

Emailed 6/10



GE Healthcare Service Quotation

AGREEMENT# _____

ACCOUNT# **1095378**

QUOTATION ID# **81A9AE4**

Customer Information: Name: SOUTHERN CALIFORNIA HEART
Address: CENTERS A MEDICAL CORP 506 W VALLEY BLVD STE 100
City: SAN GABRIEL State: CA Zip: 91776

Customer Billing Information: Name: SOUTHERN CALIFORNIA HEART
Address: CENTERS A MEDICAL CORP 506 W VALLEY BLVD STE 100
City: SAN GABRIEL State: CA Zip: 91776

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: Yvonne Tso Email address: Synergy@SCHC.US

Term*: 84 months
Billing Frequency: Monthly - Advance
Payment Schedule***: (1-1, \$995.38), (2-84, \$9,953.75), (85-85, \$8,958.38)
Payment Terms: Net 30 days of invoice date
Electronic Funds Transfer Authorized: ☐ Yes ☐ No

Agreement Start Date**: September 28, 2020

Quotation Expiration Date: June 30, 2020

PO Requirement: ☐ Yes ☒ No

PO #: NO PO Expiration Date: _____

Service Sales Rep.: Joseph Clouse
Email: joseph.clouse@ge.com
Phone: 619-417-2224

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 30 calendar days of that date; or (b) the date of signature if Customer does not sign and return this Agreement within 30 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 and/or the Subscription 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, Services and/or Subscription 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 and/or Subscription 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: [Signature]
Print Name: Stanley Lee
Title: Medical Director
Date: 6/10/2020

GE Precision Healthcare LLC, a GE Healthcare business
Signature: _____
Print Name: Joseph Clouse
Title: RSSR
Date: 5/18/2020