
10	9	9	7047	240	LIFE/DISABILITY INS	9		
273	281	325	7047	250	RETIREMENT	298		
28	29	31	7047	260	WORKERS COMP INS	34		
1	1	1	7047	270	WORKERS COMP TAXES	1		
<b>7,722</b>	<b>7,815</b>	<b>8,973</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>6,319</b>	<b>0</b>	
0	0	0	7047	410	CHRGABLE SUPPLIES	0		
0	0	0	7047	470	UNIFORMS	100		
559	0	100	7047	482	MINOR MED EQUIP	100		
406	2,594	500	7047	500	NOCHRG SUPPLIES	3,000		
0	0	0	7047	570	ED TUITION/MATERIALS	1,000		
0	0	0	7047	622	R&M - MED EQUIP	100		
0	101	1,000	7047	628	R&M - VEHICLES	1,000		
1,224	1,651	1,200	7047	680	PURCH. SVCS	2,000		
1,174	1,280	1,333	7047	820	INSURANCE	1,410		
202	355	200	7047	830	TAXES & LICENSES	100		
0	0	0	7047	880	TVL & MILEAGE - GEN	100		
0	0	0	7047	882	TVL & MILEAGE - EDU	100		
108	19	500	7047	888	VEHICLE GAS & OIL	100		
152	1,365	100	7047	900	MISC	500		
<b>3,823</b>	<b>7,365</b>	<b>4,933</b>	<b>TOTAL OTHER</b>			<b>9,610</b>	<b>0</b>	
			<b>TOTAL BUDGETED</b>					
<b>11,545</b>	<b>15,180</b>	<b>13,906</b>	<b>EXPENSES</b>			<b>15,928</b>	<b>0</b>	
5,307	5,307	5,307	7047	741	DEPR-MAJ MOVEABLE	5,307		
0	0	0	7047	742	DEPR-MINOR EQUIP	0		
<b>5,307</b>	<b>5,307</b>	<b>5,307</b>	<b>DEPRECIATION</b>			<b>5,307</b>		
			<b>TOTAL EXPENSES</b>					
<b>16,852</b>	<b>20,487</b>	<b>19,213</b>	<b>FOR G/L</b>			<b>21,235</b>	<b>0</b>	
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>(17,559)</b>		

**COUNTY EMS (LEXINGTON)**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-23				
Actual		Adopted Budget	Proposed by			Adopted by	
FY 19-20	FY 20-21	FY 21-22	MCHD Board			MCHD Board	
4,559	4,802	5,142	7048	101	MGT	1,500	
55	0	0	7048	180	OTHER MED	1,000	
371	387	411	7048	200	FICA	406	
5	5	5	7048	211	UNEMPLOY TAX	5	
0	0	0	7048	212	DISABILITY INS	0	
0	0	0	7048	220	PAID TIME OFF	0	
1,340	1,414	1,436	7048	230	HEALTH INS	0	
10	9	9	7048	240	LIFE/DISABILITY INS	9	
275	284	325	7048	250	RETIREMENT	306	
22	24	25	7048	260	WORKERS COMP INS	29	
1	1	1	7048	270	WORKERS COMP TAX	1	
<b>6,638</b>	<b>6,925</b>	<b>7,355</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>3,257</b>	<b>0</b>
0	0	0	7048	410	CHRGABLE SUPPLIES	0	
0	0	0	7048	470	UNIFORMS	0	
0	0	0	7048	482	MINOR MED EQUIP	0	
57	37	50	7048	500	NOCHRG SUPPLIES	100	
0	0	0	7048	570	ED TUITION/MATERIALS	500	
0	0	0	7048	622	R&M - MED EQUIP	0	
0	0	0	7048	628	R&M - VEHICLES	0	
0	522	100	7048	680	PURCH. SVCS	500	
0	0	0	7048	750	RENT	0	
0	0	0	7048	770	UTILITIES	0	
0	0	0	7048	820	INSURANCE	0	
0	105	100	7048	830	TAXES & LICENSES	100	
0	0	0	7048	880	TVL & MILEAGE - GEN	0	
0	0	0	7048	882	TVL & MILEAGE - EDU	0	
0	0	0	7048	888	VEHICLE GAS & OIL	0	
28	0	0	7048	900	MISC	0	
<b>85</b>	<b>664</b>	<b>250</b>	<b>TOTAL OTHER</b>			<b>1,200</b>	<b>0</b>
			<b>TOTAL BUDGETED</b>				
<b>6,724</b>	<b>7,588</b>	<b>7,605</b>	<b>EXPENSES</b>			<b>4,457</b>	<b>0</b>
0	0	0	7048	741	DEPR - MAJ MOVABLE	0	
0	0	0	7048	742	DEPR - MINOR EQUIP	0	
<b>0</b>	<b>0</b>	<b>0</b>	<b>DEPRECIATION</b>			<b>0</b>	<b>0</b>
			<b>TOTAL EXPENSES</b>				
<b>6,724</b>	<b>7,588</b>	<b>7,605</b>	<b>FOR G/L</b>			<b>4,457</b>	<b>0</b>

**HEPPNER CLINIC**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
39,742	35,383	70,269	4070	020	OP SELF PAY	42,996	
450,556	447,432	946,362	4070	022	OP COMMERCIAL	664,309	
23,018	15,954	40,123	4070	023	OP WORK COMP	31,270	
446,663	515,215	1,063,097	4070	024	OP MEDICARE	691,802	
188,328	204,929	412,205	4070	025	OP MEDICAID	304,347	
<b>1,148,308</b>	<b>1,218,913</b>	<b>2,532,056</b>	<b>TOTAL REVENUE</b>			<b>1,734,724</b>	<b>0</b>
53,997	70,160	74,833	7070	101	MGT	103,000	
550,198	798,704	348,699	7070	105	PHYSICIANS	842,000	
172,428	133,922	244,656	7070	110	PA / NURSE PRAC	97,500	
0	0	0	7070	120	RN	0	
0	0	0	7070	130	LPN	0	
203,650	214,924	218,445	7070	150	CLERICAL	260,000	
3,599	4,137	3,887	7070	160	ENVIRONMENTAL	5,972	
213,031	241,296	297,941	7070	180	OTHER MED PERS	350,000	
75,476	79,977	85,724	7070	200	FICA	108,515	
1,197	1,593	1,259	7070	211	UNEMPLOY TAX	1,500	
24,777	18,596	11,670	7070	220	PTO	20,000	
234,409	245,931	333,484	7070	230	HEALTH INS	427,119	
3,082	2,916	3,133	7070	240	LIFE/DISABILITY INS	2,950	
57,447	59,451	67,234	7070	250	RETIREMENT	86,908	
5,151	6,137	10,000	7070	260	WORKERS COMP INS	10,000	
299	286	292	7070	270	WORKERS COMP TAX	223	
<b>1,598,740</b>	<b>1,878,029</b>	<b>1,701,258</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>2,315,687</b>	<b>0</b>
583	14,795	225,000	7070	301	PROFESSIONAL FEES	600	
8,072	8,624	6,500	7070	410	CHRGABLE SUPPLIES	8,600	
8,380	9,062	9,500	7070	425	DRUGS	10,791	
10,449	9,406	11,760	7070	460	OFFICE SUPPLIES	10,000	
449	3,765	5,000	7070	482	MINOR MED EQUIPMENT	9,500	
8,830	7,630	1,500	7070	490	MINOR OTHER EQUIP	1,000	
10,246	7,779	10,000	7070	500	NOCHRG SUPPLIES	12,000	
680	442	400	7070	510	OXYGEN/GAS	600	
13,306	16,670	16,000	7070	570	EDU TUITION & MAT	22,000	
867	301	500	7070	621	R&M - BUILDING	1,000	
0	0	0	7070	622	R&M - MED EQUIP	500	
0	442	0	7070	627	R&M - NON MED EQUIP	500	
3,461	1,265	5,000	7070	663	ADVERTISING	5,365	
14,533	27,761	23,000	7070	680	PURCHASED SVCS	25,000	
2,871	2,161	3,000	7070	755	PHONE	2,500	
9,193	9,022	9,500	7070	770	UTILITIES	9,800	
4,534	4,925	5,091	7070	820	INSURANCE	5,600	
4,086	1,038	5,000	7070	830	TAXES & LICENSES	3,000	
0	0	0	7070	846	INTEREST	0	
1,470	3,060	5,000	7070	860	DUES & SUBS	3,000	
2,867	5,689	13,700	7070	880	TVL - GENERAL	2,500	
6,721	6,451	8,000	7070	882	TVL - EDU	6,500	
129	15	200	7070	898	POSTAGE	200	
10,908	6,519	11,000	7070	900	MISC	11,000	
<b>122,634</b>	<b>146,821</b>	<b>374,651</b>	<b>TOTAL OTHER</b>			<b>151,556</b>	<b>0</b>
			<b>TOTAL BUDGETED</b>				
<b>1,721,374</b>	<b>2,024,850</b>	<b>2,075,910</b>	<b>EXPENSES</b>			<b>2,467,243</b>	<b>0</b>

**HEPPNER CLINIC**  
**FY 2023 Operating Budget**

Historical Data						Budget for Fiscal Year 2022-2023	
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
1,230	2,060	1,281	7070	710	DEPR-LAND IMPROV.	1,773	
5,322	5,740	5,740	7070	720	DEPR-BLDG & IMPROV.	5,740	
1,449	1,449	1,449	7070	725	DEPR-FIXED EQUIP	4,657	
4,516	4,732	4,732	7070	741	DEPR-MAJ MOVABLE	4,732	
0	0	0	7070	742	DEPR-MINOR EQUIP	0	
<b>12,517</b>	<b>13,981</b>	<b>13,202</b>			<b>DEPRECIATION</b>	<b>16,902</b>	<b>0</b>
					<b>TOTAL EXPENSES</b>		
<b>1,733,890</b>	<b>2,038,831</b>	<b>2,089,112</b>			<b>FOR G/L</b>	<b>2,484,145</b>	<b>0</b>
					<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>	<b>(732,519)</b>	

**IRRIGON CLINIC**  
**FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023			
Actual		Adopted Budget			Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22			MCHD Board	MCHD Board
44,066	46,445	64,431	4085	020	OP SELF PAY	46,891
428,996	561,512	899,370	4085	022	OP COMMERCIAL	871,322
17,778	19,749	38,546	4085	023	OP WORK COMP	7,333
302,336	339,118	525,108	4085	024	OP MEDICARE	483,707
323,017	398,509	544,445	4085	025	OP MEDICAID	652,503
<b>1,116,194</b>	<b>1,365,332</b>	<b>2,071,900</b>	<b>TOTAL REVENUE</b>			<b>2,061,756</b>
						<b>0</b>
67,555	67,514	73,540	7085	101	MANAGEMENT	103,000
199,947	33,426	214,400	7085	105	PHYSICIAN	187,500
367,589	408,633	281,647	7085	110	PA / FNP	335,245
0	0	0	7085	120	RN	0
0	0	0	7085	130	LPN	0
207,697	221,821	217,764	7085	150	CLERICAL	260,000
0	0	0	7085	160	ENVIRONMENTAL	0
243,190	275,652	272,373	7085	180	OTH MED PERS	352,000
77,158	75,916	78,620	7085	200	FICA	94,687
1,086	1,008	1,151	7085	211	UNEMPLOY TAX	924
9,733	(18,700)	10,000	7085	220	PTO	20,000
231,949	251,680	288,742	7085	230	HEALTH INS	356,616
3,177	3,153	3,605	7085	240	LIFE/DISABILITY INS	3,296
52,596	50,134	61,663	7085	250	RETIREMENT	74,265
4,331	5,568	5,902	7085	260	WORKERS COMP INS	6,176
308	305	332	7085	270	WORKERS COMP TAX	274
<b>1,466,316</b>	<b>1,376,111</b>	<b>1,509,739</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>1,793,983</b>
						<b>0</b>
2,077	3,617	5,000	7085	301	PROF FEES	4,000
4,107	13,238	6,000	7085	410	CHRGABLE SUPPLIES	8,800
14,503	10,756	15,000	7085	425	DRUGS	11,900
21,042	13,224	13,500	7085	460	OFFICE SUPPLIES	9,500
3,049	4,509	1,200	7085	482	MINOR MED EQUIP	8,720
14,921	21,908	750	7085	490	MINOR OTHER EQUIP	582
17,654	13,766	15,000	7085	500	NOCHRG SUPPLIES	15,358
11,230	2,755	6,500	7085	570	EDU TUITION/MAT	14,500
3,075	274	500	7085	621	R & M - BUILDING	2,700
0	0	2,500	7085	622	R & M MED EQUIP	2,500
627	11,488	500	7085	627	R & M NON MED EQUIP	500
0	0	0	7085	628	R & M - VEHICLE	0
1,817	4,298	5,500	7085	663	ADVERTISING	5,000
26,345	34,200	41,500	7085	680	PURCH SVCS	48,750
18,795	30,670	16,000	7085	755	TELEPHONE	24,535
8,958	10,090	11,000	7085	770	UTILITIES	11,084
0	0	0	7085	780	GAS & OIL	0
4,800	5,187	5,000	7085	820	INS	5,780
3,450	3,749	2,500	7085	830	TAXES & LICENSES	3,000



**IRRIGON CLINIC**  
**FY 2023 Operating Budget**

Historical Data								Budget for Fiscal Year 2022-2023	
Actual		Adopted Budget						Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22						MCHD Board	MCHD Board
20,370	18,421	16,324	7085	846	INTEREST		14,140		
250	1,087	750	7085	860	DUES & SUBS		836		
2,021	4,752	4,500	7085	880	TVL & MILEAGE - GEN		2,414		
7,594	3,785	7,500	7085	882	TVL & MILEAGE - EDU		10,000		
0	0	0	7085	888	VEHICLE GAS & OIL		0		
215	430	250	7085	898	POSTAGE		258		
17,760	4,465	10,000	7085	900	MISC.		10,000		
<b>204,659</b>	<b>216,668</b>	<b>187,274</b>			<b>TOTAL OTHER</b>		<b>214,858</b>	<b>0</b>	
			<b>TOTAL BUDGETED</b>						
<b>1,670,975</b>	<b>1,592,780</b>	<b>1,697,013</b>	<b>EXPENSES</b>					<b>2,008,841</b>	<b>0</b>
14,687	14,687	14,687	7085	710	DEPR - LAND IMPROV		14,687		
70,516	70,516	70,516	7085	720	DEPR - BLDG & IMPROV		70,516		
2,818	3,768	3,767	7085	725	DEPR - FIXED EQUIP		4,432		
8,853	8,852	17,775	7085	741	DEPR - MAJ MOVE		0		
4,615	4,310	4,615	7085	742	DEPR - MINOR EQUIP		948		
<b>101,489</b>	<b>102,133</b>	<b>111,360</b>			<b>DEPRECIATION</b>		<b>90,583</b>	<b>0</b>	
			<b>TOTAL EXPENSES</b>						
<b>1,772,464</b>	<b>1,694,913</b>	<b>1,808,373</b>	<b>FOR G/L</b>					<b>2,099,424</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>							52,915		

**IONE COMMUNITY CLINIC  
FY 2023 Operating Budget**

Historical Data			Budget for Fiscal Year 2022-2023				
Actual		Adopted Budget				Proposed by	Adopted by
FY 19-20	FY 20-21	FY 21-22				MCHD Board	MCHD Board
9,940	5,362	9,488	4090	020	OP SELF PAY	5,359	
99,962	75,588	141,349	4090	022	OP COMMERCIAL	125,142	
396	0	0	4090	023	OP WORK COMP	0	
43,387	47,547	71,460	4090	024	OP MEDICARE	78,189	
59,530	37,465	52,585	4090	025	OP MEDICAID	69,934	
<b>213,215</b>	<b>165,962</b>	<b>274,882</b>	<b>TOTAL REVENUE</b>			<b>278,624</b>	<b>0</b>
7,731	6,065	10,000	7090	101	MGT	5,000	
0	0	6,000	7090	105	PHYSICIAN	6,000	
64,731	52,790	54,703	7090	110	PA / FNP	75,000	
44,451	46,420	51,252	7090	150	CLERICAL	50,466	
24,205	18,651	20,669	7090	180	OTHER MED PERS	26,000	
10,876	9,492	10,907	7090	200	FICA	12,428	
142	124	134	7090	211	UNEMPLOY TAX	147	
1,444	1,930	803	7090	220	PTO	1,500	
33,427	33,308	34,017	7090	230	HEALTH INS	32,415	
312	308	367	7090	240	LIFE/DISABILITY INS	262	
5,970	4,746	8,194	7090	250	RETIREMENT	9,748	
411	724	767	7090	260	WORKERS COMP INS	628	
57	46	50	7090	270	WORKERS COMP TAX	45	
<b>193,758</b>	<b>174,604</b>	<b>197,862</b>	<b>TOTAL SALARY &amp; BENEFITS</b>			<b>219,638</b>	<b>0</b>
0	0	0	7090	301	PROFESSIONAL FEES	200	
505	107	450	7090	410	CHARGEABLE SUPPLIES	600	
2,270	2,041	2,500	7090	425	DRUGS	2,541	
3,259	1,883	5,000	7090	460	OFFICE SUPPLIES	3,000	
606	18	3,600	7090	482	MINOR MED EQUIP	1,000	
3,157	7,552	2,000	7090	490	MINOR OTHER EQUIP	2,000	
3,948	3,067	4,000	7090	500	NOCHRG SUPPLIES	4,636	
471	60	1,000	7090	570	EDU TUITION & MAT.	500	
0	0	0	7090	622	R&M MED EQUIP	500	
0	0	0	7090	627	R&M NON MED EQUIP	0	
356	101	250	7090	663	ADVERTISING	250	
536	916	1,500	7090	680	PURCHASED SERVICES	1,000	
7,200	7,200	7,200	7090	750	RENT	7,200	
5,664	8,411	6,000	7090	755	PHONE/INTERNET	7,795	
1,701	1,852	2,000	7090	770	UTILITIES	1,984	
118	121	126	7090	820	INSURANCE	132	
0	290	0	7090	830	TAXES & LICENSES	0	
0	0	500	7090	860	DUES & SUBS	0	
0	1,185	300	7090	880	TVL & MILEAGE GEN	500	
1,029	0	1,000	7090	882	TVL & MILEAGE EDU	500	
0	33	100	7090	898	POSTAGE	93	
5,596	971	4,000	7090	900	MISC	4,000	
<b>36,416</b>	<b>35,809</b>	<b>41,526</b>	<b>TOTAL OTHER</b>			<b>38,431</b>	<b>0</b>
			<b>TOTAL BUDGETED</b>				
<b>230,175</b>	<b>210,412</b>	<b>239,389</b>	<b>EXPENSES</b>			<b>258,069</b>	<b>0</b>
598	598	598	7090	741	DEPR- MAJ MOVEABLE	598	
0	0	0	7090	742	DEPR-MINOR EQUIP	0	
<b>598</b>	<b>598</b>	<b>598</b>	<b>DEPRECIATION</b>			<b>598</b>	<b>0</b>
			<b>TOTAL EXPENSES</b>				
<b>230,773</b>	<b>211,011</b>	<b>239,987</b>	<b>FOR G/L</b>			<b>258,667</b>	<b>0</b>
<b>DEPT GAIN/LOSS (EXCLUSIVE OF DEPRECIATION)</b>						<b>20,555</b>	

### Electronic Medical Record (EMR) Vendor Selection

The current EMR utilized by the District (Centriq) is sunsetting in 2023. The District has spent the last year doing an in depth exploration of EMR options. After careful consideration, the District’s executive team recommends that the District select Thrive from CPSI. This recommendation is based on system functionality, vendor reputation, and fiscal considerations. Thrive provides enhanced capabilities compared to the District’s current system and provides more modules (and thus more functionality) than the other vendors considered (see module comparison on page 2).

Product	Implementation	Annual	Notes
Thrive (CPSI)	\$0	\$231,720	Thrive’s annual rate is all-inclusive and includes business intelligence software, monthly orderwise radiology AUC (does not include 0.80 per transaction), TruBridge hosting, and legacy data. All current and future modules and all future interfaces between MCHD and Thrive are included at no additional cost.
Epic (OCHIN)	\$862,813	\$425,330	Epic pricing is based on units (example: per test, per user, per bed, per provider, per scanner, per fax, per transaction). The Epic quote is based on 2021 stats and is subject to change based on additional project scoping.
Meditech	\$150,000	\$456,000	Due to the high cost and concerns about functionality, use of this EMR was not pursued beyond the initial proposal.

<b>Module</b>	<b>Available in Thrive</b>	<b>Available in Epic</b>
Cloud Hosted	Yes	Yes
Emergency Department	Yes	Yes
Clinic	Yes	Yes
Pharmacy	Yes	Yes
Interoperability	Yes	Yes
Radiology	Yes	Yes
Transcription	Yes	Yes
Patient Registration	Yes	Yes
Patient Scheduling	Yes	Yes
Health Information Systems	Yes	Yes
Clinical Documentation	Yes	Yes
Billing	Yes	Yes
Accounts Receivable	Yes	Yes
Insurance Processing	Yes	Yes
Collections	Yes	Yes
Material Management	Yes	Yes
Reporting	Yes	Yes
Administration	Yes	Yes
Revenue Cycle	Yes	Yes
Accounts Payable	Yes	Yes
Lab	Yes	Yes
Blood Bank	Yes	No, 3rd Party Vendor Required
Lab Equipment Interface	Yes	No, 3rd Party Vendor Required
Incyte Lab Interface	Yes	No, 3rd Party Vendor Required
General Ledger	Yes	No, 3rd Party Vendor Required
Cash Management	Yes	No, 3rd Party Vendor Required
Human Resources	Yes	No, 3rd Party Vendor Required
Credentialing	Yes	No, 3rd Party Vendor Required
Payroll	Yes	No, 3rd Party Vendor Required
Time and Attendance	Yes	No, 3rd Party Vendor Required
Data Conversion	Yes	No, Additional fee
Legacy Data	Yes	No, Additional fee
Interfaces Between EMR and MCHD	Yes	No, Additional fee
Home Health	Yes	No

## MCHD Summary of Bid Cover Sheet

Item for Bid	Explanation	Bid Comparison	Amount	Description
Portable X-Ray	The portable is utilized with Covid patients to take the x-ray machine to the patient's isolation room to get the needed images without having to bring the patient down the hall and expose them to other patients, the public, and other healthcare workers.	<ul style="list-style-type: none"> <li>• Turn-Key Medical</li> </ul> <p style="text-align: center;"><b>Recommended Bid</b></p>	\$157,248	Carestream DRX-Revolution Mobile Digital X-Ray System.
		<ul style="list-style-type: none"> <li>• GE Health Care</li> </ul>	\$170,824.89	AMX Navigate – USCAN
		<ul style="list-style-type: none"> <li>• Siemens Medical Solutions USA, Inc.</li> </ul>	\$203,279	Mobilett Elara Max



Turn-Key Medical  
P.O. Box 1180  
Meridian, ID 83680  
Phone: (208) 888-1760  
Fax: (208) 888-5629

Attention: Todd Schmidt  
Pioneer Memorial Hospital  
564 E. Pioneer Drive  
Heppner, Oregon 97836  
Phone (541) 676-8246

March 10, 2022

Budgetary Quotation:  
Buying Group:

AK22-03-10-01  
Vizient

**Carestream DRX-Revolution Mobile Digital X-Ray System**

Qty	Catalog #	Description	List Price
1	each 8618910	Carestream DRX-Revolution Mobile Digital X-Ray System Fully integrated 32 kW Generator 300,000 KHU Tube, 0.6mm / 1.2mm focal spot sizes 40 - 150 kVp, 0.1 - 320 mAs Motorized, collapsible tube column 19" Touchscreen Monitor On Console 8" Touchscreen Monitor Incorporated Into Tube Head Integrated storage bins and Functional Lighting for System Status In bin charging for DRX Detectors Wireless RIS Integration For Closing Procedure From Mobile Unit Image View Software with Windows 10	\$ 125,000
1	each 8623290	Lux 35 Detector (14" x 17" Cesium, Wireless, Glass-free)	\$ 165,000
3	each 8623266	Lux 35 Detector Batteries (Lightweight, Dual Contact)	\$ 1,650
1	each 1019587	EVP-Plus Image Processing Software	\$ 15,000
1	each 1019512	DICOM Modality Worklist for Automated Patient Registration	\$ 10,000
1	each 1019546	Administrative Analysis and Reporting Software (Repeat/Reject)	\$ 2,500
1	each RMSSW	Carestream Remote Management Services	\$ 1,500
1	each 1019520	Tube & Line Visualization Software	\$ 5,000
1	each 8619157	1D Barcode Scanner	\$ 300
1	each 8619504	DAP for Revolution	\$ 2,500
1	each 8619207	Standard DRX-Revolution Side Panels	\$ 800
1	each 8619140	RFID/Proximity Badge Reader (Technologist Log-in)	\$ 300
1	each 8619181	In Bin Charging for Revolution	\$ 1,500
1	each 8604449	Smart Grid Software	\$ 5,000
1	each 8618936	Standard Collimator For DRX-Revolution	included
1	each 1006303	Wireless Access Point	\$ 300
1	each 8618951	Power Cord Reel	included
1	each SPRDR01	Accident Protection Lux 35 (Year 1 - \$5K Rider)	\$ 5,500
1	each 1074681	Carestream Key Operator Application's Training (3 Days on site)	\$ 8,349

\* Price includes Planning, Shipping, Installation, and Application's Training.

