

PCMS AGREEMENT QUOTATION - Comprehensive Onsite

Customer: Williamson County EMS
Address: 303 Martin Luther King Street
Address:
City/State/Zip: Georgetown, TX 78626
Agreement Contact : John Gonzales
Telephone: 512-943-1260
Fax:
System Contact:
Telephone:
Field Service Engineer: John Rendon, MS01 (Nutt)
Equipment Location:
Department Name:
Email: jgonzales@wilco.org

Payment Terms: Net 30
Agreement Quote Date: 2/7/2018
Prior Agreement #: NB - prev 41966614
Agreement Start Date: 4/1/2018
Agreement End Date: 12/31/2022
Billing Schedule: Yearly
Extended Onsite Coverage: Mon-Fri 8am to 5pm

Multi -Year Option: 17%

Additional Discount: 10%

Service Sales VP, or
Service Zone VP *Valid for 60 days*

Philips Representative:	Tel:	Fax:	Date:	Quote #:
Dolores Lezo	724-696-6232	724-696-6105	2/23/2018	5009143-6

Model #	Serial #	Qty	SAP#	Start	End	Annual List \$	Extended Annual List \$
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The product represented, in red, will be considered End of Life, Philips has no obligation to support this past the end date identified herein.

6301147394

		1		Defibrillators				
M3536A	US00558712	3	861289	HeartStart MRx (PA recommended)	4/1/2018	12/31/2022	\$945.00	\$2,835.00
	US00558713							
	US00558714							

6302199907

		1		Defibrillators				
M3536A	US00580843	23	861289	HeartStart MRx (PA recommended)	4/1/2018	12/31/2022	\$945.00	\$21,735.00
	US00580844							
	US00580845							
	US00580846							
	US00580847							
	US00580848							
	US00580849							
	US00580850							
	US00580851							
	US00580852							
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	US00580856							
	US00580857							
	US00580858							
	US00580859							
	US00580860							
	US00580861							
	US00580862							
	US00580863							
	US00580864							
	US00580865							

6302199908

		1		Defibrillators				
M3536A	US00580767	3	861289	HeartStart MRx (PA recommended)	4/1/2018	12/31/2022	\$945.00	\$2,835.00
	US00580768							
	US00580769							

Total Annual Service Charge Year 1	\$27,405.00
Total Annual Service Charge Year 2	\$27,405.00
Total Annual Service Charge Year 3	\$27,405.00
Total Annual Service Charge Year 4	\$27,405.00
Total Annual Service Charge Year 5	\$20,629.04

Model #	Serial #	Qty	SAP#		Start	End	Annual List \$	Extended Annual List \$	
Subtotal :								\$130,249.04	
Extended Travel Charge		See Travel Uplifts			75 mi			No Uplift	
Extended Onsite Coverage									\$0.00
Model #	Serial #	Qty	SAP#	Description	Start	End	Annual List \$	Extended Annual List \$	
		1		Performance Assurance (applies only to products with (PA) in the description) 1 per unit, per year of agreement	4/1/2018	12/31/2022	\$10,150.00	\$50,750.00	
Promotional Offering:							-\$10,150.00	-\$50,750.00	
Promotion Performance Assurance is valued at \$50,750.00									
Subtotal Optional Services Discountable								\$0.00	
Subtotal Optional Services Non-Discountable								\$0.00	
Subtotal Discountable								\$130,249.04	
POS Option Discount								\$0.00	
Multi-Year Option Discount								(\$22,142.34)	
Additional Discount								(\$13,024.90)	
Net Charge Year 1								\$20,005.65	
Net Charge Year 2								\$20,005.65	
Net Charge Year 3								\$20,005.65	
Net Charge Year 4								\$20,005.65	
Net Charge Year 5								\$15,059.20	
Quotation Total								\$95,081.80	
Prices exclude taxes. Applicable taxes will be added to the invoice. Subject to credit approval.									
<p>IMPORTANT NOTICE: A signed copy of this agreement, for the services and prices quoted herein, is Customers acceptance that the Terms and Conditions and information in the Exhibit and the Data Sheet attached to this quotation are the sole terms applicable to the services quoted. The acceptance of this quotation is not binding upon Philips until further review by Philips contract administration. The information contained in this document is confidential and is provided to the entity listed as the customer solely in connection with the evaluation of the purchase and sale. This information shall not be disclosed to any other party. The Philips terms and conditions of sale applicable to the service quoted herein are available via http://www.healthcare.philips.com/main/terms_conditions/ ("Terms and Conditions"). Health Care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including under any federal or state but not limited to 42 CFR 1001.952(h). Philips reserves all rights with regard to this information. Reserved.</p>									
Customer Agreement as Quoted				<p>Upon customer signing and an authorized Philips representative accepting, this quotation constitutes a contract and Customer is bound by all terms and conditions hereof.</p>					
				<p>Philips by its acceptance hereof, agrees to provide maintenance services for the equipment listed above in accordance with the following terms set forth herein.</p>					
Authorized Signature _____				Authorized Signature <u>Kelly Santos</u>					
Printed Name _____				Title/Date <u>Sr. Manager, Contracts</u> <u>3/13/2018</u>					
Title / Date _____									
Customer PO # _____									
(Please attach copy of original PO)									
prepared by: Deb St.Yves									
FAX To: (800)947-3299 or Mail Purchase Order & Quote To: Philips Healthcare, Business Center, ms0400, 3000 Minuteman Road, Andover, MA 01810 (800)934-7372 opt 5									