

ADDENDUM

Following is an Addendum effective June 9, 2014, to that certain Service Agreement by and between Banner Health an Arizona Corporation d/b/a ENTECH ("Provider") and **GILA COUNTY DIVISION OF HEALTH AND COMMUNITY SERVICES** ("Customer"), effective October 1, 2013.

1. Exhibit "A" attached hereto is revised to include or delete the facilities and/or equipment.
2. Clinical equipment covered under the Agreement shall include those items listed in the attached Exhibit "B" inventories.
3. Service provided under the Agreement shall be invoiced in accordance with the annualized charges specified in Exhibit "A" and the terms specified in Item 5, Billable & Payment, of the original Service Agreement.
4. All other terms and provisions of the original Agreement shall remain in full force and effect.

Date: 6-12-14

Banner Health an Arizona Corporation
d/b/a ENTECH®
7300 West Detroit Street
Chandler, AZ 85226

By: Timothy Riehm
Its: Vice President Technology Management



Signature

Date: 7/2/14

Gila County Division of Health and Community
Services
1400 East Ash Street
Globe, AZ 85501

By: Don E. McDaniel, Jr.
Its: County Manager



Signature

EXHIBIT "A"

SERVICES AND FEES

This Exhibit is attached to and incorporated in that certain Services Agreement by and between Banner Health, an Arizona Corporation, d/b/a ENTECH ("Provider") and **GILA COUNTY DIVISION OF HEALTH AND COMMUNITY SERVICES** ("Customer").

Provider agrees to provide the Services for Customer's Equipment at the prices set forth below. Provider shall have the right to make annual adjustments to the fees in an amount not to exceed Five Percent (5%) by giving Customer thirty (30) days written notice.

- a. **Scheduled Maintenance Service.** As recommended by the Arizona Department of Health Services (ADHS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American College of Radiology (ACR), Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) and other licensing and accrediting agencies, periodic maintenance is scheduled to include:

- CLINICAL EQUIPMENT SERVICES**
ORIGINAL AGREEMENT DATED October 1, 2013
- All Scheduled Maintenance Labor Included in Annual Fee
 - Invasive/Non-Invasive Output Verification
 - Electrical Safety Inspection
 - Physical Inspection and Functional Check
 - Identification of Equipment Requiring Repair
 - Complete Service History Documentation
 - Overall Equipment Inventory by Cost Center
 - Scheduled Maintenance summary (each inspection)
 - Delinquent Scheduled Maintenance Report
 - Quarterly and Year-to-Date Service History Summaries

Location:	Inspection Frequency:	Annual Fee:
Globe 1400 E. Ash St. Globe, AZ 85501	Annual	\$ 910
Payson 107 W. Frontier St., Ste. A Payson, AZ	Annual	\$ 760

- AMENDED INJECTOR SERVICES AGREEMENT PER**
ADDENDUM DATED June 9, 2014

Location:	Inspection Frequency:	Annual Fee:
Globe 1400 E. Ash St. Globe, AZ 85501	Annual	\$ 810
Payson 107 W. Frontier St., Ste. A Payson, AZ	Annual	\$ 698

Demand Repair and Billable Services. Customer will be invoiced for labor, parts, shipping, and travel as incurred during demand repair. Damage (customer negligence, water and/or accidental), obsolescence, factory overhauls (e.g. refurbishments, upgrades, modifications), and special projects (e.g. installations/removals), are billed time and materials as incurred. All consumables (batteries, light bulbs, etc.) and parts required for scheduled maintenance are billable as incurred.