Total List Price: **\$ 350,199**

Vizient GPO Price: **\$ 182,382**

Pioneer Memorial Budgetary Price: **\$ 157,248**

**Warranty:** 12 months parts and labor. Detector Accident Coverage (Year 1 - \$5K rider).

**Delivery:** Typically 30 - 60 Days **Quotation Validity:** 30 Days

**Internal Cables, Routers, Hubs:** Customer Responsibility

**Terms:** Net 30 DOI. 100% invoiced at time of shipment.

**Application's Training:** 3 Days On-site.

**Taxes:** Not included. Will be added to the final invoice - if applicable.

**Shipping:** Included.

*Jake Kerley*

Jake Kerley  
VP of Sales

Pioneer/ Morrow County Health District Representative

## CONDITIONS OF SALE

Shipping dates are approximate and are based on prompt receipt at the factory of all necessary information. In case of delay in furnishing complete information, dates of shipment may be extended for a reasonable time based on conditions at the factory.

Unless otherwise specified Turn-Key Medical, Inc. will install the apparatus with the exception of certain supply and accessory items, covered by this order and will connect same to safety switch to be provided and installed by another contractor. If for any reason assembly or installation must be completed by other than the engineers of Turn-Key Medical, Inc. and additional charge for the cost of such outside labor will be made and will be assumed by the Purchaser. Proper electric supply required for operation of the apparatus will be brought to the safety switch by the Purchaser and the Purchaser will provide a licensed electrician for connection to the equipment addition to all necessary plumbing, carpenter work, wiring and conduits required for completing the installation.

Should installation of this apparatus be delayed for any reason for which Turn-Key Medical, Inc. is not responsible, then ten days from date of shipment to the Purchaser shall be considered as date of completion of installation and terms of payment shall apply as of that date.

Turn-Key Medical, Inc. shall not be liable for loss, damage detention or delay resulting from causes beyond its reasonable control or caused by fire, strike, civil or military authority, insurrection or riot, embargoes, car shortages, wrecks or delays in transportation or because of any priority or preference ratings established by any federal, state or other governmental authority.

Turn-Key Medical, Inc. shall have the right to furnish or use substitutes for materials which cannot be obtained because of priorities or preferences established by any federal, state or other governmental authority or because of requirements for such materials in the national defense program. Turn-Key Medical, Inc. shall have the right to substitute equivalent or better performing equipment in the event of design or specification change by manufacturers.

If after placing an order to Turn-Key Medical, Inc. and providing a requested delivery date the order is cancelled within 90 days of the requested delivery date the customer agrees to discuss with Turn-Key Medical a fair reimbursement for costs incurred taking under consideration the manufacturers restocking charge. In the event the customer delays delivery within 30 days of scheduled delivery customer agrees to pay storage and handling fees created by the change.

The amount of any present or future sales tax, use tax, excise or other similar tax is not included in the amount of this order but applicable to this sale shall be added to the prices shown herein and shall be paid by the Purchaser in the same manner and with the same effect as if originally added thereto.

All equipment specified on this order is subject to the guarantee of the manufacturer thereof only unless otherwise specified. Such guarantees, however, do not cover damage resulting from carelessness or failure to follow operating instructions. The liability of Turn-Key Medical, Inc. arising out of supplying of this apparatus, or its use, whether on warranties, or otherwise, shall not in any case exceed the cost of correcting defects in the apparatus. After the standard period of warranty, all such liability shall terminate. Warranty begins when available for FIRST PATIENT EXAM or when equipment is placed in storage at Purchaser request.

The title and right of possession of any apparatus and material covered by this order shall remain with Turn-Key Medical, Inc. and such apparatus and material shall remain personal property until all payments hereunder (including deferred payments whether evidenced by notes or otherwise) shall have been paid in full in cash and the Purchaser agrees to do all acts necessary to perfect and maintain such right and title to Turn-Key Medical, Inc.

Purchaser agrees Software is copyrighted and to maintain the integrity of all OEM Software Licenses. Software is intended for the exclusive use of the Equipment Purchaser and will not be transferred, loaned, copied or allowed the use of to anyone except direct employees of the purchaser within the facility where purchased and on the equipment with which it is delivered. Prior written approval must be received from the OEM for any exception to this agreement.

In the event payment is not received by Turn-Key Medical, Inc. within 30 days of invoice date a finance charge in the amount of 1 1/2% per month may be applied at the discretion of Turn-Key Medical, Inc. Customer agrees to pay a reasonable attorney's fee and other costs of collection after default and referral to an attorney.

Signing the quote or referencing the quote for purchase signifies agreement with the above terms.

January - 2016

Pioneer Memorial Hospital Heppner  
 564 Pioneer Dr  
 Heppner, OR 97836-7318

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:	Novation Vizient Supply LLC
Terms of Delivery	FOB Destination
Billing Terms	80% on Delivery / 20% on Acceptance
Payment Terms	45 Net
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.

Pioneer Memorial Hospital Heppner

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

Purchase Order Number, if applicable

GE Precision Healthcare LLC, a GE Healthcare business

**Signature:** David Buliavac

**Title:** Account Manager- VASO Mfr Rep

**Date:** April 18, 2022



**To Accept This Quotation**

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

**Name:** David Buliavac  
**Email:** david.buliavac@ge.com  
**Phone:** 503-201-7864  
**Fax:**  
  
**Name:** Michael Bognar  
**Email:** michael.bognar@ge.com  
**Phone:** +1 414-721-3970  
**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**

**Pioneer Memorial Hospital Heppner****Addresses:****Bill To** PIONEER MEMORIAL HOSPITALPIONEER MEMORIAL HOSPITAL, PO BOX 9 564 EAST PIONEER DRIVE  
HEPPNER, OR,97836**Ship To** PIONEER MEMORIAL HOSPITAL

, 564 PIONEER DR HEPPNER, OR, 97836-7318 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)
AMX Navigate - USCAN	Radiology	\$170,824.89

**Grand Total:\$170,824.89**

### Summary by Modality

Modality Totals	Net Price (USD)
	\$170,824.89

**Grand Total:\$170,824.89**

## Catalog Item Details

Line	Qty	Catalog	
1	1.00	S4000DR	AMX Navigate Telescoping Column - US

Effortless Workflow. Clinical Excellence. Rugged Reliability.

The AMX Navigate is a revolutionary new industrial design with Free Motion power assisted telescoping column technology, embedded Artificial Intelligence, and intelligently efficient workflow.

#### Benefits:

- Free Motion Telescoping Column: Industry's first power assisted telescoping column, which is designed to remove the stress and strain in everyday workflow reducing lift force by 70%.
- Zero Click Exam: Helps streamline the imaging process. Zero Click Exam leverages RFID Badge Swipe, barcode patient verification, automated protocol selection, AI processing along with other applications to eliminate the need for touchscreen interaction prior to annotation. \*Must purchase all features.
- Helix Advanced Image Processing 2.1: Delivers extraordinary anatomical detail and AI-based brightness and contrast adjustment for consistent image presentation.
- FlashPad HD Detectors: 100 micron pixel pitch, 75% DQE offering high image clarity.
- QuickShare: FlashPad HD detectors can be shared across compatible GE Fixed or Mobile X-Ray systems within the healthcare facility by all users; therefore, helping in detector cost saving.
- QuickConnect: Adaptive wireless technology to improve image transfer between the detector and the system; avoiding any wireless interference with other surgical / hospital equipment in the hospital network, giving confidence to the Technologist during image acquisition.
- QuickEnhance: Simple 1-touch image reprocessing to support anatomy specific customized visualization for lines, instruments, implants and more enabling users to customize images to the preferences of your radiology department.
- QuickClean: Fast and effective way of sanitizing imaging equipment with minimal workflow disruption.
- Touchscreen Monitor: 21.5" Touchscreen with intuitive user interface.
- IT Security Package: delivers cybersecurity features which can be configured as needed, including Anti-Virus (McAfee), DICOM TLS (Transport Layer Security), and Audit Logs.

Line	Qty	Catalog	
2	1.00	S4000ED	AMX Navigate eDelivery

Line	Qty	Catalog	
3	1.00	S3001DM	FlashPad HD 3543 Wireless Integrated Digital Detector - 35x43 cm (14x17 in)

Four times the information with exceptional dose efficiency  
 The ultra-high definition and dose efficiency of FlashPad™ HD detectors allow visualization of extraordinary anatomical detail at low dose where it matters most even for your most challenging patients. 100 micron detectors pack four times more pixels per area than the original FlashPad for sharp x-ray images.

- 100 microns pixel pitch
- Imaging Area:
  - o 4288x4288 pixels for FlashPad HD 4343
  - o 3524x4288 pixels for FlashPad HD 3543
  - o 2508x3004 pixels for FlashPad HD 2530
- Removable, rechargeable battery
- 802.11 n 5 GHz link between the system and detector with three internal antennae for the fastest image wireless transfer

- Includes QAP (Quality Assurance Procedure) with all necessary hardware and software

Line	Qty	Catalog	
4	1.00	S3003DE	<b>Detector Handle with Integrated Grid for FlashPad HD 3543 Detector – 6:1 Grid</b> FlashPad HD 3543 attachable and removable detector handle assembly with integrated 6:1 ratio grid for added ergonomics.

Line	Qty	Catalog	
5	1.00	S3000GM	<b>Detector Grip Sticker for FlashPad HD 3543</b> This Grip Sticker is applied to the back of the detector and provides additional texture to the surface for improved handling.

Line	Qty	Catalog	
6	1.00	S3000DT	<b>Battery Charger for FlashPad HD 3543 and 4343 Batteries</b> The external desktop charger is intended to charge up to two Flashpad HD 3543 rechargeable lithium ion batteries simultaneously.

The external desktop charger:

- Displays the status of the battery packs
- Contains two charging bays. Status lights on the charger indicate the status of each battery pack
- Will charge the battery in up to three hours, depending on the initial state of charge
- Is keyed to accept the battery in one orientation

Line	Qty	Catalog	
7	1.00	S4000DN	<b>High Capacity Detector Battery for FlashPad HD 3543 &amp; 4343 - 35X43 cm (14X17 in) &amp; 43x43 cm (17x17 in)</b>

Line	Qty	Catalog	
8	1.00	S3003DJ	<b>AutoGrid</b> Achieve equivalent image contrast to a physical grid

AutoGrid is an optional image processing software. It can be used in lieu of a physical anti-scatter grid to improve image contrast in general radiographic images by reducing the effects of scatter radiation. The software can be configured at three global strength options (Low, Medium, and High). The strength indicates the amount of scatter reduction that will occur during image processing. The Low strength corresponds to the amount of scatter reduction that would occur through using a 6:1 ratio grid, Medium 8:1 ratio grid, and High 12:1 ratio grid.

Benefits:

- 3 global strengths (Low = 6:1; Medium = 8:1; High = 12:1)
- Automatically applied based on protocol selected
- Auto disables when physical grid applied
- Added image contrast vs. physical grids
- Helps in timesaving in workflow prep and setup
- Less weight with singular component

Line	Qty	Catalog	
9	1.00	S4003DA	<b>Mobile AutoRad</b> Mobile AutoRad includes Auto Protocol Assist (APA) and Repeat Reject Analysis (RRA).

Auto Protocol Assist

Procedure code and protocol pairing for faster workflow and exam completion

The optional Auto Protocol Assist software matches procedure codes from Master Workflow list to select anatomy technique and automatically applies the appropriate kVp and mAs values for the exam. When a patient is selected from the worklist, the system automatically recognizes the

type of exam and displays the appropriate protocol.

Benefits:

- Saves time with one-step exam setup.
- Can potentially reduce user errors.
- Streamlines patient throughput
- APA Codes can be easily backed-up and restored for upgrades and sharing between systems.

Repeat Reject Analysis

Classify and Analyze Repeated/Rejected exposures

The Repeat Reject Analysis tool allows classification and analysis of Repeated / Rejected exposures on the system.

Benefits:

- Helps in improving technologist efficiency
- Helps drive quality control and training programs for technologists
- Helps in dose reduction and meeting ALARA guidelines
- Helps achieve better fleet management and patient management

Line	Qty	Catalog	
10	1.00	W0302XR	<b>TIP RAD – Mobile System Training Program</b>

This training program is designed for customers purchasing a GEHC AMX mobile 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 an efficient and effective skill development.

This program may contain:

Onsite training (generally 3 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
- 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 6 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.

**Total Quote Subtotal: \$170,824.89**

**Total Quote Net Selling Price: \$170,824.89**

## Optional Items

Please initial the Catalogs you wish to purchase

Catalog Number	Qty	Description	Net Price	Initial
S3001DK	1.00	<b>FlashPad HD 2530 Wireless Integrated Digital Detector - 25x30 cm (10x12 in)</b>	<b>\$51,300.00</b>	

Four times the information with exceptional dose efficiency  
 The ultra-high definition and dose efficiency of FlashPad™ HD detectors allow visualization of extraordinary anatomical detail at low dose where it matters most even for your most challenging patients. 100 micron detectors pack four times more pixels per area than the original FlashPad for sharp x-ray images.

- 100 microns pixel pitch
- Imaging Area:
  - o 4288x4288 pixels for FlashPad HD 4343
  - o 3524x4288 pixels for FlashPad HD 3543
  - o 2508x3004 pixels for FlashPad HD 2530
- Removable, rechargeable battery
- 802.11 n 5 GHz link between the system and detector with three internal antennae for the fastest image wireless transfer
- Includes QAP (Quality Assurance Procedure) with all necessary hardware and software

-----

Catalog Number	Qty	Description	Net Price	Initial
S3003DX	1.00	<b>Weight Bearing Cover for FlashPad HD 3543 Detector</b>	<b>\$648.00</b>	

The Weight Bearing Cover protects the FlashPad HD 3543 detector during weight-bearing exams. The cover allows a 590 kg (1300 lb) load applied over a 25 cm (9.75 in)

The Weight Bearing Cover protects the FlashPad HD 3543 detector during weight-bearing exams. The cover allows a 590 kg (1300 lb) load applied over a 25 cm (9.75 in)

-----

Catalog Number	Qty	Description	Net Price	Initial
S3000GK	1.00	<b>Detector Grip Sticker for FlashPad HD 2530</b>	<b>\$0.00</b>	

This Grip Sticker is applied to the back of the detector and provides additional texture to the surface for improved handling.

-----

Catalog Number	Qty	Description	Net Price	Initial
S3000DP	1.00		<b>\$1,620.00</b>	

Optional FlashPad HD 2530 Clip-on grid with a 6:1 aspect ratio for use when the detector is used outside the wall stand or table.

Main specifications:

- Keyed for proper alignment and attachment
- Aspect ratio: 6:1 with horizontal orientation
- Line density: 70 lp/cm
- Focal distance: 130 cm
- Focal range: 100-180 cm
- Grid assembly weight: 0.64 Kg (1.40 lbs.)

Catalog Number	Qty	Description	Net Price	Initial
S3000DS	1.00	Battery Charger for FlashPad HD 2530 Batteries	\$810.00	

The external desktop charger is intended to charge up to two Flashpad HD 2530 rechargeable lithium ion batteries simultaneously.

The external desktop charger:

- Displays the status of the battery packs
- Contains two charging bays. Status lights on the charger indicate the status of each battery pack
- Will charge the battery in up to three hours, depending on the initial state of charge
- Is keyed to accept the battery in one orientation

Catalog Number	Qty	Description	Net Price	Initial
S3000DL	1.00	Additional Battery for FlashPad HD 2530	\$405.00	

Batteries for use with the FlashPad HD 2530 detector.

Catalog Number	Qty	Description	Net Price	Initial
S3003CO	1.00	Critical Care Suite is a suite of AI algorithms for the automated image analysis of frontal chest X-rays acquired on a digital x-ray system for the presence of critical findings, quality checks and/or measurements.	\$16,200.00	

When Critical Care Suite includes the Pneumothorax algorithm, it produces an onscreen Notification and an image flag to enable case prioritization and triage of critical findings (pneumothorax). This information is also transmitted to the radiologist for review

When Critical Care Suite includes the Endotracheal Tube algorithm, it produces an on-screen image overlay that detects and localizes an endotracheal tube, locates the endotracheal tube tip, locates the carina, and automatically calculates the vertical distance between the endotracheal tube tip and carina. This information is also transmitted to the radiologist for review.

Critical Care Suite comes embedded with three algorithms, coined Quality Care Suite, which provide on-device quality & efficiency benefits for X-ray acquisition. The three algorithms within Quality Care Suite are:

- Intelligent Protocol Check confirms agreement between the selected protocol and the acquitted image for frontal chest X-rays.
- Intelligent Field of View detects whether the lung field is complete in a frontal chest X-ray.
- Intelligent Auto Rotate determines the rotation angle of a chest image and

automatically rotates the image upright for proper display.

Intended users include the clinical care team and radiologist.

Critical Care Suite should not be used in-lieu of full patient evaluation or solely relied upon to make or confirm a diagnosis. It is not intended to replace the review of the X-ray image by a qualified physician. Critical Care Suite is indicated for adult-size patients.

GEHC may collect, prepare derivatives from and use non-PHI data related to Products, Services and/or SaaS for such things as training/demonstration, research and development, and continuous product involvement. GEHC will own the property rights resulting from such activity, but will not sell the data or use it to identify Customer without consent.

Catalog Number	Qty	Description	Net Price	Initial
Zero Click Exam	1.00	<b>Zero Click Exam</b>	<b>\$0.00</b>	

Zero Click Exam has been activated.

Required items:  
 S4003DA Mobile AutoRad  
 S3003DC RFID Badge Reader  
 S2000PJ Barcode Reader

Catalog Number	Qty	Description	Net Price	Initial
S4000DK	1.00	<b>HIS/RIS Integration</b>	<b>\$2,970.00</b>	

Secure remote connectivity to HIS/RIS and easy EMR access.  
 The HIS/RIS Link feature provides an interface which allows access to a facility's HIS/RIS software or application. The application runs via a Virtual Machine on the mobile operating system.

Benefits:

- Application runs on a Windows 10 virtual machine. Virtual Machine (Windows 10 VM) is isolated from the system acquisition OS (Linux) providing added security against virus attacks.
- Ability to access EMR & read protocol remotely thru connecting with Hospital's HIS/RIS.
- Ability to use IE browser to remotely connect with HIS/RIS.

Catalog Number	Qty	Description	Net Price	Initial
S3003DC	1.00		<b>\$2,322.00</b>	

Easy one-tap user login and logout capability

RFID Badge reader provides ease of use for technologists to login or logout of the system through a simple, one-tap of the badge on the badge reader.

Benefits:

- Ability to login and logout through one-tap of the RFID badge
- Unlocks/locks the drive with successful login/logout
- 90% time savings in login/logout vs. using keyboard
- Ability to leverage existing employee badges & security initiatives
- Provides better cybersecurity with RFID badge access to the system

Catalog Number	Qty	Description	Net Price	Initial
S3003DH	1.00	<b>Tether Option</b>	<b>\$1,782.00</b>	

Attachable detector tether is 4 meters in length and is compatible with the FlashPad HD 2530 and FlashPad HD 3543.

The FlashPad HD tether can be used for:

- Low Digital Detector battery
- QAP testing
- Detector registration
- Complete loss of connectivity between the Digital Detector and the system
- Connectivity issues between the Digital Detector and the system

Catalog Number	Qty	Description	Net Price	Initial
S2000PJ	1.00	<b>Barcode Reader</b>	<b>\$2,565.00</b>	

Bluetooth Bar Code Reader



## GPO Agreement Reference Information

Customer:	Pioneer Memorial Hospital Heppner
Contract Number:	Novation Vizient Supply LLC
Billing Terms:	80% on Delivery / 20% on Acceptance
Payment Terms:	45 Net
Shipping Terms	FOB Destination

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and Novation Vizient Supply LLC

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>

This product offering is made per the terms and conditions of Vizient /GE Healthcare GPO Agreements as follows:

**Imaging:**

XR0882-MR, XR0702-Card./Vasc., XR0673-CT, XR0342-Mammo, XR0895-PET-CT, XR0362-Nuc Med, XR0715-R&F/RAD & XR0592-ICAR-EP/HEMO, XR0692-BMD

**Ultrasound:**

XR0431-Ultrasound

**LCS:**

CE2512 (Anesthesia), CE3033 (Monitoring), CE3333 (Infant Care), CE2881 (DCAR) and CE0351 (EP).

Vizient: Please login to the Vizient Marketplace Website. If you require assistance or are experiencing issues, please contact Vizient for support: Email: [Connect@VizientInc.com](mailto:Connect@VizientInc.com) and Phone: 866-600-0618.

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**SIEMENS REPRESENTATIVE**  
TJ Barrett  
tbarrett@cassling.com

Customer Number: 0000139215

Date: 04/19/2022

**MORROW COUNTY HEALTH DISTRICT**  
564 E PIONEER DR  
HEPPNER, OR 97836

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<b><u>Table of Contents</u></b>	<b><u>Page</u></b>
MOBILETT Elara Max Fast Lane USA (Quote Nr. CPQ-542304 Rev. 2) .....	3
General Terms and Conditions .....	7
Warranty Information .....	19

**Contract Total: \$ 203,279**

*(total does not include any Optional or Alternate components which may be selected)*

Proposal valid until 06/03/2022

Estimated Delivery Date: July 2022

Delivery dates and other contractual obligations of Seller may change due to the effects of the Covid-19 epidemic or other epidemic, including delays and disruptions in the supply chain, manufacturing, or execution as well orders by authorities and prioritization of (new and existing) orders of customers which are essential for the public healthcare. The magnitude of such changes cannot be predicted and might be substantial because it depends on the development of the Covid-19 epidemic or other epidemic.

Pricing in this Quotation is contingent on Customer accepting Delivery of the Product prior to 120 days from date of order execution.

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.



Siemens Medical Solutions USA, Inc.  
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE  
TJ Barrett  
tbarrett@cassling.com

Accepted and Agreed to by:

**Siemens Medical Solutions USA Inc.**

**MORROW COUNTY HEALTH DISTRICT**

By (sign): \_\_\_\_\_

By (sign): \_\_\_\_\_

Name: TJ Barrett

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

***By signing below, signor certifies that no modifications or additions have been made to the Quotation. Any such modifications or additions will be void.***

By (Sign): \_\_\_\_\_

**Quote Nr:** CPQ-542304 Rev. 2

**Terms of Payment:** 00% Down, 80% Delivery, 20% Installation  
 Free On Board: Destination

**Purchasing Agreement:** VIZIENT SUPPLY LLC

VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-542304

Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT XR0384 RADIOGRAPHY is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

**MOBILETT Elara Max Fast Lane USA**

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14460095	<p><b>Mobilett Elara Max</b></p> <p>MOBILETT Elara Max is a versatile, high-performance digital mobile X-ray system for wireless acquisitions with a flat panel detector. For use in intensive care units, neonatal intensive care units, emergency rooms, operating rooms and directly at the patients's bedside.</p> <p>MOBILETT Elara Max unites a generator power of 35 kW (450 mA) with easy mobility and positioning flexibility, and is also designed for continuous availability.</p> <p>The MAXswap concept allows fast detector sharing throughout our most advanced MAX radiography, fluoroscopy, and mobile X-ray portfolio.</p> <p>The syngo FLC digital one-stop workflow from patient registration to image documentation offers fast and easy operation for consistent exam settings and a consistent image impression.*</p> <p>Following items are included in the standard delivery:</p> <ul style="list-style-type: none"> <li>- Storage capacity: 10.000 RAD images</li> <li>- DICOM Send and Print</li> <li>- DiamondView MAX</li> <li>- DICOM Query / Retrieve</li> <li>- DICOM Worklist</li> <li>- CD / DVD recorder</li> </ul> <p>* The description in the "DICOM Conformance Statement" downloadable from the Internet is exclusively binding for the functionality of the DICOM interface(s).</p>
1	14443292	<p><b>High-power system battery 90Ah</b></p> <p>Alternative set of batteries with extended capacity, for more acquisitions in battery mode and enhanced mobility.</p>

- 1 14443285 **MAX wi-D**  
Lightweight mobile, wireless 35 cm x 43 cm (14" x 17") detector with handle for comfortable and safe handling. The detector can be used with all other MAX systems based on the MAXswap feature.

