



## Account Request

Please fill out applicable fields below and submit signed request, via fax 866-757-4215 or email to [customer.master@spacelabs.com](mailto:customer.master@spacelabs.com)

New Bill-To Account Request       New Facility Account Request       New Ship-To Account Request       Credit File Update   
 Account Change       Account # \_\_\_\_\_      Describe change requested \_\_\_\_\_  
 Name of Spacelabs employee or representative you are working with Marco

**Billing Account – Legal Name** Clinton Regional Hospital  
**Billing Address** 100 North 30  
 City Clinton      State Ok      ZIP Code 73601  
 Main Phone 580 547 5128      Fax 580 547 5011      A/P Fax \_\_\_\_\_  
 A/P Contact Name Chasity Richardson      A/P Phone 580 547 5128 ex 204      A/P email Chasity.richardson@craok.com

Corporation       Partnership       Sole Proprietor       Fed ID # 88 4062444      State of Incorporation OK  
 Year Business Started 2023      # of Employees 50      DUNS # 082479700  
 Do you export Spacelabs product outside of US? YES  NO       Taxable? YES  NO  If no, provide exemption certificate (required.)  
 Would you like invoices emailed instead of sent regular mail? YES  NO       Invoice email address Chasity.richardson@craok.com

**Facility Name (if different from above)** \_\_\_\_\_  
**Facility Address** \_\_\_\_\_  
 City \_\_\_\_\_      State \_\_\_\_\_      ZIP Code \_\_\_\_\_  
 Purchasing Contact Name \_\_\_\_\_      Phone \_\_\_\_\_      Fax \_\_\_\_\_  
 If Hospital, please provide HIN # \_\_\_\_\_ and GLN # \_\_\_\_\_      Does facility use inhaled anesthesia? YES  NO   
 If Hospital, # of beds \_\_\_\_\_      Group Purchasing Org. Member? If yes, which one? \_\_\_\_\_

**Ship-To Name (if different from above)** \_\_\_\_\_  
**Delivery Address** \_\_\_\_\_  
 City \_\_\_\_\_      State \_\_\_\_\_      ZIP Code \_\_\_\_\_  
 Ship-To Contact Name \_\_\_\_\_      Phone \_\_\_\_\_      Fax \_\_\_\_\_

**What is the primary nature of the facility:** (please mark only one of the following)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Acute Care Hospital             | <input type="checkbox"/> Doctors Office or Clinic      | <input type="checkbox"/> Home Medical Equipment Provider               |
| <input type="checkbox"/> Long Term Acute Care                       | Specialty _____  | <input type="checkbox"/> Pharmaceutical Research or Clinical Trials    |
| <input type="checkbox"/> Free Standing Surgery Center               | <input type="checkbox"/> Cardiology Office             | <input type="checkbox"/> Original Equipment Mfg/OEM                    |
| <input type="checkbox"/> University or Teaching Institute           | <input type="checkbox"/> Dental Office                 | <input type="checkbox"/> Repair or Service Provider                    |
| <input type="checkbox"/> Hospital Construction/Logistics/Consulting | <input type="checkbox"/> Veterinarian Office           | <input type="checkbox"/> Distributer or JIT Reseller                   |
| <input type="checkbox"/> Lease / Finance Company (Bill-To Only)     | <input type="checkbox"/> Federal Government            | <input type="checkbox"/> Lab Tests, Scanning or other Medical Services |
| <input type="checkbox"/> Long Term or Skilled Nursing Care Facility | <input type="checkbox"/> Ambulance, Fire or Medic Unit | <input type="checkbox"/> Other, please describe _____                  |

Products and services shall be provided to applicant subject to the terms of any contract between Spacelabs Healthcare and Customer applicable to the products and services. If there is no such contract in place, the products and services shall be provided to applicant subject to Spacelabs Healthcare's standard Terms of Sale available upon request and on the About Us/Terms/Policies page of our website at <http://www.spacelabshealthcare.com>. The Terms of Sale are incorporated herein by this reference.

Acknowledged and agreed:

Signature [Signature]      Title CEO      Date 10/17/2023

**EXHIBIT A-2**  
**PARTICIPATING MEMBER DESIGNATION FORM**

SELLER: Spacelabs Healthcare, LLC  
 CONTRACT NUMBER: PP-NS-1481  
 CONTRACT DATES: June 1, 2021 – May 31, 2024  
 PRODUCT CATEGORY: Physiological Monitoring Systems

1. **Tier.** The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	TIERS	TOTAL PRODUCT PURCHASES (COMMITMENT % PER CALENDAR YEAR)
	TIER 1	No commitment required, PMDF not required
	TIER 2	AHS* no commitment OR >15% commitment for non-AHS Participating Members
	TIER 3	≥50% commitment
	TIER 4	≥80% commitment
	TIER 5	85% commitment for a conversion Participating Member who is converting a minimum of 80% of their units from a competitor's equipment to Seller's Products

\* AHS = Academic Health System (as identified on the Membership Roster)

b. Seller shall not reduce a Participating Member's tier level without first (i) notifying the Participating Member and Premier in writing that the Participating Member's purchase volume is below the tier level selected by the Participating Member (the "Tier Reduction Notice") and (ii) providing the Participating Member sixty (60) calendar days from the date of notice to remedy the purchasing volume issues described in the Tier Reduction Notice. If the Participating Member does not remedy the issues described in the Tier Reduction Notice within sixty (60) days, Seller may move the Participating Member to the appropriate tier based on the Participating Member's Product purchases. Any tier adjustment pursuant to this paragraph that results in a less favorable tier for the Participating Member will apply for Products purchased after the effective date of the tier reduction.