	<u>Normal Working Hours</u>	<u>After Hours</u>
Biomedical	\$ 100	\$ 150

- c. **Scheduling.** Scheduled Maintenance Services will be provided during Provider's normal working hours, 7:00 a.m. to 3:30 p.m., Monday through Friday, excluding holidays. Provider will provide Customer with a Schedule describing when Customer shall make the Equipment available for regular Scheduled Maintenance Service.
- d. **Response Time.** Four (4) hours is the maximum response time for returning calls. If the problem is determined by Provider to be a failure requiring on-site service, a Clinical Engineer will be dispatched. Provider provides on-site response within twenty-four (24) hours or less, Monday through Friday, and may be deferred to the next working day on weekends and holidays.
- e. **Authorized Customer Personnel.** At the time of execution of this Agreement, the following personnel are designated as the representatives of Customer who have been authorized to schedule maintenance, repairs and other services with Provider pursuant to this Agreement.
 - (1) Paula Horn*
 - (2) Sarah Chavez*

*** Primary Authorization Contact**

Provider shall use its best efforts to coordinate the services provided hereunder with the representative of Customer authorizing or requesting service, and said representative shall sign all authorizations or other documents required to be signed by Customer hereunder. Customer shall provide Provider with any changes in authorized personnel immediately, i.e., within three (3) business days. In any event, Customer agrees to pay Provider for emergency services provided hereunder in response to a request for service by any employee of Customer if Provider is unable to verify the request with an authorized representative named herein within the specified time for such emergency service.



Building GILA COUNTY HEALTH DEPT - GLOBE

GILA COUNTY HEALTH - GLOBE

ID #	Manufacturer	Model	Serial #	Description	Risk	Schedule	SM/YR
4107524	BELTONE	119	11B3745	AUDIOMETER	III	6/1/2015	12
4107526	UNICO	C856	0604124	CENTRIFUGE	III	7/1/2014	12
4107525	MEDTRONIC	LP500	33324198	DEFIBRILLATOR, EXTERNAL, AUTO.	I	7/1/2014	12
4105630	CROSLEY	WCC071F	09606394DK	FREEZER, LABORATORY	IV	7/1/2014	12
4137706	HEMOCUE	HB-20IDM	0508610010	HEMOGLOBINOMETER	III	7/1/2014	12
4107527	ADJUSTABLE FIXTURE	NONE	NONE	LIGHT, EXAMINATION	IV	7/1/2014	12
4131344	HELMER	HLR125	987340	REFRIGERATOR, LABORATORY	IV	7/1/2014	12
4107520	HELMER	HPR125	973942	REFRIGERATOR, PHARMACY	IV	7/1/2014	12
4110907	AVANTI	308	310851	REFRIGERATOR/FREEZER	IV	7/1/2014	12
4115702	SECA	700	5700211086454	SCALE, FLOOR	III	7/1/2014	12
4107519	CONTINENTAL			SCALE, INFANT	III	7/1/2014	12
4110906	MOORE MEDICAL	5150	H-90124	TABLE, EXAMINATION/TREATMENT	III	7/1/2014	12
4131343	S & S X-RAY PRODUCTS	460D2	F4	VIEW BOX, X-RAY	IV	7/1/2014	12

Building GILA COUNTY HEALTH DEPT - PAYSON

GILA COUNTY HEALTH - PAYSON

ID #	Manufacturer	Model	Serial #	Description	Risk	Schedule	SM/YR
4107115	MAICO	MA 27	20576	AUDIOMETER	III	5/1/2015	12
4107118	UNICO	C856	0603188	CENTRIFUGE	III	5/1/2015	12
4107117	PHYSIO-CONTROL	LP500	33324201	DEFIBRILLATOR, EXTERNAL, AUTO.	I	5/1/2015	12
4107121	SEARS	25314502102	WB51127384	FREEZER	IV	5/1/2015	12
4107120	TRUE INC	T-23	AEA4440YXA	REFRIGERATOR	IV	5/1/2015	12
4107119	AVANTI	310SST	A5W2067178B20053	REFRIGERATOR/FREEZER	IV	5/1/2015	12
4107116	HEALTHOMETER	400		SCALE, FLOOR	III	5/1/2015	12
4107125	HEALTHOMETER			SCALE, INFANT	III	5/1/2015	12
4107124	AMERICAN DIAGNOSTIC CORP	HANDHELD	04154671	SPHYGMOMANOMETER	IV	5/1/2015	12
4152096	TERUMO MEDICAL CORP	ELEMANO	2012K14145	SPHYGMOMANOMETER	IV	5/1/2015	12