It can be charged automatically in the system's detector holder.
- 1 14443286 **Snap-on grid MAX wi-D 5/85 F115**  
Clip-on grid for MAX wi-D for free acquisitions. Highly selective transparent grid for reducing scattered radiation.
- 1 14460104 **Mobilett remote control**  
Infrared (IR) remote exposure control for improved radiation protection and comfortable usage.
- 1 14460101 **Hospital WLAN US**  
Industrial-strength wireless connection to the hospital network (RIS/PACS).
- 1 14460103 **Virtual Workstation**  
The virtual workstation offers a virtualized environment (Microsoft Hyper V – Windows 10) allowing an installation of customer 3rd party software, e.g. RIS or HIS client. The hospital has to provide, install and maintain the software in the virtualized environment.
- 1 14467764 **Country Kit US MOBILETT Elara Max**  
Set of mains power cable, cable winder and plug suited for the target region.
- 1 14467592 **Storage accessory Elara Max**  
Safely store pens, markers, a cup and a standard, round 5 inch container e.g. for disinfectant wipes on top of the unit.
- 1 14467766 **Obj Dist Spacer US**  
Set of 4 clip-on spacers which mechanically enforce a source-skin distance of at least 30 cm. Easy to mount at the collimator handle.
- 1 14471961 **WLAN for detector US**  
Integrated WLAN access point for operation of the MAX wi-D and MAX mini detectors.
- 1 XPRF\_ELMX\_B  
D\_LV1 **Essential Education Level 1 (XPRF)(ELMX)**  
This Essential Education Bundle provides system training in a blended learning environment using training modules (typically 1 hour):  
Essential Onsite Training Part 1 - Up to 16 hours of onsite education for up to 8 users.  
Remote configuration of customer specific programs based on the provided RIS worklist.  
This Educational offering must be completed by the later of (12) months from install end date or purchase date. If training is not completed within the applicable time period, Siemens Healthineers obligation to provide the training will expire without refund.
- 1 XP\_ADVANTAG  
E\_SVC **Eligibility XP Advantage Service Program**  
This system qualifies for the XP Advantage service promotion. The promotional service pricing is contingent on the execution of a binding point-of-sale service agreement within one year from purchase of the system or prior to system delivery, whichever is earlier.

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**SIEMENS**  
**Healthineers**   
**SIEMENS REPRESENTATIVE**  
TJ Barrett  
tbarrett@cassling.com

**System Total** **\$ 203,279**

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**FINANCING:** The equipment listed above may be financed through Siemens. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

**ACCESSORIES:** Don't forget to ask us about our line of OEM imaging accessories to complete your purchase. All accessories can be purchased or financed as part of this order. To purchase accessories directly or to receive our accessories catalog, please call us directly at 1-888-222-9944 or contact your local Sales Representative.

**COMPLIANCE:** Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our communication channel "Let Us Know".

## Siemens Medical Solutions USA, Inc. General Terms and Conditions

---

### 1. GENERAL

**1.1 Contract Terms and Acceptance.** These terms and conditions constitute an integral part of any contract between Seller and Purchaser identified on the first page hereof and shall govern the sale of the products identified in such contract ("Products"). Purchaser acknowledges that this is a commercial and not a consumer transaction. Purchaser shall be deemed to have assented to, and to have waived any objection to, this Agreement upon the earliest to occur of any of the following: Purchaser's completion or execution of this Agreement; Purchaser's acceptance of all or any part of the Products; Purchaser's issuance of a purchase order for any Products identified on Seller's quotation or proposal; or delivery of the Products to the common carrier for shipment pursuant hereto.

**1.2 Refurbished/Used Products.** For Products identified on this Agreement as used or refurbished Products, these Products have been previously owned and used. When delivered to Purchaser, such Products will perform in accordance with the manufacturer's specifications. Since pre-owned Products may be offered simultaneously to several customers, the availability of such Products to Purchaser cannot be guaranteed. If the Products are no longer available, Seller will use its best efforts to identify other suitable products in its inventory. If substitute products are not acceptable to Purchaser, then Seller will cancel the order and refund to Purchaser any deposits previously paid. The warranty period for any used or refurbished Products will be separately stated on the quotation.

**1.3 Third Party Products.** If this Agreement includes the sale of third party products not manufactured by Seller, then Purchaser agrees and acknowledges that (a) Purchaser has made the selection of these products on its own, (b) the products are being acquired by Seller solely at the request of and for the benefit and convenience of Purchaser, (c) no representation, warranty or guarantee has been made by Seller with respect to the products, (d) the obligation of Purchaser to pay Seller for the products is absolute and unconditional, (e) use of the products may be subject to Purchaser's agreement to comply with any software licensing terms imposed by the manufacturer; and (f) unless otherwise indicated by Seller in writing, Seller is not responsible for any required installation, validation,

product recall, warranty service, maintenance, complaint handling, or any other applicable FDA regulatory requirements, and the Purchaser will look solely to the manufacturer regarding these services and will assert no claim against Seller with respect to these products.

### 2. PRICES

**2.1 Quotations.** Unless otherwise agreed to in writing or set forth in the quotation, all prices quoted by Seller and amounts payable by Purchaser are in U.S. dollars, and include Seller's standard packaging. The prices quoted to Seller assume that the Seller is located in, and will use the Products in, the U.S. If not, such quotation will be void. Unless otherwise stated, the quotation shall only be valid for forty-five (45) days from the date of the quotation.

**2.2 Delay in Acceptance of Delivery.** Should the agreed delivery date be postponed by Purchaser, Seller shall have the right to deliver the Products to storage at Purchaser's risk and expense, and payments due upon delivery shall become due when Seller is ready to deliver.

### 3. TAXES

**3.1** Any sales, use or manufacturer's tax which may be imposed upon the sale or use of Products, or any property tax levied after readiness to ship, or any excise tax, license or similar fee (excluding the Medical Device Excise Tax as set forth in Section 4191 of the Internal Revenue Code of 1986, as amended) required under this transaction, shall be in addition to the quoted prices and shall be paid by Purchaser. Notwithstanding the foregoing, Seller agrees to honor any valid exemption certificate provided by Purchaser.

### 4. TERMS OF PAYMENT; DEFAULT

**4.1 Payments; Due Date.** Unless otherwise set forth in the quotation, Purchaser shall pay Seller as follows: an initial deposit of 10% of the purchase price for each Product is due upon submission of the purchase order, an additional 80% of the purchase price is due upon delivery of each Product, and the final 10% of the purchase price is due upon completion of installation or when the Products are available for first patient use, whichever occurs first. Unless otherwise agreed, all payments other than the initial deposit are due net thirty (30) days from the date of invoice. Seller shall have no



obligation to complete installation until the payment due upon delivery is received. Partial shipments shall be billed as made, and payments for such shipments will be made in accordance with the foregoing payment terms.**4.2 Late Payment.** A service charge of 1½% per month, not to exceed the maximum rate allowed by law, shall be made on any portion of Purchaser's outstanding balance which is not paid when due. Payment of such service charge shall not excuse or cure Purchaser's breach or default for late payment.**4.3 Payment of Lesser Amount.** If Purchaser pays, or Seller otherwise receives, a lesser amount than the full amount provided for under this Agreement, such payment shall not constitute or be construed other than as on account of the earliest amount due Seller. No endorsement or statement on any check or payment or elsewhere shall constitute or be construed as an accord or satisfaction. **4.4 Where Payment Due Upon Installation or Completion.** Should any terms of payment provide for either full or partial payment upon completion of installation or thereafter, and completion of installation is delayed for any reason for which Seller is not responsible beyond the installation date set forth in the Notice to Manufacture Letter issued by Seller, as applicable, then the balance of payments shall be due on the day following such installation date.**4.5 Default; Termination.** Each of the following shall constitute an event of default under this Agreement: (i) a failure by Purchaser to make any payment when due; (ii) a failure by Purchaser to perform any other obligation under this Agreement within thirty (30) days of receipt of written notice from Seller; or (iii) the commencement of any insolvency, bankruptcy or similar proceedings by or against Purchaser. Upon the occurrence of any event of default, at Seller's election: (a) the entire amount of any indebtedness and obligation due Seller under this Agreement and interest thereon shall become immediately due and payable; (b) Seller may suspend the performance of any of Seller's obligations hereunder, including, but not limited to, obligations relating to delivery, installation and warranty services; (c) Purchaser shall put Seller in possession of the Products upon demand; (d) Seller may sell or otherwise dispose of all or any part of the Products and apply the proceeds thereof against any indebtedness or obligation of Purchaser under this Agreement; (e) if this Agreement or any indebtedness or obligation of Purchaser under this Agreement is referred to an attorney for collection or realization, Purchaser shall pay to Seller all costs of collection and realization (including, without limitation, a reasonable sum for

attorneys' fees); and Purchaser shall pay any deficiency remaining after collection of or realization by Seller on the Products. In addition, Seller may terminate this Agreement upon written notice to Purchaser in the event that Purchaser is not approved for credit or upon the occurrence of any material adverse change in the financial condition or business operations of Purchaser.**4.6 Financing.** Notwithstanding any arrangement that Purchaser may make for the financing of the purchase price of the Products, the parties agree that any such financing arrangement shall have no effect on the Purchaser's payment obligations under this Agreement, including but not limited to Sections 4.1 and 4.2 above.

#### 5. EXPORT TERMS

**5.1** Unless other arrangements have been made, payment on export orders shall be made by irrevocable confirmed letter of credit, payable in U.S. dollars against Seller's invoice and standard shipping documents. Such letter of credit shall be in an amount equal to the full purchase price of the Products and shall be established in a U.S. bank acceptable to Seller. Purchaser shall have sole responsibility to procure all necessary permits and licenses for shipment and compliance with any governmental regulations concerning control of final destination of Products.**5.2** Purchaser agrees that Products shall not at any time directly or indirectly be used, exported, sold, transferred, assigned or otherwise disposed of in a manner which will result in non-compliance with applicable export Control and US Sanction laws and regulations. If Purchaser purchases a Product at the domestic price and exports such Product, or transfers such Product to a third party for export, outside of the U.S., Purchaser shall pay to Seller the difference between the domestic price and the international retail price of such Product. Purchaser shall deliver to Seller, upon Seller's request, written assurance regarding compliance with this Section in form and content acceptable to Seller.

#### 6. DELIVERY, RISK OF LOSS

**6.1 Delivery Date.** Delivery and installation dates will be established by mutual agreement of the parties as set forth in the Notice to Manufacture Letter issued by the Seller, as applicable. Seller shall make reasonable efforts to meet such delivery date(s).**6.2 Risk of Loss; Title Transfer.** Unless otherwise agreed to in writing, the following shall apply: (a) For Products that do not require installation by Seller, and for options and add-

on products purchased subsequent to delivery and installation of Products purchased under this Agreement, delivery shall be complete upon transfer of possession to common carrier, F.O.B. Shipping Point, whereupon title to and all risk of loss, damage to or destruction of the Products shall pass to Purchaser. (b) For Products that require installation by Seller, delivery shall be complete upon delivery of the Products to Purchaser's designated site, F.O.B. Destination; whereupon title to and all risk of loss, damage to or destruction of such Products shall pass to Purchaser upon completion of delivery. (c) All freight charges and other transportation, packing and insurance costs, license fees, custom duties and other similar charges shall be the sole responsibility of Purchaser unless included in the purchase price or otherwise agreed to in writing by Seller. In the event of any loss or damage to any of the Products during shipment, Seller and Purchaser shall cooperate in making any insurance claim.

#### 7. SECURITY INTEREST/FILING

**7.1** Purchaser grants to Seller a security interest in the Products until payment in full by Purchaser. Purchaser shall sign any financing statements or other documents necessary to perfect Seller's security interests in the Products. Purchaser further represents and covenants that (a) it will keep the Products in good order and repair until the purchase price has been paid in full, (b) it will promptly pay all taxes and assessments upon the Products or the use thereof, (c) it will not attempt to transfer any interest in the Products until the purchase price has been paid in full, and (d) it is solvent and financially capable of paying the full purchase price for the Products.

#### 8. CHANGES, CANCELLATION, AND RETURN

**8.1** Orders accepted by Seller are not subject to change except upon Seller's written agreement. **8.2** Orders accepted by Seller are non-cancellable by Purchaser except upon Seller's written consent and payment by Purchaser of a cancellation charge equal to 10% of the price of the affected Products, plus any shipping, insurance, inspection and refurbishment charges; the cost of providing any training, education, site evaluation or other services completed by Seller; and any return, cancellation or restocking fees with respect to any Third Party Products ordered by Seller on behalf of Purchaser. Seller may retain any payments received from Purchaser up to the amount of the cancellation charge. In no event can an order be

cancelled by Purchaser or Products be returned to Seller after shipment. **8.3** Seller reserves the right to change the manufacture and/or design of its Products if, in the judgment of Seller, such change does not alter the general function of the Products.

#### 9. FORCE MAJEURE

**9.1** Seller shall not be liable for any loss or damage for delay in delivery, inability to install or any other failure to perform due to causes beyond its reasonable control including, but not limited to, acts of God or the public, war, civil commotion, blockades, embargoes, calamities, floods, fires, earthquakes, explosions, storms, strikes, lockouts, labor disputes, or unavailability of labor, raw materials, power or supplies. Should such a delay occur, Seller may reasonably extend delivery or production schedules or, at its option, cancel the order in whole or part without liability other than to return any unearned deposit or prepayment.

#### 10. WARRANTY

**10.1** Seller warrants that the Products manufactured by Seller and sold hereunder shall be free from defects in material or workmanship under normal use and service for the warranty period. The final assembled Products shall be new although they may include certain used, reworked or refurbished parts and components (e.g., circuit boards) that comply with performance and reliability specifications and controls. Seller's obligation under this warranty is limited, at Seller's option, to the repair or replacement of the Product or any part thereof. Unless otherwise set forth in the Product Warranty attached hereto and incorporated herein by reference ("Product Warranty"), the warranty period shall commence upon the earlier of the date that the Products have been installed in accordance with Section 12.5 hereof (which date shall be confirmed in writing by Seller) or first patient use, and shall continue for twelve (12) consecutive months. Seller makes no warranty for any Products made by persons other than Seller or its affiliates, and Purchaser's sole warranty therefor, if any, is the original manufacturer's warranty, which Seller agrees to pass on to Purchaser, as applicable. The warranty provided by Seller under this Section 10 extends only to the original Purchaser, unless the Purchaser obtains the Seller's prior written consent with respect to any sale or other transfer of the Products during the term of the warranty. **10.2** No warranty extended by Seller shall apply to any Products which have been damaged by fire, accident, misuse,

abuse, negligence, improper application or alteration or by a force majeure occurrence as described in Section 9 hereof or by the Purchaser's failure to operate the Products in accordance with the manufacturer's instructions or to maintain the recommended operating environment and line conditions; which are defective due to unauthorized attempts to repair, relocate, maintain, service, add to or modify the Products by the Purchaser or any third party or due to the attachment and/or use of non-Seller supplied parts, equipment or software without Seller's prior written approval; which failed due to causes from within non-Seller supplied equipment, parts or software including, but not limited to, problems with the Purchaser's network; or which have been damaged from the use of operating supplies or consumable parts not approved by Seller. In addition, there is no warranty coverage for any transducer or probe failure due to events such as cracking from high impact drops, cable rupture from rolling equipment over the cable, delamination from cleaning with inappropriate solutions, or TEE bite marks. Seller may effectuate any repairs at Purchaser's facility, and Purchaser shall furnish Seller safe and sufficient access for such repair. Repair or replacement may be with parts or products that are new, used or refurbished. Repairs or replacements shall not interrupt, extend or prolong the term of the warranty. Purchaser shall, upon Seller's request, return the non-complying Product or part to Seller with all transportation charges prepaid, but shall not return any Product or part to Seller without Seller's prior written authorization. Purchaser shall pay Seller its normal charges for service and parts for any inspection, repair or replacement that falls outside of Seller's warranty. Seller's warranty does not apply to consumable materials, disposables, supplies, accessories and collateral equipment, except as specifically stated in writing or as otherwise set forth in the Product Warranty. **10.3** This warranty is made on condition that immediate written notice of any noncompliance be given to Seller and Seller's inspection reveals that Purchaser's claim is covered under the terms of the warranty (i.e., that the noncompliance is due to traceable defects in original materials and/or workmanship). **10.4** Purchaser shall provide Seller with both on-site and remote access to the Products. The remote access shall be provided through the Purchaser's network as is reasonably necessary for Seller to provide warranty services under this Agreement. Remote access will be established through a broadband internet-based connection to either a

Purchaser owned or Seller provided secure end-point. The method of connection will be a Peer-to-Peer VPN IPsec tunnel (non-client based) with specific inbound and outbound port requirements. **10.5** Warranty service will be provided without charge during Seller's regular working hours (8:30-5:00), Monday through Friday, except Seller's recognized holidays. If Purchaser requires that service be performed outside these hours, such service can be made available at an additional charge, at Seller's then current rates. The obligations of Seller described in this Section are Seller's only obligations and Purchaser's sole and exclusive remedy for a breach of product warranty. **10.6 SELLER MAKES NO WARRANTY OTHER THAN THE ONE SET FORTH HEREIN AND IN THE PRODUCT WARRANTY. SUCH WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSES, AND SUCH CONSTITUTES THE SOLE AND EXCLUSIVE WARRANTY MADE WITH RESPECT TO THE PRODUCTS, SERVICE OR OTHER ITEM FURNISHED UNDER THIS AGREEMENT.** **10.7** In the event of any inconsistencies between the terms of this Section 10 and the terms of the Product Warranty, the terms of the Product Warranty shall prevail.

#### 11. LIMITATION OF LIABILITY

**11.1** In no event shall Seller's liability hereunder exceed the actual loss or damage sustained by Purchaser, up to the purchase price of the Products. The foregoing limitation of liability shall not apply to claims for bodily injury or damages to real property or tangible personal property to the extent arising from Seller's negligence or a product defect. **11.2 SELLER SHALL NOT BE LIABLE FOR ANY LOSS OF USE, REVENUE OR ANTICIPATED PROFITS; COST OF SUBSTITUTE PRODUCTS OR SERVICES; LOSS OF STORED, TRANSMITTED OR RECORDED DATA; OR FOR ANY INDIRECT, INCIDENTAL, UNFORESEEN, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY OR ANY OTHER THEORY OR FORM OF ACTION, EVEN IF SELLER HAS BEEN ADVISED OF THE POSSIBILITY THEREOF, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SALE OR USE OF THE PRODUCTS. THE FOREGOING IS A SEPARATE, ESSENTIAL TERM OF THIS AGREEMENT AND SHALL BE EFFECTIVE UPON**

## THE FAILURE OF ANY REMEDY, EXCLUSIVE OR NOT.

### 12. INSTALLATION - ADDITIONAL CHARGES

**12.1 General.** Unless otherwise expressly stipulated in writing, the Products shall be installed by and at the expense of Seller except that Seller shall not provide rigging or site preparation services unless otherwise agreed to in writing by Seller for an additional charge. Seller will not install accessory items such as cabinets, illuminators, darkroom equipment or processors for X-Ray and CT equipment, unless otherwise agreed to in writing by Seller. **12.2 Installation by Seller.** If Seller specifies it will install the Products, the following applies: subject to fulfillment of the obligations set forth in Section 12.3 below, Seller shall install the Products and connect them to the requisite safety switches and power lines to be installed by Purchaser. Except as otherwise specified below, if such installation and connection are performed by Seller's technical personnel, prices shown include the cost thereof, provided that the installation and connection can be performed within the Continental United States or Puerto Rico and during normal business hours. Any overtime charges or other special expenses shall be additional charges to the prices shown. **12.3 Purchaser's Obligations.** Purchaser shall, at its expense, provide all proper and necessary labor and materials for plumbing service, carpentry work, conduit wiring, and other preparations required for such installation and connection. All such labor and materials shall be completed and available at the time of delivery of the Products by Seller. Additionally, Purchaser shall provide free access to the installation site and, if necessary, safe and secure space for storage of Products and equipment prior to installation by Seller. Purchaser shall be responsible, at its sole cost and expense, for obtaining all permits, licenses and approvals required by any federal, state or local authorities in connection with the installation and operation of the Products, including but not limited to any certificate of need and zoning variances. Purchaser shall provide a suitable environment for the Products and shall ensure that its premises are free of hazardous conditions and any concealed or dangerous conditions and that all site requirements are met. Seller shall delay its work until Purchaser has completed the removal of any hazardous materials or has taken any other precautions and completed any other work required by applicable regulations. Purchaser shall reimburse Seller for any increased costs and expenses

incurred by Seller that are the result of or are caused by any such delay. In the event that Seller is requested to supervise the installation of the Products, it remains the Purchaser's responsibility to comply with local regulations. Seller is not an architect and all drawings furnished by Seller are not construction drawings. If local labor conditions, including a requirement to use union labor, require the use of non-Seller employees to participate in the installation of the Product or otherwise causes delays or any additional expenses, then any such additional costs shall be at Purchaser's expense.

**12.4 Regulatory Reporting.** In the event that any regulatory activity is performed by anyone other than Seller's authorized personnel, then Purchaser shall be responsible for fulfilling any and all reporting requirements. **12.5 Completion of Installation.** Installation shall be complete upon the conclusion of final calibration and checkout under Seller's standard procedures to verify that the Products meet applicable written performance specifications. Notwithstanding the foregoing, first use of the Products by Purchaser, its agents or employees for any purpose after delivery shall constitute completion of installation.

### 13. PATENT, COPYRIGHT AND OTHER INFRINGEMENT CLAIMS

**13.1 Infringement by Seller.** Seller warrants that the Products manufactured by Seller and sold hereunder do not infringe any U.S. patent or copyright. If Purchaser receives a claim that any such Products, or parts thereof, infringe upon the rights of others under any U.S. patent or copyright, Purchaser shall notify Seller immediately in writing. Provided that Purchaser gives Seller information, assistance and exclusive authority to evaluate, defend and settle such claims, Seller shall at its own expense and option: indemnify and defend Purchaser against such claims; settle such claims; procure for Purchaser the right to use the Products; or remove or modify them to avoid infringement. If none of these alternatives is available on terms reasonable to Seller, then Purchaser shall return the Products to Seller and Seller shall refund to Purchaser the purchase price paid by Purchaser less reasonable depreciation for Purchaser's use of the Products. The foregoing states Seller's entire obligation and liability, and Purchaser's sole remedy, for claims of infringement. **13.2 Infringement by Purchaser.** If some or all of the Products sold hereunder are made by Seller pursuant to drawings or specifications furnished by Purchaser, or if Purchaser modifies or combines, operates or uses the Products other than as specified by Seller or with any product, data, software, apparatus

Siemens Medical Solutions USA, Inc.  
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE  
TJ Barrett  
tbarrett@cassling.com

or program not provided or approved by Seller, then the indemnity obligation of Seller under Section 13.1 shall be null and void.

**14. DESIGNS AND TRADE SECRETS; LICENSE; CONFIDENTIALITY**

**14.1** Any drawings, data, designs, software programs or other technical information supplied by Seller to Purchaser in connection with the sale of the Products shall remain Seller's property and shall at all times be held in confidence by Purchaser. **14.2** For all Products which utilize software for their operation, such "Applications Software" shall be licensed to Purchaser under the terms of Seller's Software License Schedule attached hereto. **14.3** Seller and Purchaser shall maintain the confidentiality of any information provided or disclosed to the other party relating to the business, customers and/or patients of the disclosing party, as well as this Agreement and its terms (including the pricing and other financial terms under which the Purchaser will be purchasing the Products). Each party shall use reasonable care to protect the confidentiality of the information disclosed, but no less than the degree of care it would use to protect its own confidential information, and shall only disclose the other party's confidential information to its employees and agents having a need to know this information. The obligations of confidentiality set forth herein shall not apply to any information in the public domain at the time of disclosure or that is required to be disclosed by court order or by law.

