

Northern Inyo County Local Hospital District

Board of Directors Regular Meeting

Wednesday December 8 2010; 5:30pm

Board Room Northern Inyo Hospital

DRAFT AGENDA

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT BOARD OF DIRECTORS MEETING

December 8, 2010 at 5:30 P.M. In the Board Room at Northern Inyo Hospital

- 1. Call to Order (at 5:30 P.M.).
- 2. Opportunity for members of the public to comment on any items on this Agenda.
- 3. Approval of minutes of the October 20 2010 regular meeting.
- 4. Financial and Statistical Reports for the months of September and October 2010; John Halfen.
- 5. Administrator's Report; John Halfen.
 - A. Building Update

C. Other

- B. Security Reports
- 6. Chief of Staff Report; Helena Black, M.D..
 - A. Medical Staff reappointments and reprivileging (action items).
 - B. Policy and procedure approvals (action items).
 - C. Rural Health Clinic Physician Assistant Credentialing (action item).
 - D. Other
- 7. Old Business
 - A. Pioneer Medical Associates partnership interest purchase (action item).
- 8. New Business
 - A. Construction Change Order Requests #69; #75; #79; #84; #86; #88; #89; #91; #92; #93; and #95 (action items).
 - B. Turner Construction donation to NIH Foundation.
 - C. EKG Contract renewals for Vasuki Sittampalam, M.D.; Nickoline Hathaway, M.D.; and James Richardson, M.D. (action items).
 - D. Payroll Policies (action items):
 - 1. Pay date change
 - 2. Mandatory direct deposit
 - E. Hematology Analyzer Purchase (action item).
 - F. Final McKesson cost / contract (action item).
 - H. Board officer annual elections (action item).
 - I. Acquisition of PenRad mammography software (action item).

- 9. Reports from Board members on items of interest.
- 10. Opportunity for members of the public to comment on any items on this Agenda, and/or on any Items of interest.
- 11. Adjournment to closed session to:
 - A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
 - B. Confer with legal counsel regarding action filed by John Nesson M.D. against Northern Inyo County Local Hospital District and other Defendants (Government Code Section 54956.9(a)).
 - C. Confer with legal counsel regarding action filed by Stephen Johnson and Elizabeth Monahan-Johnson against Northern Inyo County Local Hospital District and other Defendants (Government Code Section 54956.9(a)).
- 12. Return to open session, and report of any action taken in closed session.
- 13. Opportunity for members of the public to address the Board of Directors on items of interest.
- 14. Adjournment.

THIS SHEET

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CALL TO ORDER

The meeting was called to order at 5:30 p.m. by Peter Watercott,

President.

PRESENT

Peter Watercott, President

John Ungersma, M.D., Vice President

M.C. Hubbard, Secretary Denise Hayden, Treasurer D. Scott Clark, M.D., Director

ALSO PRESENT

John Halfen, Administrator

Douglas Buchanan, District Legal Counsel

Helena Black, M.D., Chief of Staff

Sandy Blumberg, Administration Secretary

PUBLIC COMMENTS ON THE AGENDA Mr. Watercott asked if any members of the public wished to address the Board on any items listed on the agenda for this meeting. No comments

were heard.

MINUTES

The minutes of the September 15 2010 regular meeting were approved.

REPLACE CORE INFORMATION TECHNOLOGY SYSTEM Mr. Watercott stated agenda item G listed under New Business on this agenda; *Possible Replacement of the Hospital's Core Information Technology System*; would be discussed at this time in order to allow individuals present only for this discussion to leave afterward if they wish.

Mr. Halfen stated hospital management began looking into the possibility of replacing its core Information Technology (IT) system two years ago when its current vendor Quadramed informed customers they would not continue to support parts of their system in the future. After reviewing Quadramed's plans for surgery scheduling and other vital hospital operations, it became apparent that their products will become more expensive yet less appropriate to meet the needs of Northern Invo Hospital (NIH) in the future. Administration also became aware that federal 'meaningful use' dollars will be available to hospitals that embrace electronic health records and electronic health record exchange: so management began looking at those products and vendors most likely to meet NIH's Hospital Information System (H.I.S.) needs. Following 18 months of extensive research; vigorous examination of the products available; site visits; and following consultation with HIS Pros Consultants; the decision has been narrowed to two vendors, which are McKesson and Meditech Corporations. IT Director Adam Taylor called attention to department head/user questionnaires filled out by NIH employees who were part of the selection process; and upon review of employee input the clear front-runner at this time is McKesson (with few dissenting opinions). Mr. Taylor also noted McKesson's implementation