2. **Aggregation Pricing Option.** By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member or GPO which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of all such facilities. Seller shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: Participating Member's (or GPO's) Initials: \_\_\_\_\_

Participating Member's Primary Distributor: \_\_\_\_\_ Secondary Distributor: \_\_\_\_\_

The undersigned Participating Member hereby acknowledges and confirms the above designations.

**Participating Member/GPO**  
 Print Name of Person Signing Len LaCeField  
 Signature [Signature]  
 Title of Person Signing CEO  
 Phone Number 580-547-6128  
 E-mail Address Len.LaCeField@crack.com  
 Date Signed 10-17-23  
 Entity Code \_\_\_\_\_  
 Print Name of Participating Member/GPO \_\_\_\_\_  
 Address 100 N 30th  
 City and State Clinton DC 73601

**Seller Spacelabs Healthcare, LLC**  
 Print Name of Person Signing \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title of Person Signing \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Date Signed \_\_\_\_\_

Upon completion, please submit this form to both Seller and Premier.

Spacelabs Healthcare, LLC

Premier Healthcare Alliance, L.P.–

**EXHIBIT A-2**  
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SELLER: Spacelabs Healthcare, LLC  
 CONTRACT NUMBER: PP-NS-1481  
 CONTRACT DATES: June 1, 2021 – May 31, 2024  
 PRODUCT CATEGORY: Physiological Monitoring Systems

Email: [slcorporateaccounts@spacelabs.com](mailto:slcorporateaccounts@spacelabs.com)

Fax: 704.816.3509  
 Email: [PremierPMDF@PremierInc.com](mailto:PremierPMDF@PremierInc.com)

**SCHEDULE 1**

**LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES**  
**(For Purposes of Implementing the Aggregation Pricing Option)**

**[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO]**

Participating Member/GPO name: \_\_\_\_\_

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name
91975644	Clinton Regional Hospital	Clinton NC 27301	NC	580-647-5298	

**Laffoon Healthcare Services, LLC**  
11709 Milano Rd  
Oklahoma City, OK 73173 US  
4059734306  
claffoon1@outlook.com

# Invoice



**BILL TO**

Len Lacefield  
Clinton Regional Hospital  
100 N 30th  
Clinton, OK 73601 USA

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
216	11/11/2023	\$47,598.00	11/15/2023	Due on receipt	

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
Clinton Regional Hospital	Oct 30, 31-Nov 15 2023 - 16 days total	384	115.00	44,160.00
Clinton Regional Hospital	Nov 10 2023 Crisis Staffing rate + 25%	24	143.25	3,438.00

Thank you for your business!

**BALANCE DUE**

**\$47,598.00**

Quotation: CPQ-15750

CLINTON REGIONAL HOSPITAL

Quote Date: November 09, 2023

Pricing stated is offered by CareFusion for acceptance by Customer until December 23, 2023

Scott Burton

scott.burton@bd.com

GPO: Premier

Commitment: 90% commitment to 1 of 5 Commitment Categories and minimum \$10,000 total annual Disposables commitment.



**Alaris™ System Equipment (Hardware)**

Model	Product Description	Quantity	Unit Price	Extended Price
8015 BD	BD Alaris PC unit, model 8015 (v12.3.1)	20	\$2,609.28	\$52,185.60
8100 BD	BD Alaris Pump module, model 8100 (v12.1.2)	30	\$1,732.32	\$51,969.60
			Subtotal	\$104,155.20

**Guardrails™ Suite License for Alaris™ System (Software)**

Product Description	Quantity	Unit Price	Extended Price	
Guardrails Point-of-Care Software for Alaris PC units	20	\$857.00	\$17,140.00	
Guardrails Point-of-Care Software for Pump modules	30	\$225.00	\$6,750.00	
			Subtotal	\$23,890.00

**Implementation for Alaris™ System (Services) - Implementation costs are based on a single-phase implementation.**

Services below provided per the Customer Order Attachments	Extended Price	
Remote Professional Services	\$20,000.00	
Equipment Check-in Services	\$6,000.00	
Subtotal		\$26,000.00

<b>Total-Equipment, Licenses and Services</b>	<b>\$154,045.20</b>
<b>TOTAL ACQUISITION COST</b>	<b>\$154,045.20</b>
<b>GRAND TOTAL</b>	<b>\$154,045.20</b>

**Notes:**

The Equipment identified above will be covered under a twelve (12) month Warranty.