**15. ASSIGNMENT**

**15.1** Neither party may assign any rights or obligations under this Agreement without the prior written consent of the other, which shall not be unreasonably withheld. Any attempt to do so shall be void, except that Seller may assign this Agreement without consent to any subsidiary or affiliated company, and may delegate to authorized subcontractors or service suppliers any work to be performed under this Agreement so long as Seller remains liable for the performance of its obligations under this Agreement. This Agreement shall inure to and be binding upon the parties and their respective successors, permitted assigns and legal representatives.

**16. COSTS AND FEES**

**16.1** In the event that any dispute or difference is brought arising from or relating to this Agreement or the breach, termination or validity thereof, the prevailing party shall be entitled to recover from the other party all

reasonable attorneys' fees incurred, together with such other expenses, costs and disbursements as may be allowed by law.

**17. MODIFICATION**

**17.1** This Agreement may not be changed, modified or amended except in writing signed by duly authorized representatives of the parties.

**18. GOVERNING LAW; WAIVER OF JURY TRIAL**

**18.1** This Agreement shall be governed by the laws of the state where the Product(s) will be installed, without regard to that state's choice of law principles. **18.2 EACH OF THE PARTIES EXPRESSLY WAIVES ALL RIGHTS TO A JURY TRIAL IN CONNECTION WITH ANY DISPUTE UNDER THIS AGREEMENT.**

**19. COST REPORTING**

**19.1** Purchaser agrees that it must fully and accurately report prices paid under this Agreement, net of all discounts, as required by applicable law and contract, including without limitation 42 CFR §1001.952(h), in all applicable Medicare, Medicaid and state agency cost reports. Purchaser shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the U.S. Department of Health and Human Services or any state agency access to such records upon request.

**20. INTEGRATION**

**20.1** These terms and conditions, including any attachments or other documents incorporated by reference herein, constitute the entire, complete and exclusive statement of agreement with respect to the subject matter hereof, and supersede any and all prior agreements, understandings and communications between the parties with respect to the Products. Purchaser's additional or different terms and conditions stated in a purchase order, bid documents or any other document issued by Purchaser are specifically rejected and shall not apply to the transactions contemplated under this Agreement.

**21. SEVERABILITY; HEADINGS**

**21.1** No provision of this Agreement which may be deemed unenforceable will in any way invalidate any other portion or provision of this Agreement. Section headings are for convenience only and have no substantive effect.

**22. WAIVER**

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**SIEMENS REPRESENTATIVE**  
TJ Barrett  
tbarrett@cassling.com

**22.1** No failure and no delay in exercising, on the part of any party, any right under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right preclude the further exercise of any other right.

#### 23. NOTICES

**23.1** Any notice or other communication under this Agreement shall be deemed properly given if in writing and delivered in person or mailed, properly addressed and stamped with the required postage, to the intended recipient at its address specified on the face hereof.

#### 24. RIGHTS CUMULATIVE

**24.1** The rights and remedies afforded to Seller under this Agreement are in addition to, and do not in any way limit, any other rights or remedies afforded to Seller by any other agreement, by law or otherwise.

#### 25. END USER CERTIFICATION

**25.1** Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party (except for lease-back financings).

#### 26. ACCESS TO BOOKS AND RECORDS

**26.1** To the extent required by Section 1861(v)(1)(I) of the Social Security Act and the regulations promulgated thereunder, until the expiration of four (4) years after the furnishing of any Product or service pursuant to this Agreement, Seller shall make available, upon written request by the Secretary of Health and Human Services (the "Secretary"), or upon request by the Comptroller General (the "Comptroller"), or any of their duly authorized representatives, copies of this Agreement and any books, documents, records or other data of Seller that are necessary to certify the nature and extent of any costs incurred by Purchaser for such Products and services. If Seller carries out any of its duties under this Agreement through a subcontract with a related organization involving a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, Seller will cause such subcontract to contain a clause to the effect that, until the expiration of four (4) years after the furnishing of any Product or service pursuant to said contract, the related organization will make available upon the written request of the Secretary or the Comptroller, or any of their duly authorized representatives, copies of records of said related organization that are necessary to certify the nature and extent of cost incurred by Purchaser for such Product or service.

#### 27. DISPOSITION OF PRODUCTS

**27.1** Purchaser expressly agrees that should Purchaser sell, transfer or otherwise dispose of the Products, Purchaser shall notify Seller in writing and give Seller the opportunity to purchase such Products. With Purchaser's notice, Purchaser shall provide Seller with a copy of the third party's binding offer to purchase the Products and Seller shall have seven (7) days to notify the Purchaser of an offer to purchase the Products.  
05/15 Rev.

#### 30. Trade-In Equipment Requirements

**test THE FOLLOWING APPLIES ONLY TO THE EXTENT THAT THE QUOTATION INCLUDES AN EQUIPMENT TRADE IN OR IF A TRADE-IN IS LATER ADDED TO THIS QUOTATION VIA A CHANGE ORDER. THESE REQUIREMENTS ARE IN ADDITION TO ANY OTHER REFERENCED TERMS AND CONDITIONS OF THE QUOTATION AND SHALL REMAIN IN EFFECT REGARDLESS OF ANY CONTRARY LANGUAGE IN THE QUOTATION.**

This Quotation includes the trade-in equipment described herein and referenced by either the Project Number identified in the Quotation hereof (non-Ultrasound) or the Trade In Part Number (Ultrasound) as further described in the associated Trade Sheet which is incorporated herein by reference. Purchaser certifies that the description of the trade-in equipment as set forth on the Trade Sheet is a true and accurate representation of the equipment, and that the equipment is in good working condition unless otherwise noted on the Trade Sheet.

The trade-in equipment must be made available for removal no later than turnover of the new equipment. Purchaser must vacate the room of all items not listed on the Trade Sheet, or otherwise clearly identify all items listed on the Trade Sheet, prior to the start of the de-installation. If this is not done, Seller will have no liability for items which are subsequently removed or scrapped. If the de-installation or return of the trade-in equipment is delayed by Purchaser for reasons other than a force majeure event, or if upon inspection by Seller it is determined that the equipment does not meet the manufacturer's operating specifications, or if any items listed as included on the Trade Sheet are not made available at the time of de-installation, then trade-in value will be re-evaluated and any loss in value or additional costs incurred by Seller shall be deducted from the established trade-in value and the pricing set forth on this Quotation will be adjusted by change order. In the event that access to the non-ultrasound trade-in equipment is denied past 14 days from turnover, or access to ultrasound trade-in equipment is denied past 30 days from turnover, then Purchaser shall pay to Seller a rental fee in the amount 3.5% of the total trade-in value plus any additional value provided by an Elevate/Promotional program included in this quotation (no less than \$1000) for each month, or part thereof, that access is denied. In addition, if the purchase and installation of the new equipment covered by this Quotation is not completed, then Seller shall invoice Purchaser for all costs and expenses incurred by Seller in connection with the de-installation and removal of the trade-in equipment, including but not limited to labor, materials, rigging out,

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**SIEMENS REPRESENTATIVE**  
TJ Barrett  
tbarrett@cassling.com

and transportation, which costs shall be paid by Purchaser within thirty (30) days of the invoice date.

Purchaser further acknowledges and agrees that (i) the trade-in equipment will be free and clear of all liens and encumbrances including, but not limited to, unpaid leases and loans, and that upon request, it will execute a bill of sale or other documents reasonably satisfactory to Siemens to transfer title and ownership of the equipment to Seller, (ii) it is Purchaser's sole responsibility to delete all protected health information and any other confidential information from the equipment prior to de-installation, without damaging or cannibalizing the equipment or otherwise affecting the operation of the equipment in accordance with its specifications, (iii) the equipment, including all updates, upgrades, modifications, enhancements, revisions, software, S/W disks and manuals, shall be returned to Siemens in good operating condition, reasonable wear and tear excepted, and (iv) to the extent not prohibited by applicable law, Purchaser shall indemnify and hold Seller harmless from and against any and all claims, demands, causes of action, damages, liability, costs and expenses (including reasonable attorney's fees) resulting or arising from Purchaser's failure to comply with item (i) above.

FOR MR SYSTEMS: cryogen levels must be least 65% upon time of de-installation. FOR MOBILE SYSTEMS: system must be road worthy and a state issued title transferring ownership to Seller (or Designee) must be received prior to the removal of the mobile system. FOR MODALITY TRADE SYSTEMS (non-ultrasound): The trade-in equipment must be available for inspection within two weeks of the scheduled de-installation date. In addition, Purchaser must provide a clear path for the removal of the trade-in equipment and on the date of de-installation after final inspection and test by the Seller (or Designee) has occurred, the Purchaser must supply licensed tradespeople to disconnect the power and plumbing (including draining and removing and disposing of any hazardous materials including, but not limited to glycol from the chiller and oil from the transformer, as examples.) Any additional costs due to the need to use a larger rig (other than a standard 80 ton rig), as well as any construction activities, street closings, permits, etc., required to de-install/remove the equipment are out-of-scope costs and will be the responsibility of Purchaser. FOR ULTRASOUND SYSTEMS – Purchaser may provide transducers with the ultrasound unit being traded in, but will not receive additional credit for such transducers.

## Software License Schedule to the Siemens Medical Solutions USA, Inc. General Terms and Conditions

**1. DEFINITIONS:** The following definitions apply to this Schedule:  
**"Agreement"** shall mean the attached (i) Quotation for Products and/or Services including the Terms and Conditions of Sale and applicable schedules; and/or (ii) Software License Agreement describing the software licensed herein and the specific system for which the license is issued.  
**"Licensor"** shall mean Siemens Medical Solutions USA, Inc.  
**"Licensee"** shall mean the end-user to whom Licensor provides Software or Documentation for its internal use under the Agreement.  
**"Software"** shall mean the software described in the attached Agreement, including the following as contained therein: (i) software programs consisting of a series of statements or instructions to be used directly or indirectly in a programmable controller or computer to bring about a certain result and (ii) databases consisting of systemized collections of data to be used or referenced directly or indirectly by a programmed controller or computer. Notwithstanding the foregoing, "Software" does not include "firmware" as such term is conventionally understood. Diagnostic/Maintenance Software also is not included within the scope of the Software licensed under this Schedule, and is available only as a special option under a separate Diagnostic Materials License Agreement and may be subject to a separate licensing fee.  
**"Documentation"** shall mean the documents and other supporting materials which are intended to support the use of an associated product, including (but not limited to) instructions, descriptions, flow charts, logic diagrams and listings of the Software, in text or graphic form, on machine readable or printed media.  
**"Designated Unit"** shall mean a single control unit or computer identified on the first page of the Agreement, on which Software licensed hereunder may be used by Licensee.  
**2. SCOPE:** The following terms and conditions shall apply to all Software and Documentation provided by Licensor to Licensee under the Agreement (whether included with other products listed in the Agreement or listed separately in the Agreement), together with any updates or revisions thereto which Licensor may provide to Licensee, and all copies thereof, except any Software and/or Documentation licensed directly by Licensor's supplier under a separate end-user license agreement accompanying the Software or the Documentation, in which case Licensee agrees to be bound by that license agreement as a condition to using the Software and/or Documentation. Except as expressly provided herein, and provided that in no event shall the warranties or other obligations of Licensor with respect to such Software or Documentation exceed those set forth in this Schedule, this Schedule shall be subject to the liability limitations and exclusions and other terms and conditions set forth in the Agreement. **ANY USE OF THE SOFTWARE, INCLUDING BUT NOT LIMITED TO USE ON THE DESIGNATED UNIT, WILL CONSTITUTE LICENSEE'S AGREEMENT TO THIS SOFTWARE LICENSE SCHEDULE (OR RATIFICATION OF ANY PREVIOUS CONSENT).**  
**3. SOFTWARE AND DOCUMENTATION LICENSE:** Subject to the payment of any applicable annual license fee(s), whether stated separately or included in the purchase price of another product, and to Licensee's acceptance of all of the obligations set forth herein and to the fulfillment of those obligations, Licensor or, if applicable, its licensor or supplier, hereby grants to Licensee a paid-up, nonexclusive and nontransferable (except as expressly provided in this Schedule) limited license to use the Software provided by Licensor under the Agreement solely for Licensee's own use on the Designated Unit and to use the Documentation in support of Licensee's authorized use of the Software, for the purpose of operating the Designated Unit in accordance with the instructions set forth in the user's manual supplied with the Designated Unit and for no other purpose whatsoever. A separate license is required for each Designated Unit on which the Software is to be used. Licensee may obtain from Licensor one copy of the Software licensed hereunder for backup and archival purposes only as is necessary to support Licensee's own authorized use of the Software, provided that Licensee includes on or in all copies (in any form) all copyright, trade secret or other proprietary notices contained on or in the Software as provided by Licensor. Additional copies of the Documentation may be licensed from Licensor at its then applicable charges. Licensee may make the Software and Documentation (including any copies) available only to its employees and other persons on Licensee's

premises to whom such disclosure is necessary to enable Licensee to use the Software or Documentation within the scope of the license provided in this Schedule. If the Software is supplied to any unit or agency of the United States Government other than the Department of Defense, the Software and Documentation are classified as "restricted computer software" and the Government's rights in the Software and Documentation shall be as provided in paragraph (c) (2) of the Commercial Computer Software-Restricted Rights clause in FAR 52.227-19 and any successor laws, rules or regulations thereto. If the Software is supplied to the United States Department of Defense, the Software is classified as "commercial computer software" and the Government is furnished the Software and Documentation with "restricted rights" as defined in paragraph (c) (1) of the Rights in Technical Data and Computer Software clause in DFARS 252.227-7013 and any successor laws, rules or regulations thereto.  
**4. PROPRIETARY PROTECTION AND CONFIDENTIALITY:** Ownership of and title to the Software and Documentation and all copies, in any form, licensed under this Schedule are and will remain in Licensor or its suppliers at all times. Licensee shall not (i) remove any copyright, trade secret or other proprietary right notices contained on or in the Software or Documentation as provided by Licensor, (ii) reproduce or modify any Software or Documentation or copy thereof, (iii) reverse assemble, reverse engineer or decompile any Software, or copy thereof, in whole or in part (except and only to the extent that such activity is expressly permitted by applicable law notwithstanding this limitation), (iv) sell, transfer or otherwise make available to others the Software or Documentation, or any copy thereof, except as expressly permitted by this Schedule, or (v) apply any techniques to derive any trade secrets embodied in the Software or Documentation. Licensee shall take all appropriate actions to ensure that: (i) the Software does not leave the Designated Unit's equipment location as set forth above, (ii) the Software is not copied by Licensee or any third parties, and (iii) the Software is not used in any equipment other than the Designated Unit. Licensee shall secure and protect the Software and Documentation and copies thereof from disclosure and shall take such actions with its employees and other persons who are permitted access to the Software or Documentation or copies as may be necessary to satisfy Licensee's obligations hereunder. Prior to disposing of any computer medium, computer memory or data storage apparatus, Licensee shall ensure that all copies of Software and Documentation have been erased therefrom or otherwise destroyed. In the event that Licensee becomes aware that any Software or Documentation or copies are being used in a manner not permitted by the license, Licensee shall immediately notify Licensor in writing of such fact and if the person or persons so using the Software or Documentation are employed or otherwise subject to Licensee's direction and control, Licensee shall use reasonable efforts to terminate such impermissible use. Licensee will fully cooperate with Licensor so as to enable Licensor to enforce its proprietary and property rights in the Software. Licensee agrees that, subject to Licensee's reasonable security procedures, Licensor shall have immediate access to the Software at all times and that Licensor may take immediate possession thereof upon termination or expiration of the associated license or this Schedule. Licensee's obligations under this paragraph shall survive any termination of a license, the Schedule or the Agreement.  
**5. UPDATES AND REVISIONS:** During the warranty period or under a separate service contract or software update subscription, revised or updated versions of the Software licensed under this Schedule may be made available, at Licensor's option, to Licensee to use or to test while Licensee continues use of a previous version. Licensee has the right to decide whether to install any such revised or updated versions or to continue use of the previous version after giving due regard to the United States Food and Drug Administration rules and regulations. However, Licensee shall pay Licensor for any services necessitated by any modifications of the Software by Licensee or by Licensee's failure to utilize the current non-investigational version of the Software provided by Licensor. Software updates that provide new features or capabilities or that require hardware changes will be offered to Licensee at purchase prices established by Licensor. Licensor retains the sole right to determine whether an update represents an enhancement of a previously purchased capability or a new capability for which the Licensee will



Siemens Medical Solutions USA, Inc.  
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE  
TJ Barrett  
tbarrett@cassling.com

be charged. In addition, some updates may require Applications Training performed by Licensor's personnel that will be offered at Licensor's prevailing rates. Licensor retains the sole right to determine whether an update requires such training.

**6. DELIVERY, RISK OF LOSS AND TITLE:** Notwithstanding the provisions of Section 6 of the attached Terms and Conditions of Sale, if any, the Software and Documentation licensed hereunder shall be delivered on or about the delivery date stated in the Agreement unless a separate delivery date is agreed upon. If Software or Documentation licensed hereunder is lost or damaged during shipment from Licensor, Licensor will replace it at no charge to Licensee. If any Software or Documentation supplied by Licensor and licensed hereunder is lost or damaged while in the possession of Licensee, Licensor will replace it at Licensor's then current applicable charges, if any, for materials, processing and distribution. Notwithstanding the provisions of Section 6 of the attached Terms and Conditions of Sale, if any, the Software and Documentation, in any form, and all copies made by Licensee, including partial copies, and all computer media provided by Licensor are and remain the property of Licensor or its supplier. Licensee has no right, title or interest in the Software, the Documentation, or any computer media provided by Licensor, or copies, except as stated herein, and ownership of any such Software, Documentation and computer media shall at all times remain with Licensor or its suppliers.

**7. LICENSE TRANSFER:** The Software and Documentation, and the license hereunder, may not be assigned, transferred or sublicensed except as hereinafter provided. Upon the sale or lease of the Designated Unit to a third party, Licensee may transfer to such third party, with Licensor's written consent and in accordance with Licensor's then current policies and charges, the license to use the Software and Documentation hereunder, together with the Software, the Documentation, the computer media provided by Licensor, and all copies provided that: (i) Licensee notifies Licensor in writing of the name and address of such third party; (ii) such third party agrees in a written instrument delivered to Licensor to the terms of this Schedule; and (iii) Licensee does not retain any copies of the Software or Documentation in any form.

**8. WARRANTIES:** Licensor warrants that for the warranty period provided by Licensor under the attached Terms and Conditions of Sale, if any, the Software shall conform in all material respects to Licensor's published specifications as contained in the applicable supporting Documentation. This paragraph replaces Paragraphs 10.1 and 10.4 of any such Terms and Conditions of Sale with respect to the Software and Documentation. Such Documentation may be updated by Licensor from time to time and such updates may constitute a change in specification. Licensee acknowledges that the Software is of such complexity that it may have inherent or latent defects. As Licensee's sole remedy under the warranty, Licensor will provide services, during the warranty period, to correct documented Software errors which Licensor's analysis indicates are caused by a defect in the unmodified version of the Software as provided by Licensor. Licensor does not warrant that the Software will meet Licensee's requirements, or will operate in combinations which may be selected for use by Licensee, or that the operation of the Software will be uninterrupted or error free. Licensee is responsible for determining the appropriate use of and establishing the limitations of the Software and its associated Documentation as well as the results obtained by use thereof.

LICENSOR MAKES NO WARRANTY WITH RESPECT TO THE SOFTWARE AND DOCUMENTATION OTHER THAN THOSE SET FORTH IN THIS SECTION. THE WARRANTY HEREIN IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WHICH ARE HEREBY DISCLAIMED, AND CONSTITUTES THE ONLY WARRANTY MADE WITH RESPECT TO THE SOFTWARE AND DOCUMENTATION.

**9. LICENSE TERM AND TERMINATION:** The license for the Software and Documentation is effective on the shipment date of the Software and Documentation (F.O.B. shipping point or F.A.S., as the case may be) and continues until Licensee's possession of the Software and all copies ceases (except in connection with a transfer of the license as permitted by this Schedule) or until otherwise terminated as provided herein. Licensee may terminate the license for the Software and Documentation at any time after discontinuance of use of the Software and Documentation and all copies, upon written notice to Licensor. If Licensee (i) fails to comply with its obligations herein and does not cure such failure within ten (10) days after receipt of notice from Licensor, or (ii) attempts to assign the Agreement or this Schedule or any rights or obligations hereunder without Licensor's prior

written consent, then Licensor may terminate the license hereunder and require the immediate discontinuance of all use of the Software and Documentation and all copies thereof in any form, including modified versions and updated works. Within five (5) days after the termination of the license, Licensee shall, at Licensor's option either: (i) return to Licensor the Software and Documentation, and all copies, in any form, including updated versions, along with any computer media provided by Licensor; or (ii) destroy the affected Software and Documentation, and all copies, in any form, including updated versions, and certify such return or destruction in writing to Licensor.

**10. MISCELLANEOUS:** Since the unauthorized use of the Software and/or Documentation may leave Licensor without an adequate remedy at law, Licensee agrees that injunctive or other equitable relief will be appropriate to restrain such use, threatened or actual. Licensee further agrees that to the extent applicable, (i) any of Licensor's suppliers of Software and/or Documentation is a direct and intended beneficiary of this Schedule and may enforce it directly against Licensee with respect to the Software and/or Documentation provided by such supplier, and that (ii) **NO SUPPLIER OF LICENSOR SHALL BE LIABLE FOR ANY GENERAL, SPECIAL, DIRECT, INDIRECT, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES ARISING OUT OF ANY SUBLICENSE OF THE SOFTWARE AND/OR DOCUMENTATION. THIS LIMITATION ON LIABILITY SHALL APPLY EVEN IF ANY REMEDY FAILS OF ITS ESSENTIAL PURPOSE.**

**11. ADDITIONAL PROVISIONS RELATING TO THIRD-PARTY SOFTWARE:** If the Software includes software licensed by Licensor from third parties, the following additional provisions shall apply:

(a) If Software is provided by Licensor on separate media and labeled "Recovery Media," Licensee may use the Recovery Media solely to restore or reinstall the Software and/or Documentation originally installed on the Designated Unit.

(b) Licensee is licensed to use the Software to provide only the limited functionality (specific tasks or processes) for which the Designated Unit has been designed and marketed by Licensor. This license specifically prohibits any other use of the software programs or functions, or inclusion of additional software programs or functions that do not directly support the limited functionality, on the Designated Unit. If Licensee uses the Designated Unit to access or utilize the services or functionality of Microsoft Windows Server products (such as Microsoft Windows NT Server 4.0 (all editions) or Microsoft Windows 2000 Server (all editions)), or uses the Designated Unit to permit workstation or computing devices to access or utilize the services or functionality of Microsoft Windows Server products, Licensee may be required to obtain a Client Access License for the Designated Unit and/or each such workstation or computing device. Licensee should refer to the end user license agreement for its Microsoft Windows Server product for additional information.

(c) The Software may contain support for programs written in Java. Java technology is not fault tolerant and is not designed, manufactured, or intended for use or resale as online control equipment in hazardous environments requiring fail-safe performance, such as in the operation of nuclear facilities, aircraft navigation or communication systems, air traffic control, direct life support machines, or weapons systems, in which the failure of Java technology could lead directly to death, personal injury, or severe physical or environmental damage. Sun Microsystems, Inc. has contractually obligated Licensor's supplier to make this disclaimer.

(d) The Software may permit Licensor, its supplier(s), or their respective affiliates to provide or make available to Licensee Software updates, supplements, add-on components, or Internet-based services components of the Software after the date Licensee obtains its initial copy of the Software ("Supplemental Components").

- If Licensor provides or makes available to Licensee Supplemental components and no other end-user software licensing agreement terms are provided along with the Supplemental Components, then the terms of this Software License Schedule shall apply.

- If a supplier of Licensor or affiliates of such a supplier make available Supplemental Components, and no other end-user software licensing agreement terms are provided, then the terms of this Schedule shall apply, except that the supplier or affiliate entity providing the Supplemental Component(s) shall be the licensor of the Supplemental Component(s). Licensor, its supplier(s), and their respective affiliates reserve the right to discontinue any Internet-based services provided to Licensee or made available to Licensee through the use of the Software.

