



# GE Healthcare Service Quotation

AGREEMENT# \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

QUOTATION ID# **8927811****Customer Information:**

Name: Diagnostic Medical Group of Southern California  
Address: 208 N Garfield Ave  
City: Monterey Park State: CA Zip: 91754

**Customer Billing Information:**

Name: Diagnostic Medical Group of Southern California  
Address: 208 N Garfield Ave  
City: Monterey Park State: CA Zip: 91754

Is the above billing address correct? ☐ Yes ☐ No If no, please provide the correct billing address below:

**Customer Billing Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide the contact name and email address of the following person(s):

1. To be notified when this Agreement is processed:
2. To receive all invoices electronically via email:

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

Email address: \_\_\_\_\_

Term\*: \_\_\_\_\_ months

Billing Frequency: Monthly - Arrears

Payment Schedule\*\*\*: \_\_\_\_\_

Payment Terms: Net 30 days of invoice dateElectronic Funds Transfer Authorized: ☐ Yes ☐ NoAgreement Start Date\*\*: January 01, 2020Quotation Expiration Date: January 01, 2020PO Requirement: ☐ Yes ☐ No

PO #: \_\_\_\_\_ PO Expiration Date: \_\_\_\_\_

Service Sales Rep.: David Johnson  
Email: david.johnson12.@ge.com  
Phone: 323-828-6190

Sales And Use Tax Status: No Exemption Certification on file

**\*TERM:** Automatically renews for additional 12-month periods unless either party provides at least 60 days' written notice prior to the expiration date.

**\*\*AGREEMENT START DATE:** The "Agreement Start Date" begins on: (a) the above date if Customer signs and returns this Agreement within 15 calendar days of that date; or (b) the date of signature if Customer does not sign and return this Agreement within 15 calendar days of the above date.

**ANNUAL CHARGES:** See Product Schedule for annual charges, offerings, coverage, and start dates for each Product. Charges are based on Product inventory, offerings, and coverage as of the Agreement Start Date and may change to reflect inventory and coverage modifications, variable charges and other adjustments as specified in this Agreement.

**\*\*\*PAYMENT SCHEDULE:** Charges are payable in installments as set forth above plus applicable taxes. These charges may change based on Product additions/deletions, inflation adjustments or other modifications permitted by this Agreement. Customer will be billed beginning on the Agreement Start Date. Payment is due the first of each month. If the Agreement Start Date is not the first of the month, the first and last payments will be prorated. If Customer finances the Services with GE HFS LLC, Customer is responsible for payment under this Agreement, but the payment schedule may be modified as identified in the Customer/GE HFS LLC financing agreement.

**AGREEMENT:** This Agreement is between the "Customer" identified above and the GE Healthcare business identified below ("GE Healthcare"), for the sale and purchase of the Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is defined as the GE Healthcare (1) Quotation; (2) Product Schedule; (3) Statement of Service Deliverables; and (4) Service Terms & Conditions, that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the order of precedence is as listed. GE Healthcare can withdraw this Quotation at any time before "Quotation Acceptance", which occurs when Customer either: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare. On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the 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 signatures on the signature blocks below) are void. This Agreement is not part of an umbrella or other group purchasing agreement unless otherwise indicated.

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

**Customer**Signature: Cindy ChenPrint Name: CINDY CHENTitle: General ManagerDate: 12/20/19**GE Precision Healthcare LLC, a GE Healthcare business**Signature: David Johnson

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

Title: Regional Service Sales Rep.Date: 12/17/2019

Equipment Identifiers	Trans. Type	Equipment	Effective Date	Offering	Options	Features	Annual Amount
System ID: System 3 Phy Loc Acct: 1091785	ADD WB	GE UL LOGIQ E9 (UPLQE9)	1/1/2020 through End of Agreement	AssurePoint Select	INCLUDED: • DVR • EXTERNAL DVD RW • Printers EXCLUDED: • GENERAL/SPECIALTY PROBES • S1-5 and S4-10 Probes	• FE Coverage Weekend: NO COVERAGE HRS • FE Onsite Response Time: 24 Hours • iCenter • InSite/Tech Phone Support • Labor Discount: 20% Labor Discount • Limited Call Counter: 001, M-F 0800-1700 • Parts Discount: 20% Parts Discount • Parts Shipping: Included, Next Day 10:30 AM LST-GENERAL • PM Cov.: Mon-Fri 8AM-5PM, 1 per Year • Remote Apps Support Level-1: MON-FRI, 8AM-5PM • Software and Quality Updates	\$5,382 <i>#44832</i>
System ID: Probe Pool Phy Loc Acct: 1091785	ADD WB	GE UL GE GENERAL/SPECIALTY PROBE (USPROB)	1/1/2020 through End of Agreement	AssurePoint Reserve		• FE Coverage Weekdays: MON-FRI, 8AM-5PM • FE Coverage Weekend: NO COVERAGE HRS • FE Phone Support • Parts Shipping: Included, Next Day 10:30 AM LST-GENERAL • Probe Exchange: 01 General/Specialty Probe replacement/yr with accidental coverage • Ultrasound Probe Discount: 20%	\$2,680 <i>email attached</i>

## NET ANNUAL VALUE:

\$23,724

## Customer:

## GE Precision Healthcare LLC, a GE Healthcare business:

Approved By: Cindy ChenTitle: general manager

Approved By: \_\_\_\_\_

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

Signature: Cindy ChenDate: 12/20/19

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

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