The above BD Alaris™ Infusion System Equipment and the serial numbers associated with it are covered by the BD Alaris™ Infusion System 7-year Limited Parts Warranty. To view the service description, go to [bd.com/self-service](http://bd.com/self-service) and sign in or register for an account. Once logged in, entering **BD-95176** in the top search bar will bring up the document to view or download.

For additional assistance, you can send an email to [G-CTS-AlarisServiceSales@bd.com](mailto:G-CTS-AlarisServiceSales@bd.com) and include your name, phone number, city and state, along with any questions you may have.

This quotation is governed by the Master Agreement and relevant Schedules, or Master Terms and Conditions and relevant Products Agreements, as applicable.

Applicable sales and use taxes are not included. If Customer is tax exempt, Customer must ensure that a tax exemption certificate is on file with CareFusion.

# sooner TECHNOLOGY

Sooner Technology, LLC offers to enter into an agreement with Clinton Regional Hospital to provide Monthly Managed Services and Security Services as specified in the attached quote and brochure.

Clinton Regional Hospital agrees to a one-time expense for required equipment and a two-month onboarding labor expense of \$96,320.00 outlined in the attached quote, which is in addition to the ongoing monthly recurring expense.

Clinton Regional Hospital agrees to recurring expenses for Monthly Managed Services, as outlined in the attached quote for a total of \$6,725 per month, effective September 1, 2023. This total includes the number of Firewalls, Servers, Workstations, and Email User Management known as of August 28<sup>th</sup>, 2023. Any additional items added after that date could result in an increase in the monthly recurring charge in the amount of the price per item as listed on the quote per quantity added.

Time is included with the monthly services, with the amount of time being based on the number of devices covered by the Sooner Business Standard Plan. Any increase or decrease in the quantity of devices will result in a corresponding adjustment to time available. The time allotment expires on the last day of every month and does not carry over to the next month. Any labor that exceeds the monthly total provided with the plan will be billed separately at a discounted hourly rate of \$140 per hour (discounted from the normal labor rate of \$150/hr).

Sooner Technology agrees to resell hardware at the following rates:

0-\$49 – cost+20%

\$50-\$999 – cost+15%

\$1,000 and above – cost+10%

Phone support is available with the Sooner Business Standard Plan with a 1-hour response time including Front-of-the-Line Priority Support.

**The terms for the Monthly Managed Services agreement shall be one year with a 30-day notification required for termination of the agreement.**

The undersigned acknowledges that they are duly authorized to execute this agreement.

Accepted this 1 day of Sept, 2023

Clinton Regional Hospital

By: Reva Barton

Print: Reva Barton

Title: Ink in CEO

Sooner Technology, LLC

By: Jerry Hartman

Print: Jerry Hartman

Title: Owner



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2 e

DATE 8/28/2023

1516 Lera STE 2  
Weatherford, OK 73096  
(580)302-5713

**Quotation For:**

Clinton Regional Hospital  
Mike Thomas  
918-916-5802  
oklahomamikethomas@gmail.com

Prepared by: Jerry Hartman

**Comments or Special Instructions:**

*2-Month startup agreement is conditional on the acceptance of the agreement for ongoing monthly managed services*

QUANTITY	DESCRIPTION	UNIT PRICE	TAXABLE?	AMOUNT
1	Firewall Management	\$ 200.00		\$ 200.00
1	Server Management	\$ 150.00		\$ 150.00
75	Workstation Management	\$ 70.00		\$ 5,250.00
75	Email User Management	\$ 15.00		\$ 1,125.00
			MONTHLY TOTAL	\$ 6,725.00

Hours of labor included monthly (based on device quantities) 38.75

One-time Startup (based on 2 techs, 8 Hrs/day, 43 days @ \$140/hr)

688 hours

ONE-TIME TOTAL

\$96,320.00

If you have any questions concerning this quotation, call us at (580)302-5713 ext.2 or email [support@soner technology.com](mailto:support@soner technology.com)

**THANK YOU FOR YOUR BUSINESS!**



8/28/2023

Clinton Regional Hospital

Prepared by Jerry Hartman / Sooner Technology

580-302-5713

	<u>quantity</u>	<u>price/item</u>	<u>total price</u>	<u>Tax**</u>	<u>Total w/Tax</u>
SonicWall NSA 2700 (Advanced Edition)*	1	\$4,745.88	\$4,745.88	\$450.86	\$5,196.74
Ubiquiti U6+ Wireless Access Point	30	\$174.90	\$5,247.00	\$498.47	\$5,745.47
Ubiquiti Aggregation Pro	3	\$988.90	\$2,966.70	\$281.84	\$3,248.54
Ubiquiti Professional 48 PoE switch	22	\$1,208.90	\$26,595.80	\$2,526.60	\$29,122.40
					<u>\$43,313.15</u>

\*A Fortinet Firewall may be substituted if EMR support has a preference

\*This is an estimate submitted for your approval. This is not a bill.

\*Hardware warranty & any free technical support regarding this warranty only provided through manufacturer.

\*Price subject to change based upon availability.

\*Quote does not include labor charges for installation.

\*Invoices over \$5,000 paid by credit card are subject to a 1.5% fee and must be swiped physically.