(e) **The Software and Documentation supplied by Licensor's suppliers are provided by such suppliers "AS IS" and with all faults. SUCH SUPPLIERS DO NOT BEAR ANY OF THE RISK AS TO SATISFACTORY**

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**QUALITY, PERFORMANCE, ACCURACY, OR EFFORT (INCLUDING LACK OF NEGLIGENCE) WITH RESPECT TO SUCH SOFTWARE AND DOCUMENTATION. ALSO, THERE IS NO WARRANTY BY SUCH SUPPLIERS AGAINST INTERFERENCE WITH LICENSEE'S ENJOYMENT OF THE SOFTWARE OR AGAINST INFRINGEMENT. IF LICENSEE HAS RECEIVED ANY WARRANTIES REGARDING THE DESIGNATED UNIT OR THE SOFTWARE, THOSE WARRANTIES DO NOT ORIGINATE FROM, AND ARE NOT BINDING ON, LICENSOR'S SUPPLIERS.**

(f) Licensee acknowledges that portions of the Software are of U.S. origin. Licensee agrees to comply with all applicable international and national laws that apply to the Software, including the U.S. Export Administration Regulations, as well as applicable end-user, end-use and destination restrictions issued by U.S. and other governments. For additional information on exporting software supplied by Microsoft, see <http://www.microsoft.com/exporting/>.

Revised 03/15/05

#### TRADE-IN EQUIPMENT REQUIREMENTS

**THE FOLLOWING APPLIES ONLY TO THE EXTENT THAT THE QUOTATION INCLUDES AN EQUIPMENT TRADE IN OR IF A TRADE-IN IS LATER ADDED TO THIS QUOTATION VIA A CHANGE ORDER. THESE REQUIREMENTS ARE IN ADDITION TO ANY OTHER REFERENCED TERMS AND CONDITIONS OF THE QUOTATION AND SHALL REMAIN IN EFFECT REGARDLESS OF ANY CONTRARY LANGUAGE IN THE QUOTATION.**

This Quotation includes the trade-in equipment described herein and referenced by either the Project Number identified in the Quotation hereof (non-Ultrasound) or the Trade In Part Number (Ultrasound) as further described in the associated Trade Sheet which is incorporated herein by reference. Purchaser certifies that the description of the trade-in equipment as set forth on the Trade Sheet is a true and accurate representation of the equipment, and that the equipment is in good working condition unless otherwise noted on the Trade Sheet.

The trade-in equipment must be made available for removal no later than turnover of the new equipment. Purchaser must vacate the room of all items not listed on the Trade Sheet, or otherwise clearly identify all items listed on the Trade Sheet, prior to the start of the de-installation. If this is not done, Seller will have no liability for items which are subsequently removed or scrapped. If the de-installation or return of the trade-in equipment is delayed by Purchaser for reasons other than a force majeure event, or if upon inspection by Seller it is determined that the equipment does not meet the manufacturer's operating specifications, or if any items listed as included on the Trade Sheet are not made available at the time of de-installation, then trade-in value will be re-evaluated and any loss in value or additional costs incurred by Seller shall be deducted from the established trade-in value and the pricing set forth on this Quotation will be adjusted by change order. In the event that access to the non-ultrasound trade-in equipment is denied past 14 days from turnover, or access to ultrasound trade-in equipment is denied past 30 days from turnover, then Purchaser shall pay to Seller a rental fee in the amount 3.5% of the total trade-in value plus any additional value provided by an Elevate/Promotional program included in this quotation (no less than \$1000) for each month, or part thereof, that access is denied. In addition, if the purchase and installation of the new equipment covered by this Quotation is not completed, then Seller shall invoice Purchaser for all costs and expenses incurred by Seller in connection with the de-installation and removal of the trade-in equipment, including but not limited to labor, materials, rigging out, and transportation, which costs shall be paid by Purchaser within thirty (30) days of the invoice date.

Purchaser further acknowledges and agrees that (i) the trade-in equipment will be free and clear of all liens and encumbrances including, but not limited to, unpaid leases and loans, and that upon request, it will execute a bill of sale or other documents reasonably satisfactory to Siemens to transfer title and ownership of the equipment to Seller, (ii) it is Purchaser's sole responsibility to delete all protected health information and any other confidential information from the equipment prior to de-installation, without damaging or cannibalizing the equipment or otherwise affecting the operation of the equipment in accordance with its specifications, (iii) the equipment, including all updates, upgrades, modifications, enhancements, revisions, software, S/W disks and manuals, shall be returned to Siemens in good operating condition, reasonable wear and tear excepted, and (iv) to the extent not prohibited by applicable law, Purchaser shall indemnify and hold Seller harmless from and against any and all claims, demands, causes of action, damages, liability, costs and expenses (including reasonable attorney's fees) resulting or arising from Purchaser's failure to comply with item (i) above.

FOR MR SYSTEMS: cryogen levels must be least 65% upon time of de-installation. FOR MOBILE SYSTEMS: system must be road worthy and a state issued title transferring ownership to Seller (or Designee) must be received prior to the removal of the mobile system. FOR MODALITY TRADE SYSTEMS (non-ultrasound): The trade-in equipment must be available for inspection within two weeks of the scheduled de-installation date. In addition, Purchaser must provide a clear path for the removal of the trade-in equipment and on the date of de-installation after final inspection and test by the Seller (or Designee) has occurred, the Purchaser must supply licensed tradespeople to disconnect the power and plumbing (including draining and removing and disposing of any hazardous materials including, but not limited to glycol from the chiller and oil from the transformer, as examples.) Any additional costs due to the need to use a larger rig (other than a standard 80 ton rig), as well as any construction activities, street closings, permits, etc., required to de-install/remove the equipment are out-of-scope costs and will be the responsibility of Purchaser. FOR ULTRASOUND SYSTEMS – Purchaser may provide transducers with the ultrasound unit being traded in, but will not receive additional credit for such transducers.

### XP Warranty Information for XP RF / XP WH / XP SU Mobile Units only

Product (New Systems and "ECO" Refurbished Systems Only)	Period of Warranty <sup>1</sup>	Coverage	
X-Ray System (not including consumables)	12 months	Full Warranty (parts & labor)  Principal Coverage Period 8am-5pm Monday through Friday <sup>3</sup>	

<b>The parts warranty below only applies to purchased parts, not to replacement parts provided pursuant to a warranty. Repairs or replacements shall not interrupt, extend or prolong the term of the warranty.</b>			
Image Intensifier Tubes (Sirecon, Optilux)	First 12 months  Months 13 through 24	Prorated credit given to customer against replacement cost, parts only	credit percentage = (24 - months in use ) / 24*100
Flat Panel Detectors (e.g, Pixium, PaxScan, Canon, LMAM)	First 12 months  Months 13 through 36	Prorated credit given to customer against replacement cost	credit percentage = (36 - months in use ) / 36*100
General Diagnostic tubes (Opti, Optitop)  Mammography tubes (P40/single tank unit)  Single tank tubes (Polyphos,P125-135, (Sirephos, SR)	12 months		
Single tank x-ray tubes (Powerphos)	Prorated to a maximum of 80,000 SLU <sup>2</sup> or 12 months whichever occurs first	Prorated credit given to customer against replacement cost	credit percentage = (80,000 - SLU used) / 80,000*100
Control Triodes for Generators	Prorated to a maximum of 12 months	Prorated credit given to customer against replacement cost	credit percentage = (12 - months in use ) / 12*100
TV Camera tubes (exposure tubes) and cathode-ray tubes (CRT)	Prorated to a maximum of 12 months	Prorated credit given to customer against replacement cost	credit percentage = (12 - months in use ) / 12*100
Consumables	Not covered		

**Siemens Medical Solutions USA, Inc.**  
 40 Liberty Boulevard, Malvern, PA 19355

**SIEMENS REPRESENTATIVE**  
 TJ Barrett  
 tbarrett@cassling.com

<b>Post-Warranty (after expiration of system warranty) – Replacement parts only!</b>			
Items above	As described above, but parts only	As described above, but parts only	As described above, but parts only
Spare parts	6 months	Parts only	

Note: Optional extended warranty coverage can be obtained by purchase of a service agreement.

<sup>1</sup> Period of warranty commences from the date of first use or completion of installation, whichever occurs first. In the event the completion of installation is delayed for reasons beyond Siemens' control, the stated warranty period shall commence 60 days after delivery of equipment.

<sup>2</sup> SLU: Siemens Load Unit (1 exposure or 2 seconds cine DCM (Digital Cine Mode) or 15 seconds Digital Pulsed Fluoroscopy (DPF))

<sup>3</sup> Standard deliverable independent of subsequent service contract commitment

# MCHD Summary of Bid Cover Sheet

Item for Bid	Explanation	Bid Comparisons	Amount	Description
Water Softener	<ul style="list-style-type: none"> <li>• Update old water softener</li> </ul>	<ul style="list-style-type: none"> <li>• Blue Mountain Plumbing LLC</li> </ul>	\$66,793.10	Install one new twin alternating softener system. Install one Brine storage tank. All piping done in copper. Removal of old tank.
		<ul style="list-style-type: none"> <li>• Pendleton Plumbing</li> <li>• Andrews Sewer</li> <li>• Arne's Sewer and Septic Service</li> <li>• Purswell Pump</li> </ul>	All contractors were solicited for bids and either could not complete work in given time frame or do not provide the service.	

Blue Mountain Plumbing, LLC  
 PO Box 778  
 Heppner, OR 97836  
 Phone #541-429-0848

# Estimate

Date	Estimate #
4/18/2022	205

Name / Address
Morrow County Health District PO Box 9 Heppner, OR 97836

Project
Water Softener

Description	Total
<p>Inclusions: Removal of old Culligan water softener and salt tanks. Install one new twin alternating softener system w/ top mount control valves for automatic operation and digital display. Install one 30x50 Brine storage tank assembly and built in bypass system. All piping will be done in copper.</p> <p>Materials/Labor</p> <p>Note: Please note this is a special order system and is 12 weeks out. 50% down is required to order softener system.</p> <p>Exclusions: Any excavation, tile, electrical, HVAC or carpentry work, appliances such as washer, dryer, dishwasher, refrigerator, shower doors, water heater gas piping or vent piping or anything not specified in this bid.</p> <p>_____</p> <p>Riley Wight, Blue Mountain Plumbing LLC</p> <p>Customer Signature _____</p> <p>Customer EIN/SS _____</p>	66,793.10
<b>Bid Expires in 15 Days.</b>	<b>Total</b> \$66,793.10



**Hospital Bathtub**

The current patient bathtub has been in service for several years and has required increased maintenance.

We have received a \$19,000 grant from PMH Foundation to assist with the purchase of the new patient bathtub.

I recommend the board approves the purchase of the bathtub outlined in Bid #1 and uses the funds received from the PMH Foundation to purchase this item.

BID	Manufacturer	Tub Length	Tub Height	Door Seal	Delivery Time	Price
Bid #1	Master Care	34.5	36.5	3 year warranty	6 weeks	\$ 17394.00
Bid #2	Apollo Bath	34	36	3 year limited warranty	16 weeks	\$22155.00
Bid #3	Penner	58.4	58	Lifetime warranty	6-8 weeks	24262.00

---

<b>Pioneer Memorial Hospital &amp; Nursing Facility</b>	<b>Pioneer Memorial Home Health &amp; Hospice</b>	<b>Pioneer Memorial Clinic</b>	<b>Irrigon Medical Clinic</b>	<b>Ione Community Clinic</b>	<b>Morrow County Ambulance</b>
P – (541) 676-9133 F – (541) 676-2901 TDD – (541) 676-2908	P – (541) 676-2946 F – (541) 676-9017	P – (541) 676-5504 F – (541) 676-9025	P – (541) 922-5880 F – (541) 922-5881	P – (541) 422-7128 F – (541) 422-7145	P – (541) 676-9133 F – (541) 676-2901



# MasterCare

*Patient Equipment, Inc*

March 17, 2022

## Proposal

Prepared For: **Danny Sharp**  
E-mail: [dans@mocohd.org](mailto:dans@mocohd.org)

Pioneer Memorial Hospital  
564 East Pioneer Drive  
Heppner, OR 97836  
Phone: 541-676-9133

**Integrity Cantilevered Rail-free Bathing System featuring BathAire<sup>(SM)</sup> and Aromatherapy**  
**MB-80 Integrity Tub without Reservoir** Per Unit Price  
\$17,160.00  
 Door hinge location (choose one) \_\_\_\_\_ Right; \_\_\_\_\_ Left.  
 Verify hinge location with attached document. Determined by standing in front of, looking at tub; hinge is on either your right or left hand side.  
**Transporter System for Integrity Tub, Tilt in Space Chair**

**Repeat Customer Discount** \$ 1,718.00  
\$15,444.00

**OPTIONS:** (Add an Additional)

_____	Reservoir Console	\$ 3,321.00 Includes Discount
_____	Scale for Integrity Transporter System	\$ 2,070.00 Includes Discount
_____	Outright Extended Warranty (10 years total)	\$ 1,495.00

**MEMO:** Bathing system has as standard: Universal Plumbing Package with temperature controlled mixing valve, fill and shower flow control valves installed on the tub deck or console depending on model selected; Adjustable heated BathAire system with multiple jets; Disinfecting system / Liquids Dispensing system; Temperature monitoring system; Shower wand; 2" Pop-up drain; On board GFCI; Colors available at no charge: White, Tan or Arizona Sand Granite\*.

**Standards:** MasterCare bathing systems are certified as meeting the most rigorous standards in the industry for such systems, please see our specifications for Electrical, Plumbing, and State standards. *Some local areas have additional codes or different interpretations of existing codes that we cannot possibly be aware of. In such cases, the customer/installer is responsible for providing whatever additional plumbing/electrical is required to meet local codes.*

**\*Bathing system includes FREE:** 1 Starter kit of Liquids (Including shampoo/body wash, disinfectant and bath additive/skin conditioner); Variety Pack of Aromatherapy Beads (Including 2 sachet's: Lavender & Peppermint; Tub kit: Chair Comfort pads and straps, Spa Pillow, Security belts and belt pads, Long handled tub brush; Extra door seal; Final adjustments; Training check list; Operations & Maintenance manuals; In-service DVD.

**Standard Three Year Warranty:** Extended warranties available (additional 7 years) with the liquids purchase program or outright purchase.  
**TERMS:** 50% Down, due at time of order; Net 30—Terms and conditions subject to change based on results of credit reference check if needed. **FOB Factory—Freight will be added to the invoice, approx.: \$1,600.00 to \$1,950.00. Freight charge includes lift gate services & arrival notification where & when available. Freight costs vary upon location, options selected & fuel surcharges; other delivery options available. Sales Tax—Copy of Tax Exempt Certificate is required or sales tax will be added to the final invoice.**

Proposal valid for 30 days Any customer changes in the ship date within 30 days of that ship date as assigned on the initial acknowledgement may be assessed a shipping re-scheduling fee. Cancellation of a signed proposal or PO to MasterCare may result in restock & recertification fees. Return crating and freight at customer's expense.

BILL TO	SHIP TO
_____	_____
_____	_____
Billing contact: _____	Onsite receiving contact: _____
Billing phone: _____	Receiving Contact phone: _____
Billing email: _____	Receiving Contact email: _____
Quantity required: <input type="text"/> Date system(s) required onsite: <input type="text"/>	Install / In-service Contact & Phone _____
Amount paid (50% down required) _____	Color selection: <input type="text"/>
Credit card # & exp. date: _____	*Colors available at no charge: White, Tan or Arizona Sand Granite *
Warranty contact & email address: _____	

Proposal accepted & order placed by: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Job or PO #: \_\_\_\_\_



Please fax signed proposal to MasterCare Marketing at 402.563.9102 or e-mail to [dianew@mastercarebath.com](mailto:dianew@mastercarebath.com) Prepared by Diane K. Walkowiak, VP of Sales & Marketing (800.798.5867)





Bid # 2

450 Main Street • Somerset, WI • 54025  
 Phone 715-247-5625 • Fax 715-247-3424  
 www.apollobath.com

Date: March 15, 2022

Quote#: 8903GD

**Quote/Bill**

**to:** Pioneer Memorial Hospital  
**Attention:** Jason Atchley  
**Address:** 564 E. Pioneer Drive  
 Heppner, OR 97836  
**Phone:** 541-371-3280  
**Email:** JasonA@mocoind.org

Your Representative is:  
**Todd Binsfeld**  
 715-247-5625

Ship To (if other than bill to):

1/3 Down Required

**Model WP6000B**

**Advantage Series Bathing Systems**

Qty	Description	Unit Price	Total Price
1	<b>Advantage Whirlpool Bathing System</b> Standard Features Include: RADA Anti-Scald Valve, Automatic Cleaning and Disinfecting System, Four Hydrotherapeutic Jets, Integrated Body Wash, Shampoo and Bath Oil, Premium Faucets and Shower Wand, Easy Latch Door, Operators Manual and In-Service DVD	\$ 12,850.00	\$ 12,850.00
1	Rapid Fill™ Reservoir	\$ 4,320.00	\$ 4,320.00
1	Remedy® Ultraviolet Infection Control Water Purification System	\$ 2,135.00	\$ 2,135.00
1	Level Glide™ Transfer System	\$ 1,300.00	\$ 1,300.00
1	Advantage™ Bathing System Care Pack - Gallons (1 ea.: Cid-A-L II, Turbo Clean, Hygena, Therasol)	\$ 121.00	\$ 121.00

Retail Total:	\$20,726.00
Package Discount:	(\$121.00)
Package Subtotal:	\$20,605.00
New Customer Discount:	(\$625.00)
Total before Freight:	\$19,980.00
Estimated Freight*:	\$2,175.00
<b>Sub Total:</b>	<b>\$22,155.00</b>

Please Select a Hinge-Location & Color Panel Choice Below

Below are additional options that compliment your quoted Apollo Bathing System

Description	Unit Price	Total Price
Digital Scale (integrated into the Level Glide™ Transfer System)	\$2,705.00	\$0.00
5 year extended Warranty - ask Representative for details	Variable	
Earthquake Bracket Kit (if required by local code) 510-027	\$316.00	\$0.00
Gel pad (one pad) 600-049	\$173.00	\$0.00
Gel pad (Set of 2) 600-051	\$260.00	\$0.00
Foot Care Platform 600-048	\$110.00	\$0.00
Color Panels (visit www.apollobath.com to view color choices)	No Charge	\$0.00
Hinge Location: See Following Page for details	No Charge	\$0.00
<b>Sub Total:</b>		<b>\$0.00</b>

**Grand Total: \$22,155.00**

Comments: \*Freight will be re-quoted within 14 days of shipment, and added to final invoice.  
**OUR CURRENT LEAD TIME IS 16 WEEKS!**

Quotes (including freight) will be honored for twenty one (21) days. Please contact us to re-quote after 21 days. Orders being placed more than 3 months in advance need to be pre-approved by Apollo management. Color panel availability is subject to change without notice. Sales tax and installation not included.

Terms: Net 30 1/3 Down Payment on all Bathing Systems \*1% Discount on on Prepayments of Bathing Systems

To Purchase Please Sign & Date => Authorized Signature: X \_\_\_\_\_

Date: \_\_\_/\_\_\_/20\_\_\_

**PENNER PATIENT CARE, INC.**

101 GRANT STREET  
 P.O. BOX 523  
 AURORA, NE 68818

Voice: 800-732-0717  
 Fax: 402-694-5319

**QUOTATION**

Quote Number: HEPPNER1  
 Quote Date: Mar 10, 2022  
 Page: 1

**PLEASE PAY FROM QUOTE**

**Quoted To:**

PIONEER MEMORIAL HOSPITAL  
 564 EAST PIONEER DRIVE  
 HEPPNER, OR 97836

Customer ID	Good Thru	Payment Terms	Sales Rep
PIONEER HEPPNER	4/9/22	SEE BELOW	

Quantity	Item	Description	Unit Price	Amount
1.00	PT360030-1C	CASCADE CONTOUR - END OPENING RIGHT HINGE - WHITE	15,830.00	15,830.00
1.00	PT382010-1	END-OPENING TRANSFER	5,320.00	5,320.00
		CURRENT DELIVERY TIME 6 - 8 WEEKS		
		INSTALLATION BY FACILITY		
		FULL PAYMENT REQUIRED PRIOR TO SHIPMENT		
		THANK YOU! SCOTT WERNER 1-800-732-0717		

If you agree to the above quotation, enter PO# in space provided, sign and e-mail to Scott Werner at pennermkt@hamilton.net. We appreciate your business!

PO# \_\_\_\_\_ PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Subtotal	21,150.00
Sales Tax	
Freight	3,112.00
<b>TOTAL</b>	<b>24,262.00</b>



**Pulmonary Function Test (PFT) Machine**

Pulmonary Function Tests (PFTs) are noninvasive test that shows how well the lungs are working. COVID-19 has left many patients with long-term respiratory issues requiring long-term testing and treatment. The PFT is a valuable tool in the assessment of respiratory disease.

Currently, MCHD offers PFT testing to our patients, but at a limited scale. The district’s current machine is at end of life and does not offer all the testing that is required for recovering COVID patients. By replacing our current PFT machine with a new PFT machine, we will be able to provide local testing to patients who currently have to go to neighboring facilities to have the PFT testing done.

I would like to recommend the board move to approve the purchase of Bid #1 - MGC Diagnostics Platinum Elite DL Body Plethysmograph with RTD. \$70, 569.50 using COVID-19 funds. This machine performs in-depth PFT testing as well as the ability to read ABG: arterial gas entry via a finger probe, which would eliminate the need for an additional blood draw for patients. Good Shepard, who will be reading our test also has the MGC machines in their facility.

<p><b>Bid #1 – MGC Diagnostics Platinum Elite DL Body Plethysmograph with RTD. \$70, 569.50</b></p> <p><b>Test Modes:</b></p> <ul style="list-style-type: none"> <li>• Spirometry: FVC, SVC, MVV</li> <li>• TGV: Thoracic Gas Volume</li> <li>• RAW: Airways Resistance</li> <li>• DLco - Single Breath</li> <li>• MIP/MEP: Respiratory Mechanics</li> <li>• ABG: Arterial Blood Gas Entry (Eliminates a lab draw)</li> </ul>	<p><b>Bid #2 - MGC Diagnostics Platinum Elite DX Body Plethysmograph with RTD \$74,066.50</b></p> <p><b>Test Modes:</b></p> <ul style="list-style-type: none"> <li>• spirometry: FVC, SVC, MVV</li> <li>• TGV: Thoracic Gas Volume</li> <li>• RAW: Airways Resistance</li> <li>• DLco - Single Breath</li> <li>• Nitrogen Washout</li> <li>• MIP/MEP: Respiratory Mechanics</li> <li>• SBN<sub>2</sub></li> <li>• ABG: Arterial Blood Gas Entry (Eliminates an additional lab draw)</li> </ul>
<p><b>Bid #3 – Vyair Medical Vyntus One PFT \$68,973.23</b></p> <p><b>Test Modes:</b></p> <ul style="list-style-type: none"> <li>• Spirometry</li> <li>• DLCO</li> <li>• Nitrogen washout lung volumes</li> <li>• LCI</li> <li>• MIP/MEP</li> </ul>	

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P – (541) 676-9133 F – (541) 676-2901 TDD – (541) 676-2908	P – (541) 676-2946 F – (541) 676-9017	P – (541) 676-5504 F – (541) 676-9025	P – (541) 922-5880 F – (541) 922-5881	P – (541) 422-7128 F – (541) 422-7145	P – (541) 676-9133 F – (541) 676-2901



MGC  
DIAGNOSTICS®

**MGC DIAGNOSTICS CORPORATION**  
 through its subsidiary Medical Graphics Corporation  
 350 Oak Grove Parkway  
 St. Paul, MN USA 55127-8599  
[www.mgcdiagnostics.com](http://www.mgcdiagnostics.com)  
 T: +1 800.950.5597  
 F: +1 651.379.8222

\$ 70,569.50

**Price Quotation**

Quote Number	00025533	Terms	Pending Credit Acceptance
Created Date	4/14/2022	Delivery	60-120 Days ARO
Expiration Date	6/13/2022	F.O.B.	Destination, Prepay & Allow
Contract	Vizient CE7311		

**Prepared By**

Sales Rep	Adam Galloway	Phone	800.333.4137
Email	<a href="mailto:agalloway@mgcdiagnostics.com">agalloway@mgcdiagnostics.com</a>	Mobile	+1 9167170202
Fax	651.379.8222		

**Prepared For**

Account Name	Pioneer Memorial Hospital	Contact Name	Tom Sanders
Address	564 E Pioneer Dr	Phone	541 523 6461x133 ☎
City, State, Zip	Heppler, OR 97836	Fax	541-523-1719
Phone	(541) 676-9133 ☎		

**Quotation Instructions**

Have questions or require assistance submitting an order? Please contact your account representative using the contact information listed in this quotation or call 800-655-1133, option 2.

Approved quotes should be sent to: [Orders@MGCDiagnostics.com](mailto:Orders@MGCDiagnostics.com) or faxed to: 651-484-8941.  
 Please include a copy of your purchase order when submitting an approved quote.


**Quotation Details**

This Quotation supersedes all prior agreements, proposals or understandings between the parties whether written or oral. The quote, along with its exhibits, constitutes the entire agreement, and Medical Graphics is not liable or bound to any representations or agreements except as specifically set forth herein. Upon acceptance by both parties, this Quotation shall not be modified or amended in any way except by written instrument signed by both parties hereto. The Total Investment excludes taxes and local electrical inspection, if required. Option is included only if quantity is noted and total price is extended.

**Installation:** Elite, Ultima and Express Series systems include installation by a MGC Diagnostics Field Service Technician

**Training:** Training is included only if quantity is noted and total price is extended. Operator training must be scheduled within 60 days of installation. Biomed training must be scheduled within one-year of installation. Cancellations made less than 14 days ahead of scheduled installation and/or training are subject to penalty equal to 50% of the fair market value of the installation and/or training.

Quotation Line Items

Product Image	Product	Description	Qty	List	Contract	Total
	Platinum Elite DL Body Plethysmograph with RTD P/N: 830007-902	726 Liter Plethysmograph Chamber with Spirometry, Thoracic Gas Volumes, Airways Resistance & Real Time Diffusion Capacity Includes: BreezeSuite Software, Windows 10 Pro Computer, 3L Syringe, Startup Kit, Regulators for DLCO Gas & Calibration Gas, & One E Cylinder of Calibration Gas **Customer Must Provide H/K Tank DLCO Gas**	1	\$57,873.00	\$49,189.00	\$49,189.00
	E Cylinder Gas Kit P/N: 755117-004	Includes: E Size Cylinder of DLCO Gas (one) for Platinum Elite	1	\$650.00	\$650.00	\$650.00
	Cart P/N: 543060-001	Ergotron Cart with LCD Pivot	1	\$2,799.00	\$2,799.00	\$2,799.00
	Shelf P/N: 543693-001	Ergotron Cart Printer Shelf	1	\$525.00	\$525.00	\$525.00
	Power Conditioner P/N: 800214-001	Power Conditioner Isolation Transformer	1	\$933.00	\$933.00	\$933.00
	Environment Monitor P/N: 800235-001, 536161-001	Includes: Environment Monitor (temp, humidity and pressure) & Interface Cable	1	\$768.00	\$550.00	\$550.00
	Air Regulator Kit P/N: 155050-001	Includes Compressed Air Regulator and Tubing for use with Platinum Elite **Does not include compressed air gas tank**	1	\$915.00	\$905.00	\$905.00
	Air Gas Tank P/N: 536055-001S	Compressed Air Gas Tank E Size for use with Compressed Air Regulator Kit	1	\$220.00	\$220.00	\$220.00
	Printer P/N: 800242-001	Inkjet Printer	1	\$150.00	\$150.00	\$150.00
	Bronchial Provocation P/N: 147612-311	Bronchial Provocation Software Option for Platinum Elite	1	\$1,341.00	\$971.00	\$971.00
	Pulmonary Consult P/N: 147612-309	Pulmonary Consult Software Option for Platinum Elite	1	\$1,341.00	\$701.00	\$701.00
	Query Database P/N: 147612-308	Query Database Software Option for Platinum Elite	1	\$702.00	\$529.00	\$529.00
	MultiUser P/N: 147612-312	MultiUser Software Option for Platinum Elite	1	\$1,341.00	\$394.00	\$394.00
	Flow Sensor P/N: 758100-004	preVent Flow Sensor (Box of 24 Qty)	1	\$407.00	\$223.00	\$223.00
	Patient Circuit P/N: 758200-001	BreathPath Patient Circuit (Box of 12 Qty)	1	\$232.00	\$152.00	\$152.00
	Kit 2: Filter, Nose Clip & Mouthpiece P/N: 536723-001	Kit 2 - Includes preVent II Filter (oval with lip grip), Nose Clip & Disposable Mouthpiece (Qty 100)	1	\$305.00	\$305.00	\$305.00
	Handle P/N: 543370-001	preVent Flow Sensor Handle	1	\$49.00	\$34.50	\$34.50
	Retainer Kit P/N: 155203-001	Prevent Flow Sensor Retainer Kit (For Elite and Ultima PF Series)	1	\$38.00	\$38.00	\$38.00
	Hemoglobin Monitor P/N: 536733-001	OrSense NMB 200 Hemoglobin Monitor	1	\$6,495.00	\$6,495.00	\$6,495.00
	Airpura Filter					

P/N: 536127-001	Airpura UV614 HEPA Filter With UV Light - White	1	\$1,106.00	\$1,106.00	\$1,106.00
Operator Training P/N: 900003-005	Two Day Onsite Operator Training (up to 4 People)	1	\$3,700.00	\$3,700.00	\$3,700.00
UltraCare P/N: 920003-006	Five-Year UltraCare Preferred Support Agreement for Elite	1	<del>\$25,725.00</del>	<del>\$18,595.00</del>	<del>\$18,595.00</del>

Quotation Totals

List Price Total \$107,615.00

Contract Price Total \$89,164.50

Grand Total \$89,164.50

*Service Contract* — 18,595.00  
\$ 70,569.50

Quotation Comments

Quotation Ground shipping is included.  
Comments

Customer is responsible for disposal of equipment after MGC Diagnostics Representative removes critical components.

Quotation Acceptance Information

Purchaser's Signature: \_\_\_\_\_

Purchaser's Name: \_\_\_\_\_ Date: \_\_\_\_\_



MGC  
DIAGNOSTICS®

**MGC DIAGNOSTICS CORPORATION**  
 through its subsidiary Medical Graphics Corporation  
 350 Oak Grove Parkway  
 St. Paul, MN USA 55127-8599  
[www.mgcdiagnostics.com](http://www.mgcdiagnostics.com)  
 T: +1 800.950.5597  
 F: +1 651.379.8222

\$74,066.50

*Handwritten yellow notes:*  
 17-1-2022  
 17-1-2022

**Price Quotation**

Quote Number	00025531	Terms	Pending Credit Acceptance
Created Date	4/14/2022	Delivery	60-120 Days ARO
Expiration Date	6/13/2022	F.O.B.	Destination, Prepay & Allow
Contract	Vizient CE7311		

**Prepared By**

Sales Rep	Adam Galloway	Phone	800.333.4137
Email	<a href="mailto:agalloway@mgcdiagnostics.com">agalloway@mgcdiagnostics.com</a>	Mobile	+1 9167170202
Fax	651.379.8222		

**Prepared For**

Account Name	Pioneer Memorial Hospital	Contact Name	Tom Sanders
Address	564 E Pioneer Dr	Phone	541 523 6461x133 ☎
City, State, Zip	Heppner, OR 97836	Fax	541-523-1719
Phone	(541) 676-9133 ☎		

**Quotation Instructions**

Have questions or require assistance submitting an order? Please contact your account representative using the contact information listed in this quotation or call 800-655-1133, option 2.

Approved quotes should be sent to: [Orders@MGCDiagnostics.com](mailto:Orders@MGCDiagnostics.com) or faxed to: 651-484-8941.  
 Please include a copy of your purchase order when submitting an approved quote.

**Quotation Details**

This Quotation supersedes all prior agreements, proposals or understandings between the parties whether written or oral. The quote, along with its exhibits, constitutes the entire agreement, and Medical Graphics is not liable or bound to any representations or agreements except as specifically set forth herein. Upon acceptance by both parties, this Quotation shall not be modified or amended in any way except by written instrument signed by both parties hereto. The Total Investment excludes taxes and local electrical inspection, if required. Option is included only if quantity is noted and total price is extended.

**Installation:** Elite, Ultima and Express Series systems include installation by a MGC Diagnostics Field Service Technician

**Training:** Training is included only if quantity is noted and total price is extended. Operator training must be scheduled within 60 days of installation. Biomed training must be scheduled within one-year of installation. Cancellations made less than 14 days ahead of scheduled installation and/or training are subject to penalty equal to 50% of the fair market value of the installation and/or training.

*Large handwritten yellow text:*  
 PFT Quotes



Quotation Line Items

Product Image	Product	Description	Qty	List	Contract	Total
	Platinum Elite DX Body Plethysmograph with RTD P/N: 830008-902	726 Liter Plethysmograph Chamber with Spirometry, Thoracic Gas Volumes, Airways Resistance, Nitrogen Washout & Real Time Diffusion Capacity Includes: BreezeSuite Software, Windows 10 Pro Computer, 3L Syringe, Startup Kit, Regulators for O2, DLCO & Calibration Gas, & One E Cylinder of Calibration Gas **Customer Must Provide H/K Tanks of O2 & DLCO Gas**	1	\$62,450.00	\$52,631.00	\$52,631.00
	E Gas Cylinder Kit P/N: 755117-002	Includes: E Cylinders of O2 and DLCO Gas (one each) for Platinum Elite	1	\$705.00	\$705.00	\$705.00
	Cart P/N: 543060-001	Ergotron Cart with LCD Pivot	1	\$2,799.00	\$2,799.00	\$2,799.00
	Shelf P/N: 543693-001	Ergotron Cart Printer Shelf	1	\$525.00	\$525.00	\$525.00
	Power Conditioner P/N: 800214-001	Power Conditioner Isolation Transformer	1	\$933.00	\$933.00	\$933.00
	Environment Monitor P/N: 800235-001, 536161-001	Includes: Environment Monitor (temp, humidity and pressure) & Interface Cable	1	\$768.00	\$550.00	\$550.00
	Air Regulator Kit P/N: 155050-001	Includes Compressed Air Regulator and Tubing for use with Platinum Elite **Does not include compressed air gas tank**	1	\$915.00	\$905.00	\$905.00
	Air Gas Tank P/N: 536055-001S	Compressed Air Gas Tank E Size for use with Compressed Air Regulator Kit	1	\$220.00	\$220.00	\$220.00
	Printer P/N: 800242-001	Inkjet Printer	1	\$150.00	\$150.00	\$150.00
	Bronchial Provocation P/N: 147612-311	Bronchial Provocation Software Option for Platinum Elite	1	\$1,341.00	\$971.00	\$971.00
	Pulmonary Consult P/N: 147612-309	Pulmonary Consult Software Option for Platinum Elite	1	\$1,341.00	\$701.00	\$701.00
	Query Database P/N: 147612-308	Query Database Software Option for Platinum Elite	1	\$702.00	\$529.00	\$529.00
	MultiUser P/N: 147612-312	MultiUser Software Option for Platinum Elite	1	\$1,341.00	\$394.00	\$394.00
	Flow Sensor P/N: 758100-004	preVent Flow Sensor (Box of 24 Qty)	1	\$407.00	\$223.00	\$223.00
	Patient Circuit P/N: 758200-001	BreathPath Patient Circuit (Box of 12 Qty)	1	\$232.00	\$152.00	\$152.00
	Kit 2: Filter, Nose Clip & Mouthpiece P/N: 536723-001	Kit 2 - Includes preVent II Filter (oval with lip grip), Nose Clip & Disposable Mouthpiece (Qty 100)	1	\$305.00	\$305.00	\$305.00
	Handle P/N: 543370-001	preVent Flow Sensor Handle	1	\$49.00	\$34.50	\$34.50
	Retainer Kit P/N: 155203-001	Prevent Flow Sensor Retainer Kit (For Elite and Ultima PF Series)	1	\$38.00	\$38.00	\$38.00
	Hemoglobin Monitor P/N: 536733-001	OrSense NMB 200 Hemoglobin Monitor	1	\$6,495.00	\$6,495.00	\$6,495.00
	Airpura Filter P/N: 536127-001	Airpura UV614 HEPA Filter With UV Light - White	1	\$1,106.00	\$1,106.00	\$1,106.00

Operator Training P/N: 900003-005	Two Day Onsite Operator Training (up to 4 People)	1	\$3,700.00	\$3,700.00	\$3,700.00
UltraCare P/N: 920003-006	Five-Year UltraCare Preferred Support Agreement for Elite	1	<del>\$25,725.00</del>	<del>\$18,595.00</del>	<del>\$18,595.00</del>

Quotation Totals

List Price Total \$112,247.00

Contract Price Total \$92,661.50

Grand Total \$92,661.50

*Service Contract - 18,595.00*  
*\$ 74,066.50*

Quotation Comments

Quotation Ground shipping is included.  
Comments

Customer is responsible for disposal of equipment after MGC Diagnostics Representative removes critical components.

Quotation Acceptance Information

Purchaser's Signature: \_\_\_\_\_

Purchaser's Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Quote 2022-119256

**Date:** 4/18/2022

**Prepared for:** Tom Sanders  
PIONEER MEMORIAL HOSPITAL  
HEPPNER, Oregon  
503-866-7791  
toms@mcohd.org

\$68,973.23

**Prepared By:** Joy Boswell  
Cnslt, Sales  
Cnslt, Sales  
joy.boswell@vyaire.com



## Price Quotation

**Customer:** PIONEER MEMORIAL HOSPITAL

**Quotation Number:** 2022-119256

564 PIONEER DR  
HEPPNER, Oregon 97836-7318

Quote Date: 4/18/2022  
Quote Expiration: 6/17/2022

Attn: Tom Sanders

We are pleased to quote the following items based on Vizient (Vent Tier 1, PFT Tier 1); Contract # Vent CE7298 Expires 08/31/2023; Contract # PFT CE7312 Expires 12/31/2023 pricing (if applicable):

Item	Description	Qty	Unit Price	Extended Price
Vyntus One PFT				
31783-001	VYNTUS ONE-PFT PC System. Includes analyzer module (O2, CO2, Multigas), breathing circuit (including Ultrasonic sensor, Flow Path Valve, and Demand Valve), SentrySuite software, standard cart and arm with adjustable height and left/right mousepad, validated WIN 10 PC with sanitizable medical keyboard/mouse, 27 flat panel infinity-edge monitor, Office Jet printer, 3-L manual syringe, O2, DLCO and calibration gas regulators, 6 cylinder gas stand, 1 box of MicroGard IIB and IIC (80 each) filters. Tests performed: Spirometry (FVC, SVC, MVV), Lung subdivisions (FRC-N2, RV, TLC), Real-time DLCO (both Single Breath and Intrabreath), MIP/MEP, pre/post bronchodilator. Standard software includes: Guidance and Stabilitrac instructional applications, pre-formatted reports and reference sets with design tools for modification, automated interpretation algorithms, QA checks and physician interpretation templates. 1st year warranty included.	1	\$41,040.00	\$41,040.00
31803-001	VYNTUS BODY DIFF ADD Diffusion system, no PC, no cart. System will connect to shared computer and license of SentrySuite. Includes: 1110L body plethysmograph with 551 pound patient bench and 25 inch telescoping arm, breathing circuit (including Ultrasonic sensor, Flow Path Valve, and Demand Valve), SentrySuite software, 3-L manual syringe, DLCO pressure regulator. On board analyzers to perform in box: Spirometry (FVC, SVC, MVV), Lung subdivisions (VTG, FRCpl, RV, TLC, Raw, Conductance and specific resistance and Resistance Volume Loops), Real-time DLCO (both Single Breath and Intrabreath), MIP/MEP, and pre/post bronchodilator. 1st year warranty included.	1	\$23,440.00	\$23,440.00
768093	GAS .3%CO .3%CH4 21%O2 BAL N2 (ED)	2	\$139.93	\$279.86
34496-204	34496-204 SERVICE-VYN ONE PFT/DL+BODY-PROTECT ADVANCED-4 YEARS includes major system components, computer, monitor, keyboard, mouse, and printer coverage for repairs; 10% list price discount on minor system components and spare parts for repairs; routine replacement parts allowance; expedited shipping for urgent parts needs; ground shipping for routine/non-urgent parts needs; phone and web-based support by factory-trained, certified Technical Support specialists for remote troubleshooting and guided solutions; 10% list price discount on travel and on-site service support for repairs, by factory-trained, certified technicians; 25% list price	1	<del>\$13,320.00</del>	<del>\$13,320.00</del>



## Price Quotation

**Customer:** PIONEER MEMORIAL HOSPITAL

**Quotation Number:** 2022-119256

Item	Description	Qty	Unit Price	Extended Price
	discount on travel and on-site support by factory-trained, certified technicians to complete a System Quality Certification; priority Field Service scheduling and on-site response when your system is down, with target response time of 2-4 business days; 35% list price discount on biomedical technical training tuition; and detailed Service Report provided following on-site service visits. On-site response times typically fall within the timeframe noted above and are based on normal business hours, which are Monday through Friday, 8 am to 5 pm local time.			
761819	GAS- 99.00% OXYGEN(USP)	1	\$117.58	\$117.58
V-892590-13	GAS 16%O2 5%CO2 0.3%CO/CH4/BAL N2 E CYL	1	\$295.79	\$295.79
28568-001	SES STANDALONE Device to be configured as a standalone	1		\$0.00
32924-001	Additional Breathing Circuit for Vyntus ONE. Includes: 1 each of USS Module with polytube adapter, Flow Path Valve, Shutter, and 1 pk of 5 Silicone Valves.	1	\$1,100.00	\$1,100.00
32925-001	Additional Breathing Circuit for Vyntus BODY. Includes: 1 each of USS Module with polytube adapter, Flow Path Valve, Shutter and 1 pk of 5 Silicone Valves.	1	\$1,100.00	\$1,100.00
34553-143	34553-143 SERVICE-VYN-PFT FUNDMTLS TRG-3 DAYS-CUST HOSTED Course Objectives: Perform pulmonary function testing; customize and configure system settings; perform system calibrations; understand and identify factors that will affect test accuracy; generate results and reports; perform basic troubleshooting and system maintenance; operate the medical device and system properly, safely, and effectively; and understand the ATS Technical Standards and clinical best practices. This program covers up to 5 PFT devices (e.g., Vyntus ONE, Vyntus ONE PFT, Vyntus BODY Plethysmograph, Vyntus ONE DL, Vyntus SPIRO, Vyntus WALK, MasterScreen PNEUMO, and MasterScreen IOS) or 4 PFT devices and Bronchial Challenge Testing. If Bronchial Challenge Training is requested as a part of this program, it will cover the following objectives: know the difference between direct and indirect provocation methods; understand ATS/ERS Clinical Guidelines; perform bronchial challenge testing according to ERS standards; customize and configure system settings; select appropriate pulmonary reference authors based on demographic data and tests performed; conduct biological and mechanical quality control measures including system calibrations; identify factors that will affect test accuracy; use best practices to analyze results and generate reports; and perform basic troubleshooting, system maintenance, and hygiene. Provides training at a single customer location for up to 4 participants. Provides 21 AARC CRCE contact hours for 4 participants when training is purchased in conjunction with a new device. Program includes participant access to Pre-training Modules and a 2-hour Post-Training Follow-up Call with the Clinical Educator, to take place 2-4 weeks following the class.	1	\$3,600.00	\$3,600.00



## Price Quotation

**Customer:** PIONEER MEMORIAL HOSPITAL

**Quotation Number:** 2022-119256

---

Total: \$84,293.23

Trade in: - \$2,000.00

**Total Price: \$82,293.23**

*Service Contract - 13,320*

*\$ 68,973.23*

Terms: Net 30 days / FOB: FOB Destination prepay and add

The parties acknowledge that the prices under this agreement may reflect discounts, rebates, or other reductions in price (collectively, "discounts"), and it is their intention that such discounts shall be administered consistent with the discount exception to the federal anti-kickback statute (42 USC 1320a- 7b(B)(3)(A)) and the related regulatory discount safe harbor (42 CFR 1001.952(h)).

## LOCUM TENENS PHYSICIAN SERVICES EMPLOYMENT AGREEMENT

This agreement is entered into by and between Morrow County Health District (DISTRICT), a Special District in the State of Oregon, and Edward H Piepmeier, (PHYSICIAN), a licensed physician in the State of Oregon.

NOW THEREFORE, in consideration of the mutual promises and representations, the parties agree as follows:

1. Term: The term of this agreement shall be from April 18, 2022 until terminated as per section 7.
2. Professional Services To Be Provided By PHYSICIAN as an Employee of the District:  
During the term of this contract, PHYSICIAN shall provide the following services to DISTRICT as PHYSICIAN availability allows:
  - a. Locum tenens coverage for Pioneer Memorial Hospital Emergency Room and care of Pioneer Memorial Hospital and Nursing Facility patients as needed.
3. Compensation: The DISTRICT agrees to compensate the PHYSICIAN according to the following schedule:
  - a. For weekend and weekday coverage of the Hospital and Emergency Room, reimbursement shall be \$210.00 per hour for short notice premium shifts. Physician will submit a signed timesheet upon completion of work for payment in the next bi-weekly pay period.
  - b. PHYSICIAN shall be reimbursed at the current IRS mileage rate for one round trip, from his home to Heppner, Oregon, each time he provides coverage to the DISTRICT.
  - c. Compensation for mileage will typically be paid on a weekly basis. Physician will need to submit a signed reimbursement form to the Administration office by noon on Monday for payment that week.
4. Billing: Hospital will bill patients for all professional fees for Professional services rendered by PHYSICIAN at Pioneer Memorial Hospital. PHYSICIAN will comply with DISTRICT charting requirements and otherwise work with DISTRICT staff in order to ensure timely and appropriate billing.

5. Responsibilities:

DISTRICT will:

- a. During the term of this contract, DISTRICT shall provide Professional liability insurance for PHYSICIAN while providing coverage of DISTRICT departments, including Pioneer Memorial Hospital, Emergency Room, and Nursing Facility. A certificate of coverage shall be provided to PHYSICIAN.
- b. In all matters concerning the performance and administration of their agreement, the DISTRICT shall act through the Administrator/CEO or their designee.
- c. For all scheduled shifts, the DISTRICT will provide lodging for the physician starting with the night before a morning shift start.

PHYSICIAN will:

- d. Meet with the DISTRICT Administrator as needed to review any issues of concern and to ensure a mutually beneficial arrangement;
- e. Comply with the policies, rules and regulations adopted, from time to time, by the District that does not mitigate, violate, obstruct, compromise, or thwart any of PHYSICIAN's professional, ethical, or moral tenants, ideals, or beliefs;
- f. Ensure that any person accepted by the District for treatment receives prompt and appropriate medical treatment;
- g. Conduct Physician's medical practice in a professional manner consistent with the applicable standards of care in the geographic area serviced by District in accordance with the standards of applicable accrediting and certification bodies;
- h. Follow the administrative written directives established from time to time by District;
- i. Actively participate in District's initiatives to maintain and improve the quality, success, and reputation of the medical services provided by District;
- j. Maintain an unrestricted DEA permit;
- k. Maintain the right to participate in Medicare and Medicaid programs, without restriction, probation, or limiting condition;
- l. Provide Professional Services to District's patients/residents who are enrollees of HMOs, PPOs or other third party payer sponsored health plans (collectively the "Plans") in which District is a participating provider, and fully comply with all administrative requirements as well as requirements imposed upon District by such plans, unless such plan compromises medical care of the enrollee;
- m. Complete all hospital and ER patient charting the day of service;



- n. Maintain active medical staff membership, with appropriate privileges, at Pioneer Memorial Hospital; and
  - o. Such other duties as shall be mutually agreed upon by PHYSICIAN and DISTRICT.
6. Notice of Actions: PHYSICIAN shall immediately notify DISTRICT of any of the following actions:
- a. Loss, suspension, or imposition of probationary or monitoring status with respect to PHYSICIAN's license to practice medicine in Oregon or any other jurisdiction, DEA permit, or ability to practice in Medicare or Medicaid programs, or the scheduling of a hearing or conference regarding the same;
  - b. Any notice regarding the potential imposition or the actual imposition of a sanction by any professional medical organization in which PHYSICIAN is a member;
  - c. Probation, loss, suspension or reduction of PHYSICIAN's clinical privileges at any other hospital or any other actions that affect physician's medical practice at any other hospital;
  - d. PHYSICIAN's conviction of a criminal offense; and
  - e. PHYSICIAN's knowledge of any potential, threatened, or actual claim against PHYSICIAN, DISTRICT, or its employees.
7. Termination: Either DISTRICT or PHYSICIAN shall have the right to terminate this contract without cause upon 30 days prior written notice. In addition, either DISTRICT or PHYSICIAN shall have the right to terminate this contract for cause immediately upon written notice. Cause shall include material breach of or failure to perform the terms of this contract, including but not limited to conviction of a felony, material misrepresentation or misstatements by either party, or financial insolvency of either party.
8. Assignment: Nothing in this contract shall be construed to permit the assignment or delegation by PHYSICIAN of any rights or obligations hereunder and such assignment is expressly prohibited.
9. Severability: If any term, covenant, or condition of this contract or the application thereof shall be invalid or unenforceable, the remainder of this contract and the application shall not be affected thereby.
10. Entire Contract – Amendment: This instrument contains the entire contract of the parties. It may not be changed orally but only by an agreement in writing signed by both parties.

11. Arbitrations: Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by binding arbitration in Oregon pursuant to the Commercial Arbitration Rules of the American Arbitration Association. Judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The prevailing party shall be entitled to reasonable attorney fees and costs in the arbitration and on any appeal.

12. Notice: Any notice required or permitted to be given under this contract shall be sufficient if in writing and if sent by certified mail, return receipt requested, or delivered to PHYSICIAN at:

Edward H. Piepmeier, Jr, MD, PhD  
805 NW Elizabeth Drive  
Corvallis, OR 97330


And to DISTRICT at:

Morrow County Health District CEO  
PO Box 9  
564 E Pioneer Drive  
Heppner, OR 97836

Notice shall be deemed received and the time period, if any, shall begin on the day following mailing.

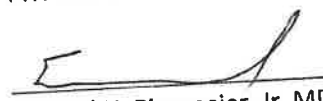
IN WITNESS WHEREOF, the parties hereto have executed the contract effective the date first above written.

DISTRICT:

  
Emily Roberts, CEO  
Morrow County Health District

Date: 4/12/22

PHYSICIAN:

  
Edward H. Piepmeier, Jr, MD, PhD

Date: 04-12-22

**NURSE PRACTITIONER SERVICES AGREEMENT  
BETWEEN MORROW COUNTY HEALTH DISTRICT  
AND JILLIAN WEBB**

This is an agreement between the MORROW COUNTY HEALTH DISTRICT (“District”) and **Jillian Webb** (“Provider”). The District requires the services of medical professionals to adequately serve patients in the District area. The District wishes to employ Provider to provide such services. Provider is a Nurse Practitioner, who will be licensed to practice in the state of Oregon, and will be qualified to provide such services.

Therefore, the parties agree as follows:

1. **Employment**: The District hereby employs Provider to provide patient care services at the District’s Irrigon Medical Clinic as their primary work site. Provider accepts said employment and agrees to provide such services. Provider shall assume and discharge all of their responsibilities hereunder on an ethical and professional basis consistent with the policies and objectives of the District, the Bylaws and Rules of the Medical Staff of the District, the requirements of Provider’s professional societies, and all applicable laws and regulations governing the services to be provided.
2. **Supervision**: In all matters concerning the performance and administration of this agreement, the District shall act through the CEO of the District (“CEO”). In administrative matters, Provider shall conform to the policies prescribed by the District’s Board of Directors and the CEO and shall report to the CEO. In regard to medical matters, Provider shall conform to the policies and directions of the Board, the CEO, and the Medical Staff.
3. **Duties**: Provider shall see patients four days per week at Irrigon Medical Clinic as scheduled and agreed upon between Provider and District.
4. **Paid Time Off and Continuing Education**: In each 12-month period of employment, Provider shall be entitled to paid time off and continuing education benefits as described in the attached ‘APP Paid Time Off & Continuing Education’ document.

5. **Benefits:** Provider shall receive medical and dental and vision insurance coverage for provider, their spouse, and their dependents. Premiums will be paid by the District.

In addition, Provider shall receive all other benefits provided to non-union District employees including Life and Long Term disability insurance, Life Flight Family Membership and Tri-County Ambulance ground membership with premiums paid for by the District. Other benefits include, but are not limited to the Districts contribution to a 401(a) plan and having the option to make personal contributions to a 457 deferred compensation plan or a 403(b) tax-sheltered annuity plan, to provide for their retirement needs.

Provider shall receive a one-time sign-on bonus of \$15,000 payable in Provider's first check for hours worked.

6. **Oregon Registration:** During the term of this agreement, Provider shall maintain their license as a Nurse Practitioner in Oregon. District will pay any fees required to maintain their Oregon license and their certification, including DEA licensing. Other fees may be covered upon approval from CEO. Failure on the part of Provider to keep their Oregon license current shall render this agreement null and void.
7. **Assistance with Collections:** All professional fees due or collected from patients for services rendered during the term of this Agreement shall be the property of the District. If necessary, Provider agrees to cooperate with the administration to facilitate the billing process. Patient discounted services or charity care are the sole responsibility of the Administration.
8. **Compensation:** The District shall pay Provider compensation for their services hereunder in equal bi-weekly installments in accordance with the attached nurse practitioner compensation scale, plus annual cost of living (COLA) increases received by District employees each July.
9. **Space, Utilities, Supplies and Equipment:** All space, utilities, office furniture, equipment and supplies for Provider to provide medical services hereunder shall be furnished by the District.
10. **Nonphysician Personnel:** All personnel required for Provider to meet their responsibilities hereunder shall be employed by the District and shall

be subject to established District policies. The District shall determine, in consultation with Provider, the necessity for employment of additional personnel, if any.

11. **Insurance**: As to all activities of Provider within the scope of their responsibilities hereunder, Provider will be included within the public liability and malpractice insurance coverage carried by the District for its officers and employees. If, at the District's discretion, existing plans and procedures relating to public liability and malpractice insurance coverage are revised during the term of this agreement, Provider shall be subject to such revised plans and procedures. Provider shall not be responsible for any fees in connection herewith; any such fee shall be the responsibility of the District. If the District switches to another carrier and tail coverage would be needed for Provider, all fees associated with the switch would be paid for by the District.
12. **Reports and records**: Provider shall promptly, completely and accurately prepare and maintain or cause to be promptly, completely and accurately prepared and maintained all reports, claims, correspondence and records including all medical records, as required by District related to Professional Services rendered by Provider at District, which reports, claims, correspondence records and medical records shall belong solely to District. Failure to comply may result in suspension or fines pursuant to district policies.
13. **Evaluations**: Provider performance will be reviewed by District annually. District shall not be in breach of this Agreement if it fails to conduct the performance evaluation within the stated time periods.
14. **Term**: Unless otherwise terminated per this agreement, the term of this agreement shall be for the period beginning July 18, 2022 and shall expire three years later, July 17, 2024. The agreement may be renewed by consent of both parties.
15. **Termination**: This agreement may be terminated by either party without cause upon 120 days written notice. This agreement may be terminated for good cause at any time without notice. If either party is unable to fulfill its part of the agreement due to circumstances beyond its control, or if the District's annual tax base fails to provide sufficient funds to meet its

obligations hereunder, this agreement may be terminated without obligation on the part of either party.

16. **Resignation**: Provider agrees to give District a 120-day advance resignation notice in writing. District may terminate Provider's employment at any time following such notice if determined to be in the best interest of District. District will pay Provider through the notification period of 120 days if Provider was and remains in full conformance with all applicable District policies and provisions of this Agreement. At no time, including during the notification period, shall Physician:
  - a. Solicit District patients or inform District patients of their impending departure other than through District-authorized communication methods and content;
  - b. Offer employment or a contract to any District employee or contractor prior to one year after Provider's termination from employment by District or solicit or encourage any such person to leave the District;
  - c. Use District resources or time to compete or to prepare to compete.
17. **Governing Law**: This agreement shall be governed by, and construed in accordance with, the laws of the state of Oregon. To the extent permitted by law, all disputes arising from this agreement shall be filed in the Circuit Court of Morrow County, Oregon, to the exclusion of all courts which might have jurisdiction apart from this provision.
18. **Severability**: If any provision of this agreement or the application of any such provision shall be held invalid or unenforceable, the remainder of this agreement shall not be affected thereby.
19. **Attorney Fees**: In any litigation arising out of this agreement, the prevailing party shall be entitled to recover all reasonable expenses of litigation, including such attorney fees as the court may judge reasonable at trial and on any appeal.
20. **Assignment**: Neither party's rights and obligations pursuant to this agreement may be assigned or delegated without the other party's written consent.

21. **Entire Agreement:** As of the date of execution hereof, the provisions contained in this agreement set forth the entire agreement of the parties.

No other document, agreement, understanding, or otherwise shall be of any effect with respect to the parties unless specifically made a written part of this agreement. The District's personnel policies shall apply to the extent they do not conflict with this agreement, but such policies are not contractual and may be amended from time-to-time by the District.

22. **Notices:** Any notice required or permitted under this agreement shall be given in writing and shall be deemed effectively given upon personal delivery or upon deposit with the United States Post Office, by certified mail, postage prepaid, addressed as follows:

If to: Jillian Webb

If to: Morrow County Health District  
Attention: CEO  
PO Box 9  
Heppner, OR 97836

Or at such other address as a party may designate by notice given in the manner provided herein

**IN WITNESS WHEREOF**, the parties have executed or caused to be executed this agreement on the dates set forth below.

PROVIDER

MORROW COUNTY HEALTH DISTRICT

\_\_\_\_\_  
Jillian Webb, ARNP

\_\_\_\_\_  
Emily Roberts, CEO

## PHYSICIAN EMPLOYMENT AGREEMENT

This Physician Employment Agreement ("Agreement") is entered into this 26<sup>th</sup> day of April 2022 by and between the Morrow County Health District, a political subdivision of the State of Oregon ("District") and Christine Seals ("Physician"). The commencement date of this Agreement shall be as set forth in Section 4.1.

### RECITALS

- A. Physician shall be licensed to practice medicine in Oregon. Failure to become licensed or maintain license shall render this contract NULL AND VOID.
- B. District owns and manages rural health care clinics ("Clinics"); located at 130 Thompson, Heppner; 220 North Main, Irrigon; 365 West 3rd Street, Ione; and Pioneer Memorial Hospital and Nursing Facility ("Hospital") P.O. Box 9, 564 E. Pioneer Drive, Heppner. District provides physician medical services ("Professional Services") for patients of Clinics and Hospital.
- C. District has a demonstrated need to employ Physician to provide Professional Services for patients of District and Physician desires to provide Professional Services for persons presenting at facilities of District, upon terms and conditions set forth herein.
- D. It is the intent of the parties to comply with all laws, regulations, and requirements applicable to physicians, clinics, hospitals, Medicare/Medicaid participants, and health care providers in general and they have endeavored to fashion this Agreement in compliance therewith.

### AGREEMENT

#### ARTICLE I – EMPLOYMENT

- 1.1**        **Employment:** The District hereby employs Physician to provide Professional Services for patients of District, and Physician hereby accepts such employment, upon terms and conditions set forth herein. The Physician shall provide the following:

<b>Pioneer Memorial Clinic</b>	Telehealth/telemedicine services, including locum services, as agreed upon by Physician and District.
--------------------------------	---

<b>Irrigon Medical Clinic</b>	Telehealth/telemedicine services, including locum services, as agreed upon by Physician and
-------------------------------	---



District.

**Ione Community Clinic**      Telehealth/telemedicine services, including locum services, as agreed upon by Physician and District.

**1.2      Physician's Professional Qualifications:** Physician represents and warrants to District as follows:

- a. Physician is or will become licensed to practice medicine in Oregon, and such license is in good standing, without restriction, probation, limiting condition or institution, or threat thereof, or of a proceeding seeking to impose a limitation;
- b. Physician is trained in Family Practice Medicine and is Board certified or board eligible.
- c. Physician holds an unrestricted DEA permit and an unrestricted right to participate in Medicare and Medicaid programs; and
- d. The Medical Staff application executed by Physician, a copy of which is attached hereto as Schedule A, is complete, true, accurate, and correct.

**1.3      Physician's General Duties:** The following shall be among Physician's general duties:

- a. "Physician shall abide by all policies, procedures, rules and regulations adopted, from time to time, by the District" that does not mitigate, violate, obstruct, compromise, or thwart Physician's professional, ethical, or moral tenants, ideals, or beliefs.
- b. Ensure that any person accepted by the District for treatment receives prompt and appropriate medical treatment;
- c. Conduct Physician's medical practice in a professional manner consistent with the applicable standards of care in the geographic area serviced by District (the "Community"), in accordance with the standards of applicable accrediting and certification bodies;
- d. Follow the administrative written directives established from time to time by District;

- e. Actively participate in District's initiatives to maintain and improve the quality, success, and reputation of the medical services provided by District;
- f. Maintain an unrestricted DEA permit;
- g. Maintain the right to participate in Medicare and Medicaid programs, without restriction, probation, or limiting condition;
- h. Provide Professional Services to District's patients/residents who are enrollees of HMOs, PPOs or other third party payer sponsored health plans (collectively the "Plans") in which District is a participating provider, and fully comply with all administrative requirements as well as requirements imposed upon District by such plans, unless such plan compromise medical care of the enrollee;
- i. Such other duties as shall be mutually agreed upon by Physician and District; and
- j. Preceptor for mid/level provider as needed.

**1.4 Physician's Schedule:**

- a. Physician shall be available to provide Professional Services at District for such patient contact hours as agreed upon by Physician and District.
- b. District may assign, with consent, Physician to provide Professional Services at any District facility.

**1.5 Compliance with Quality Standards Applicable to District Medical Staff Members:**

- a. Physician shall, in the performance of Physician's duties and obligations hereunder, comply with all bylaws, rules and regulations, policies, procedures and standards of conduct adopted, from time to time, by the Medical Staff of District.
- b. Physician performance will be reviewed by District annually. The standards or criteria for such review shall be mutually agreeable by the District and the Physician. District shall not be in breach of this Agreement if it fails to conduct the performance evaluation within the stated time periods.

**1.6 Inspection of Books:** Physician may, upon minimum of 48 hours advance notice to District, inspect during normal business hours those books and records of District which are necessary to determine Physician's compensation.

**1.7 Quality Assurance Programs:** Physician shall cooperate with and participate in all quality assurance programs that may be established, created, or adopted for District.

**1.8 Education:** Physician shall attend continuing medical education programs as necessary to maintain Physician's license to practice medicine in Oregon, and other necessary permits and certifications.

**1.9 Reports and Records:** Physician shall promptly, completely, and accurately prepare and maintain (or cause to be promptly, completely, and accurately prepared and maintained) all reports, claims, correspondence, and records, including all medical records, as required by District related to Professional Services rendered by Physician at District, which reports, claims, correspondence records, and medical records shall belong solely to District. Failure to comply may result in suspension, termination, or fines pursuant to District policies.

Copies of all reports and records shall be made available to Physician at their request. Physician agrees to protect the confidentiality thereof pursuant to District policies.

**1.10 Notice of Actions:** Physician shall immediately notify District of any of the following actions:

- a. Loss, suspension, or imposition of probationary status with respect to Physician's license to practice medicine in Oregon or any other jurisdiction or the scheduling of a hearing or conference regarding the same;
- b. Any notice regarding the potential imposition or the actual imposition of a sanction upon Physician's right to practice medicine in Oregon or any other jurisdiction, including, but not limited to, the placing of Physician on monitored status;
- c. Any notice regarding the potential imposition or the actual imposition of a sanction by any professional medical organization in which Physician is a member;
- d. Probation, loss, suspension or reduction of Physician's clinical privileges at any other hospital or any other actions that affect Physician's medical practice at any other hospital;

- e. Any notice regarding the potential or actual loss, suspension, or restriction upon Physician's DEA permit or the scheduling of a hearing or conference regarding the same;
- f. Any notice regarding the potential or actual loss, suspension, or restriction upon Physician's ability to practice in Medicare or Medicaid programs or the scheduling of a hearing or conference regarding the same;
- g. Physician conviction of a criminal offense; and
- h. Physician's knowledge of any potential threatened or actual claim against Physician, District, or its employees.

## **ARTICLE II - RIGHTS AND DUTIES OF DISTRICT**

- 2.1**        **Rights and Duties of District:** District shall manage District in all aspects of operation. Such authority shall include, but not be limited to, the determination of Physician and non-physician staffing levels. District shall provide all equipment, supplies, and non-physician personnel required for operations of District as determined by District.

## **ARTICLE III - PHYSICIAN COMPENSATION AND BENEFITS**

- 3.1**        **Physician Compensation:** District shall compensate Physician \$150 per scheduled patient care or patient consultation hour.
- 3.4**        **Malpractice Insurance:** District shall provide Physician with medical malpractice insurance, current and extended endorsement (tail coverage), in amount, in form, and with an insurance company to be determined by District in its sole and absolute discretion but to be no less than \$1 million/\$3 million.

## **ARTICLE IV - TERM AND TERMINATION**

- 4.1**        **Term:** This Agreement shall commence no later than May 1, 2022 and shall continue until either party gives 30 days' notice of termination or resignation. Physician's employment may be terminated only for good cause shown or if District provides 30 days' notice of termination.
- 4.2**        **Termination:**

- a. District may terminate this Agreement for good cause without advance notice. "Good cause" shall include material breach of or failure to perform the terms of this Agreement; an unfavorable performance evaluation as provided in Section 1.6b; misconduct, including but not limited to conviction of a felony; or material misrepresentation or misstatement on the Medical Staff application incorporated herein by this reference or otherwise attached hereto as schedule A. Upon such termination, Physician shall be paid all compensation due to the date of termination.
- b. This Agreement shall automatically terminate upon death of Physician or inability of District or Physician to complete any portion of this Agreement.

**4.3        Vacation of Premises:** Physician shall vacate District premises immediately upon termination of this Agreement and surrender to District all property of District, including but not limited to keys to District premises and all storage areas therein, computers, pagers, and cellular telephones.

## **ARTICLE VI - MISCELLANEOUS**

### **6.1        Patient Fees:**

- a. District, in its sole and absolute discretion, shall establish fees to be charged to patients of District. All such fees will be billed and collected solely by District and will belong to it.
- b. Physician hereby assigns all rights, title, and interest Physician may have in payments for Professional Services to District and agrees not to bill separately or to in any way impair the right or ability of District to bill and collect for such services.
- c. Physician shall cooperate with the District and execute any documentation necessary to effectuate the assignment of fees described herein.

**6.2        Patient Records:** District is the owner of all patient records. District shall have the right, subject to applicable law, to freely transfer patient records and other assets of District to any other party.

**6.3        Arbitration:** Any dispute concerning the interpretation, enforcement, implementation, termination, or damages for breach of this Agreement or agreements ancillary hereto shall be submitted to binding arbitration. All arbitration hearings shall

be held in Heppner, Oregon and conducted pursuant to rules of the American Arbitration Association. The parties shall select an Arbitrator, and if the parties cannot agree on an Arbitrator within 30 days of a demand for arbitration, an Arbitrator shall be selected by the Presiding Judge of the Morrow County Circuit Court. The decision of the Arbitrator shall be enforced with the same effect as a decree of a court having competent jurisdiction. Any fees and expenses of the Arbitrator or Court Reporter assisting in any hearing shall be included in the award of damages to the prevailing party. The parties will pay their own respective costs and expenses, including attorney fees; provided, however, if a party fails to proceed with the arbitration, unsuccessfully challenges the Arbitrator's award, or fails to comply with arbitrator's award, the other party is entitled to costs of suit, including reasonable attorney fees, for having to compel arbitration or defend or enforce the award.

**6.4**        **Assignments:** This Agreement is personal to Physician. Nothing contained in this Agreement shall be construed to permit assignment of any Physician's rights or delegation of Physician's duties under this Agreement and such assignment is expressly prohibited.

**6.5**        **Illegality/Severability:** If, for any reason, any part, or provision of this Agreement, including but not limited to, the covenant not to compete, or any provision relating to termination of this Agreement, shall be deemed by a court or by an Arbitrator pursuant to Section 6.3 above to be legally invalid or unenforceable, the validity of the remaining parts and provisions of this Agreement shall not be affected thereby and such provision(s) shall be deemed modified to the minimum extent necessary to make such provision(s) consistent with the applicable law. In its modified form, such provision(s) shall be enforceable.

**6.6**        **Notice:** Any notice or consent required or desired to be given with respect to this Agreement shall be in writing and shall be deemed delivered effective when personally delivered or three (3) days after it is deposited in the United States Mail, postage prepaid, registered or certified, and correctly addressed to the party intended to receive notice at the party's address set forth below, or such other addresses as a party may have specified by a prior written notice to the other party:

District:  
Chief Executive Officer  
Morrow County Health District  
P.O. Box 9  
564 E. Pioneer Drive Heppner, OR 97836

Physician:

Christine Seals, MD  
290 Amherst Road  
Gypsum, CO 81637

**6.7**      **Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding the subject matter described herein, and it supersedes and replaces all written and oral agreements heretofore made or existing by and between the parties, or their representatives insofar as the subject matter of this Agreement is concerned. There shall be no modifications hereunder unless it is in written form and signed by the parties. It is agreed by each of the parties that there have been no representations or warranties except those expressly contained in this Agreement.

**6.8**      **Compliance with Law:**

- a. Medicare Disclosure Provision. For the purpose of implementing Section 1861(v) (1) (i) of the Social Security Act, as amended and any written regulation thereto, District agrees to comply with the following statutory requirement governing the maintenance of documentation to verify the cost of services rendered pursuant to this Agreement. Until the expiration of four years after furnishing of the services provided under this Agreement, Physician shall, upon written request, make available to the Secretary of the US Department of Health and Human Services or, upon written or oral request make available to the US Comptroller General, and their representatives, this Agreement and all books, documents, and records necessary to certify the nature and extent of the cost of those services. If District, through its employee physicians, or contract physicians, carries out the duties of this Agreement through a subcontract for ten thousand dollars (\$10,000) or more, over a twelve (12) month period, with a related organization, the subcontract will also contain an access clause to permit the Secretary, Comptroller General, and their representatives access to the related organizations, books, and records.
- b. No Reciprocation Outside Agreement. The parties hereby acknowledge and agree that none of the benefits derived hereunder require or are in any way contingent upon the admission, recommendation, referral, or any other arrangement for the provision of any item or service by any of the parties to any entity or person, including but not limited to District. Further, no party hereto has entered into this Agreement with the intention of inducing or accepting inducement for such referrals.
- c. Safe Harbor Regulations. The Department of Health and Human Services has promulgated final rules (the "Regulations") setting out certain "safe harbors,"

defining practices which will not be considered in violation of 42 CFR Section 1320(a)-7(b). The parties hereby wish to comply with these rules and have endeavored to fashion this Agreement in compliance therewith. Further, the parties hereby agree that this Agreement will automatically be amended so that its terms conform to any changes in the Regulations, or any future final rules establishing new "Safe Harbors." If, within sixty (60) days following issuance of such changes in the regulations or issuance of new rules, such amendments cannot be made or if the parties cannot agree how such amendments should be properly made, this Agreement will terminate immediately upon written notice by either party to the other party.

**6.9 Termination in the Event of Government Action:** If any legislation, rules, regulations or procedures are duly passed, adopted or implemented by any federal, state or local government or legislative body, or private agency, or if District or Physician receives notice of any actual or threatened decision, finding, or action by any governmental or private agency, court, or other third party (collectively referred to as "Action") which, if and when implemented, would have the effect of (i) denying expected reimbursement for all or a substantial portion of the professional fees charged for professional services rendered by District, or (ii) subjecting Physician or District or any of their officers, directors, employees or agents to civil or criminal prosecution, or other adverse proceeding in relation to this Agreement, Physician and District shall attempt to amend this Agreement or alter the operation of District or Physician's practice herein in order to avoid the action. If the parties hereto, acting in good faith, are unable to make amendments or alterations to meet the requirements of the agency, court or third party in question in sufficient time to avoid the Action, or alternatively, the parties determine in good faith that compliance with such requirements is impractical or unfeasible, this Agreement shall immediately terminate.

**6.10 Governing Law:** The validity, interpretation, performance, remedies, and all other issues arising under or out of this Agreement shall be governed by Oregon law.

**6.11 Heading:** Headings have been inserted solely for the ease of use and shall not be used to interpret, qualify, or restrict provisions, which appear there under.

**6.12 Waiver:** Neither party shall be deemed to have waived any rights hereunder unless such waiver shall be in writing and signed by the party. No delay or omission on the part of any party in exercising any right shall waive such right. A waiver by a party of a breach of any provision of this Agreement shall not waive or prejudice the party's right to otherwise demand strict compliance with that or any other provision in the future.



**6.13 Physician May Not Act on Behalf of District:** It is specifically understood and agreed that Physician shall have no authority to act on behalf of or bind District with respect to any contract or agreement.

**6.14 Confidentiality:**

- a. Except as required by law, no party hereto shall disclose this Agreement, the substance of either this Agreement or any information it shall acquire in the course of its performance hereunder to any person or entity who or which is not a party hereto, except to those employees or agents of either party, including accountants and attorneys, whose assistance is necessary to either party's performance of its respective duties and obligations hereunder. In the event that one of the parties hereto discloses the terms of this Agreement to any third party not authorized to receive said disclosures, such shall be grounds for immediate termination of this Agreement, as determined by District in its sole discretion.
- b. All patient lists and demographic and marketing information regarding District's medical practice is the personal property of District and constitutes confidential trade secrets of District, which comprise the substance of District's business. The unauthorized use, reproduction, or dissemination or publication of such information constitutes a violation of District's exclusive right to the use of such information, and any action or attempt on the part of Physician to utilize such records for any purpose not specifically permitted hereunder shall give rise to a right to recover damages and obtain injunctive and any other relief available under Oregon law on the part of District. Physician expressly acknowledges and agrees that all patients to whom medical services may be rendered under the terms of this agreement are and will remain District's patients.
- c. Any patient information received by or divulged to Physician with respect to patients of District is privileged and shall not be divulged except as required by law or as permitted by law for medical professional purposes, and in accordance with any applicable rules and regulations of District, without the prior express written permission of the patient.

**6.15 District Right To Hire Other Physicians and Engage in Other Businesses:**

District, at its sole and absolute discretion, shall have the right at any time to enter into agreements with any other physician with whom District wishes to employ or contract with for the purpose of providing professional services to District's patients and to engage in any business or professional activities of any kind or nature whatsoever.

**6.16 Agreement Creates No Ownership Rights:** Except as specifically provided in this Agreement, Physician shall have no interest arising from or by reason of this Agreement in the ownership of the equipment, accounts receivable, medical and other patient records, books of account or other property of the District, including both tangible and intangible assets (including but not limited to any goodwill or going concern value associated with District's or any clinic's business or logos).

**6.17 No Third-Party Liability:** Except as otherwise provided by law or as specifically agreed by any person against whom a claim for payment may be asserted, the obligations of District hereunder shall be solely those of District and shall not be deemed or construed to create any obligation or liability on the part of any member of the District Board, officer, or physician of District, any other individual or any other corporation or other entity or organization, regardless of any preexisting relationship between such individual, corporation, entity, or organization and District.

**6.18 Cooperation with Other District Physicians:** Physician agrees to reasonably cooperate with the other physicians who are on the Medical Staff of District.

**6.19 Conduct:**

- a. In accordance with District's zero tolerance to drugs policy, Physician agrees to abstain from the use of alcohol or drugs and from being under the influence of same during work hours, including while on call. Further, Physician acknowledges that the District's reputation would be adversely affected by any possession, manufacture, sale, or use of illegal substances or legal prescription medications without the appropriate license or prescription and illegal-use or abuse of alcohol even during non-working hours. Physician agrees to abstain from all such activities. Physician acknowledges that District conducts alcohol and drug screening for all new employees, and thereafter reserves the right to test for the use of alcohol or drugs for cause.
- b. Physician agrees to conduct themselves at all times in a professional and ethical manner, reasonably calculated to build and maintain good relationships with other professionals, referral sources, coworkers, patients and patients' family members. Ability to work harmoniously and efficiently and effectively with others is a condition to Physician's employment.

**6.22 Survival:** The covenants, representations, warranties, and provisions of this agreement shall survive termination and shall be fully enforceable thereafter in accordance with their terms.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

**PHYSICIAN**

**MORROW COUNTY HEALTH DISTRICT**

**By:** \_\_\_\_\_  
Christine Seals, MD

**By:** \_\_\_\_\_  
Emily Roberts, CEO

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PROFESSIONAL SERVICE AGREEMENT

This professional service agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ between Morrow County Health District, a non-profit Oregon Special District, tax-exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, ("DISTRICT"), and Radiology Specialists of the Northwest, P.C, an Oregon professional corporation ("RSN").

### RECITALS

-----

1. DISTRICT provides healthcare services directly to patients throughout Morrow County.
2. RSN is a radiology practice providing comprehensive diagnostic services to health care providers and patients.
3. To attain mutual goals of RSN and DISTRICT the parties believe it will be beneficial to pursue a business relationship encompassing services, whereby the products and services of both entities will benefit the patients seen by DISTRICT. Accordingly, to serve the needs of RSN and DISTRICT, RSN and DISTRICT agree to work together to provide both the professional services provided by RSN, and technical services provided by DISTRICT, under the conditions and terms set forth below.

NOW THEREFORE, in consideration of the mutual obligations in this Agreement, RSN and DISTRICT agree as follows:

#### 1. RELATIONS AND ROLES OF PARTIES

##### a. RSN agrees to:

- i. Under the terms of this agreement, RSN will provide to DISTRICT the professional radiology coverage services consisting of preparing and transmitting final radiology reports for the following modalities: Digital X-Ray, Ultrasound, Computed Tomography "CT", DEXA, and Magnetic Resonance Imaging "MRI" imaging exams (the "Services").

- ii. RSN will make available physicians licensed to practice medicine in the State of Oregon who are board certified or board eligible in the specialty of Radiology to provide Services via teleradiology 24 hours per day, seven days per week.
- iii. RSN shall produce timely and complete reports, delivered within the following turnaround time ("TAT") standards as measured from receipt of a complete examination, including all images, supporting clinical information and comparison studies:
  - 1. STAT exams verbally reported on by phone within one (1) hour of receiving an exam, followed by a written report as per protocol.
  - 2. Median TAT for non-STAT exams shall be less than or equal to 24 hours of receiving an exam.
- iv. RSN will make available one or more specific individual physicians (to be identified) to provide medical director services to DISTRICT for medical direction of the radiology department at each of Pioneer Memorial Hospital, in Heppner, Oregon and Irrigon Medical Clinic, Irrigon, Oregon. Medical director services shall be provided in accordance with the terms of the Medical Director Services Addendum, attached as Exhibit A, hereto and incorporated herein by this reference
- v. Services shall be provided only by properly credentialed radiologists. RSN shall cooperate with DISTRICT to obtain and maintain credentialing of physicians with third-party payers contracted with DISTRICT or an individual DISTRICT facility and will provide evidence of such upon request.
- vi. RSN warrants that each physician providing Services hereunder will have applicable professional liability insurance coverage in place to cover the Services rendered to DISTRICT and its patients.

b. DISTRICT agrees to:

- i. Maintain any and all licenses required in the State of Oregon to provide technical imaging services at District premises.
- ii. Provide all fixed and movable imaging equipment, drugs and supplies, and support and technical personnel which are necessary for the efficient and quality operation of the radiology services provided at DISTRICT's premises;
- iii. Ensure that diagnostic services furnished to DISTRICT patients are furnished under the appropriate level of physician supervision, including without limitation, if applicable, arranging for on-site physician supervision for IV contrast injections
- iv. Comply with all credentialing requirements and use best efforts to assist in the credentialing of RSN radiologists to enable RSN to be compensated for Services provided.
- v. Provide RSN with the complete clinical history of the relevant patient, including but not limited to the specific sign, symptom, and patient complaint that makes the Services reasonable and necessary, and any other documentation that supports the medical necessity of the Services in accordance with applicable law and third-party payer guidance.
- vi. Provide RSN with all demographic and insurance information timely to allow RSN to bill patients and third-party payers for Services rendered. DISTRICT will bill patients for only the technical component provided by DISTRICT.
- vii. Maintain applicable professional liability insurance coverage in place to cover technical services rendered.
- viii. Provide studies to be read by RSN radiologists in real time rather than batching at the end of the day.

- ix. Provide a physician portal or other Internet-based means for RSN radiologists to access DISTRICT's RIS/PACS system for the purpose of reading exams and uploading imaging reports unless another system or process is agreed upon by both parties.
- x. Be responsible for restoring applicable IT functions in the event of a loss of IT functionality or connectivity that does not arise out of RSN's computer systems, networks or ISP.
- xi. Pay RSN for providing medical director services at Pioneer Memorial Hospital and Irrigon Medical Clinic in accordance with the Medical Director Services Addendum (Exhibit A).

## 2. TERM OF SERVICE AGREEMENT

- a. The term of this Professional Service Agreement shall be for two years from the effective date stated herein. Effective as of the second annual anniversary of the Effective Date and on each such anniversary thereafter, unless otherwise terminated by either party as provided in Section 2.b, below, this Agreement shall automatically renew for additional one (1) year terms; *provided however*, that the compensation for medical director services shall be evaluated and adjusted annually to ensure that it remains fair market value for such services.
- b. Either party may terminate this agreement, for any reason, by giving to the other party ninety (90) days prior written notice. The notice shall specify the effective date of the termination.
- c. In the event of a material breach by a party, the other party shall provide written notice of such material breach which shall specify, in detail, the acts or omissions claimed to constitute the breach. The party claimed to be in breach shall then have twenty (20) days within which to cure the claimed breach. A party may terminate this agreement immediately following the failure to cure the material breach within the twenty (20) days provided herein.
- d. In the event that any federal, state or local law or regulation currently existing or hereinafter enacted, or any final and non-

appealable interpretation of such law or regulation (whether federal, state or local) or enforcement of such laws or regulations hereinafter occurs which makes substantial performance of this Agreement illegal or interferes with a party's ability to legally provide services to any patient, or precludes reimbursement relating thereto, unless the parties mutually agree and enter into a written modification of this Agreement to make substantial performance of the Agreement legal or to qualify parties to provide services to patients and obtain reimbursement either party may terminate this Agreement. Prior to any such termination, the parties shall use their respective good faith and best efforts to modify this Agreement to remedy the illegality so as to maintain a contractual relationship with substantially the same economic and substantive effect as this Agreement currently provides.

### 3. RELATIONSHIP; PERSONNEL

- a. Except as otherwise expressly set forth herein, this Agreement does not create a partnership, joint venture, agency or employment relationship between any or among all of them. Each party shall be solely responsible for and have sole control over the provision of their respective services performed for DISTRICT patients, and that all diagnoses, treatments, procedures, and other professional health care services shall be provided and performed exclusively by the party responsible, as such Party's physician personnel, in their sole discretion, deem appropriate.
- b. It is expressly understood that personnel provided by either party to this agreement for the purpose of performing services under this agreement are the employees or subcontractors of their respective employer be it RSN and/or DISTRICT, and under no circumstances will they be considered employees of the other party. Each party will be responsible for all applicable payroll and employment taxes and employee insurance for their respective employees.

### 4. INDEMNIFICATION

- a. RSN shall indemnify, defend, and hold harmless DISTRICT and their affiliates, predecessors, successors, parents, subsidiaries, officers, directors, members, managers, agents, and employees



from and against any and all claims, losses, damages, costs, and expenses of whatsoever kind and nature, including but not limited to attorney fees, that directly arise out of any act or omission of RSN, its employees, and/or agents with regard to the performance of any of RSN's duties and obligations under this Agreement. Nothing in this provision shall require RSN to indemnify, defend, or hold harmless DISTRICT for the negligent, reckless, or intentional misconduct of DISTRICT.

- b. DISTRICT shall indemnify, defend, and hold harmless RSN and their affiliates, predecessors, successors, parents, subsidiaries, officers, directors, members, managers, agents, and employees from and against any and all claims, losses, damages, costs, and expenses of whatsoever kind and nature, including but not limited to attorney fees, that directly arise out of any act or omission of DISTRICT, its employees, and/or agents with regard to the performance of any of DISTRICT duties and obligations under this Agreement. Nothing in this provision shall require DISTRICT to indemnify, defend, or hold harmless RSN for the negligent, reckless, or intentional misconduct of RSN.

## 5. MEDICAL RECORDS

- a. Upon reasonable advance request (usually not less than 72 hours), and for proper purposes, including as necessary to comply with federal and state laws or regulations or to fulfill its responsibility under this Agreement, each party authorizes and grants to the other parties full and complete access to all information, instruments and documents relating to the professional and technical medical and radiological services provided under this Agreement which may be reasonably requested by a party. Each party acknowledges and agrees that both DISTRICT and RSN are covered entities subject to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as amended, together with its implementing regulations (collectively, "HIPAA"). Each agrees to take all steps necessary to ensure access, use and disclosure of patient records pursuant to this paragraph is consistent with HIPAA and applicable state law.

- b. Each party further agrees to disclose and make available for review and photocopying all relevant books, agreements, papers and records relating to the Services upon reasonable request of the other party, *provided however*, that any such access and disclosure shall be subject to full compliance with applicable law, including without limitation laws related to privacy, peer review immunity and patient confidentiality.

## 6. NON-EXCLUSIVITY

- a. RSN & DISTRICT acknowledge that Services are provided to DISTRICT as a service to DISTRICT and that RSN also provides the Services to other hospitals and medical practices.

## 7. NOTICE

- a. For the purposes of this agreement, notices, demands and all other communications provided for in this agreement shall be in writing and shall be deemed to have been duly given when delivered or (unless otherwise specified) mailed by the United States certified or registered mail, return receipt requested, postage prepaid, addressed as follows:

If to DISTRICT:

Morrow County Health District  
PO BOX 9  
Heppner, Oregon 97836

If to RSN:

Radiology Specialists of the Northwest  
5050 NE Hoyt St., Suite 625  
Portland OR 97213

Or to such other address as either party may have furnished to the other in writing in accordance herewith, except that notices of change of address shall be effective only upon receipt.

## 8. MISCELLANEOUS

- a. No provisions of this agreement may be modified unless such modification is agreed to in writing and signed by DISTRICT and an authorized representative of RSN. Any waiver or discharge must be in writing and signed by DISTRICT or such an authorized officer of RSN. No waiver by either party hereto at any time of any breach by the other party hereto of or compliance with any condition or provision of this agreement to be performed by such other party shall be deemed a waiver of the dissimilar provisions or conditions at the same or at any prior or subsequent time.

## 9. VALIDITY; GOVERNING LAW

- a. The invalidity or unenforceability of any provision or provisions of this agreement shall not affect the validity or enforceability of any other provision of this agreement, which shall remain in effect and full force.
- b. This Agreement shall be governed by and construed in accordance with the laws of the state of Oregon without regard to its conflicts of laws principles. Any controversies or claims between the parties hereto arising out of or relating to this Agreement shall be settled by the courts in Multnomah County, Oregon.
- c. The parties acknowledge and agree that the compensation provided for in this Agreement is fair market value for the services rendered, was negotiated at arm's length and does not take into account the volume or value of referrals or other business generated or to be generated between the parties. Nothing in this Agreement shall be interpreted as requiring either party to make referrals of any items or services to the other, to limit or withhold items or services, in violation of any federal, state or local law or regulation.

10. ENTIRE AGREEMENT

- a. This Agreement, together with any and all Exhibits and Addenda, sets forth the entire agreement of the parties hereto in respect of the subject matter contained herein and supersedes all prior agreement, arrangements, communications, covenants, promises, representations, or warranties, whether oral or written, by the parties hereto in respect of the subject matter contained herein.
- b. The parties to this Agreement acknowledge that they have had the opportunity to seek advice of their own legal counsel.

IN WITNESS WHEREOF, the parties hereto have executed this agreement and the effective date shall be \_\_\_\_\_.

RSN:

DISTRICT:

Radiology Specialists  
of the Northwest

Morrow County Health District

DocuSigned by:

*Sarah Rogers, MD*

F9877E0554014A8...

\_\_\_\_\_  
Sarah Rogers, MD  
President

\_\_\_\_\_  
Emily Roberts  
Chief Executive Officer

## Exhibit A

### MEDICAL DIRECTOR SERVICES ADDENDUM

The position of Consulting Medical Director, Radiology, for DISTRICT shall have the duty to act as physician liaison between RSN and medical and technical directors of DISTRICT facilities to facilitate the quality and efficiency of imaging and radiology services provided to DISTRICT patients.

#### DUTIES AND RESPONSIBILITIES:

1. Oversee the quality and efficiency of the services provided by RSN radiologists
  - a. Serves as primary point for consultation with DISTRICT staff.
  - b. Serves as primary contact for policy review.
  - c. Participates in DISTRICT facility utilization review and peer review activities.
2. Serves as primary contact for scheduling, planning and other operational issues between DISTRICT and RSN
  - a. Consults with DISTRICT staff on monthly staffing schedule
  - b. Assures schedule changes do not adversely affect DISTRICT facility operations
  - c. Attends to patient, physician or staff complaints involving any RSN radiologist
  - d. Consults with DISTRICT personnel on development and approval of protocol changes for all modalities
  - e. Facilitates requests from RSN for process changes
3. Serves as advisor to District regarding equipment selection, technical issues, staffing and other issues of importance to the smooth operation of the department
4. Other duties as mutually agreed to comply with state and/or federal regulations

Compensation: In consideration of the services performed by the Medical Director, DISTRICT shall pay RSN the sum of \$400.00 per month, to be paid by the 15<sup>th</sup> day of the following month after service is rendered

## **Morrow County Well Water Testing Proposal**

### **Background:**

The State of Oregon recommends that well water be tested annually for nitrates and coliform bacteria. In addition, testing for arsenic should be done at least once to see if arsenic is present. Despite the State's recommendations, many home owners do not regularly test their well water, which can lead to adverse health outcomes. Barriers to testing include lack of understanding surrounding the need to test, cost, and collection logistics. In order to accurately test for coliform, water samples must reach the lab within 24 hours (nitrates within 48 hours and arsenic within 2 weeks).

As part of the District's mission to achieve a healthier Morrow County, the District proposes to initiate a free well water testing program countywide in partnership with Morrow County.

### **Logistics:**

- If approved, the District will establish one or more contracts with accredited drinking water laboratories in Oregon. (Discounts available for volume.)
- The District will initiate an education campaign in partnership with Morrow County to promote well water testing to residential well owners/users in Morrow County.
- Due to the time sensitive nature of the samples, the District will establish specific days for test kits to be picked up and returned to District locations. Samples will be couriered to the appropriate lab.

### **Cost & Volume:**

- A testing for nitrates, arsenic, and coliform is approximately \$105 per test kit.
- Based on information from the Oregon Water Resources Department database, the District estimates there are approximately 1,500 residential wells in Morrow County.

### **Eligibility:**

- Free well water testing will be available for all residential wells in Morrow County on an annual basis.

### **Resources:**

- The State of Oregon maintains a list of accredited drinking water laboratories (attached).
- Oregon Well Owner's Handbook  
[https://www.oregon.gov/owrd/WRDPublications1/Well\\_Water\\_Handbook.pdf](https://www.oregon.gov/owrd/WRDPublications1/Well_Water_Handbook.pdf)
- Lower Umatilla Basin Groundwater Management Area  
<https://lubgwma.org/>

## Accredited Oregon Drinking Water Laboratories

Updated 03/21/2022

Laboratory Name	SITE ADDRESS	Phone	Contact Email	Nitrate	Coliforms	Lead	Arsenic
Alexin Analytical Laboratories, Inc.	13035 SW Pacific Hwy, Tigard, OR 97223	503-639-9311	<a href="mailto:mail@alexinlabs.com">mail@alexinlabs.com</a>	X	X	X	X
Analytical Laboratory Group	361 West Fifth Ave, Eugene, OR 97401	541-485-8404	<a href="mailto:alglabs@alglabsinc.com">alglabs@alglabsinc.com</a>	X	X	X	X
Apex Laboratories, LLC	6700 SW Sandburg St, Tigard, OR 97223	503-718-2323	<a href="mailto:kpatton@apex-labs.com">kpatton@apex-labs.com</a>			X	X
Box R Water Analysis Laboratory, L.L.C.	567 NW 2nd St, Prineville, OR 97754	541-447-4911	<a href="mailto:boxrwaterlab@qwestoffice.net">boxrwaterlab@qwestoffice.net</a>	X	X		
City of Bend Water Quality Laboratory	22395 McGrath Rd, Bend, OR 97701	541-322-6368	<a href="mailto:dbarnes@bendoregon.gov">dbarnes@bendoregon.gov</a>		X		
City of The Dalles Water Quality Lab	6780 Reservoir Rd, The Dalles, OR 97058	541-298-2248	<a href="mailto:dramos@ci.the-dalles.or.us">dramos@ci.the-dalles.or.us</a>	X	X		
Columbia Laboratories, Inc.	12423 NE Whitaker Way, Portland, OR 97230	503-254-1794	<a href="mailto:info@columbialaboratories.com">info@columbialaboratories.com</a>	X	X	X	X
Edge Analytical, Inc - Portland	9150 SW Pioneer Ct Ste W, Wilsonville, OR 97070	503-682-7802	<a href="mailto:tphan@edgeanalytical.com">tphan@edgeanalytical.com</a>	X	X		
Edge Analytical, Inc. - Bend	20332 Empire Avenue, Suite F4, Bend, OR 97703	541-639-8425	<a href="mailto:bend.lab@edgeanalytical.com">bend.lab@edgeanalytical.com</a>		X		
Edge Analytical, Inc. - Corvallis	1100 NE Circle Boulevard, Suite 130, Corvallis, OR 97330	541-753-4946	<a href="mailto:smiller@edgeanalytical.com">smiller@edgeanalytical.com</a>	X	X		
Grants Pass Water Laboratory, Inc./The Water Lab	964 SE M Street, Grants Pass, OR 97526	541-476-0733	<a href="mailto:doree@gpwaterlab.com">doree@gpwaterlab.com</a>	X	X	X	X
LabCor Portland	4321 SW Corbett Ave, Suite A, Portland, OR 97239	206-693-3207	<a href="mailto:kmarch@labcor.net">kmarch@labcor.net</a>				
McCowan Clinical Laboratory Inc.	178 W Commercial Street, Coos Bay, OR 97420	541-267-7853	<a href="mailto:mccowanlab@gmail.com">mccowanlab@gmail.com</a>		X		
Neilson Research Corporation	245 South Grape St, Medford, OR 97501	541-770-5678	<a href="mailto:TKreutzer@nrclabs.com">TKreutzer@nrclabs.com</a>	X	X	X	X
Rose City Laboratories	7200 Johnson Creek Blvd, Portland, OR 97206	503-307-0096	<a href="mailto:info@rosecitylabs.com">info@rosecitylabs.com</a>			X	X
Spring Street Analytical Laboratory	350 Spring Street, Klamath Falls, OR 97601	541-882-6286	<a href="mailto:waterlab@springstreetanalytical.com">waterlab@springstreetanalytical.com</a>	X	X		
Umpqua Research Company	626 NE Division St, Myrtle Creek, OR 97457	541-863-5201	<a href="mailto:twilliams@urcmail.net">twilliams@urcmail.net</a>	X	X	X	X
Umpqua Research Company - Table Rock	419 SW 5th St., Pendleton, OR 97801	541-276-0385	<a href="mailto:trlab@urcmail.net">trlab@urcmail.net</a>	X	X		
Umpqua Research Company (Bend)	738 SE Glenwood Drive, Bend, OR 97702	541-312-9454	<a href="mailto:bendlab@urcmail.net">bendlab@urcmail.net</a>	X	X		
Waterlab Corp.	2603 12th St. SE, Salem, OR 97302	503-363-0473	<a href="mailto:waterlab@comcast.net">waterlab@comcast.net</a>	X	X	X	X

# Morrow County EMS Advisory Committee Application

## 1. Contact Information

Full Name	Preferred Name
Address	City
State	Zip
E-mail Address	Phone

2. What is the best email to use to send important documents? \_\_\_\_\_

3. What is the best phone number to contact you in case of emergency? \_\_\_\_\_

## 4. Please check the box to indicate the appropriate status:

Application for **New Appointment** to Committee     Application for **Reappointment** to Committee

## 5. What Committee seat will you represent?

- Supervising Physician or designee for the ambulance service provider
- EMT from Boardman
- EMT from Irrigon
- EMT from Heppner
- EMT from Lone
- QRT representative (Lexington)
- 9-1-1 systems representative
- Director of Nursing Service or designee from Pioneer Memorial Hospital
- Director of Nursing Service or designee from Good Shepherd Hospital
- Fire department representative

## 6. Letter of Interest

Please provide a brief explanation of your interest and relevant experience to support serving on the Morrow County EMS Advisory Committee.