schedule and timeline is far superior to Meditech's, and McKesson should be able to install their product well in advance of the deadline to meet meaningful use funding requirements. Representatives from McKesson were on hand to answer any questions Board members and others present may have. Following an in-depth discussion of the selection process and upon making the determination that due diligence was done in the selection process; it was moved by Denise Hayden, seconded by M.C. Hubbard, and passed to approve McKesson Corporation to be the hospitals' new HIS vendor as recommended. D. Scott Clark, M.D. noted his vote was made with reservation due to his concerns that a possibility exists that the hospital may not receive the meaningful use dollars it is expecting. Doctor Ungersma stated his feeling that it is extremely important to ensure that the new system is one approved by the Office of the National Coordinator.

FINANCIAL AND STATISTICAL REPORTS

Mr. Halfen called attention to the financial and statistical reports for the month of August 2010. He noted the statement of operations shows a bottom line excess of revenues over expenses of \$708,166. Mr. Halfen additionally called attention to the following:

- Inpatient service revenue was under budget and outpatient service revenue was over budget
- Total expenses were under budget
- Salaries & wages and employee benefits expense were both under budget
- Professional Fees Expense was over budget
- The Balance Sheet showed no significant change
- Total net assets continue to grow
- Year-to-date net income totals \$1,073,725

Mr. Halfen noted the balance sheet shows a decline in short term investments due to the fact that assets are being liquidated in order to help fund the hospital rebuild project. Revenue was down during the month of August, however interim payments began coming in from Medicare and Medical. The expense side of the income statement shows no notable change, and total expenses are on track with the annual budget at this time. Following review of the information provided it was moved by John Ungersma, M.D., seconded by Doctor Clark, and passed to approve the financial and statistical reports for the month of August as presented.

ADMINISTRATOR'S REPORT

CHANGE OF PAYDAY

Mr. Halfen informed the Board at the next regular meeting he may ask for Board approval to change the hospital employee pay schedule from every other Thursday to every other Friday. At this time he is introducing the concept to measure the reactions of employees and of the Board, and he will present more information on this topic at the December meeting. Mr. Halfen noted most employers pay on Friday, and this change would help to maximize the hospital's cash float over payday weekends. He also suggested the possibility of making direct deposit mandatory for hospital

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employees in order to ease internal accounting; however Ms. Hubbard noted this may not be feasible if some employees do not have the ability to open a bank account.

BUILDING UPDATE

John Hawes with Turner Construction Company reported in spite of rain delays the hospital rebuild project is still running on schedule at this time. To prevent further weather delays during winter months the new building will be encased in plastic then is scheduled to go through a drying process on December 2nd. During cold weather the structure will be heated to allow construction to continue on schedule, and in April of 2011 the plastic will be removed to reveal a building well on its way to completion. Mr. Hawes also noted that without the hard work of Kevin Boots and RBB Architects, the project would not be progressing in a timely manner.

CHIEF OF STAFF REPORT

Chief of Staff Helena Black, M.D. reported following careful review by the appropriate committees the Medical Staff recommends approval of the following Rural Health Clinic (RHC) protocol and procedure:

- 1. Physician Assistant Protocol: Medication/Device Policy for RHC P.A.s
- 2. Nurse Practitioner Standardized Procedure: Furnishing Medications/Devices Policy for RHC NP's

It was moved by Ms. Hubbard, seconded by Doctor Ungersma, and passed to approve the RHC policy and the RHC protocol as presented.

Doctor Black also reported following careful review by the appropriate Medical Staff committees, she is pleased to request Board approval to grant privileges to RHC Physician Assistant Sarah Starosta. It was moved by Doctor Clark, seconded by Ms. Hubbard, and passed to approve privileges for Sarah Starosta. P.A. as requested.

Doctor Black also reported the Medical Staff has received and recommends accepting the resignations of the following Medical Staff members:

- 1. Donna McAuley, RN, FNP, CNM
- 3. Sudhir Kakarla, M.D.
- 2. Marilou Terpenning, M.D.
- 4. William Carter, D.D.S.

It was moved by Doctor Clark, seconded by Ms. Hayden, and passed to accept the resignations the four Medical Staff members as requested.

Doctor Black also reported the Medical Executive Committee recommends a change be made to the Medical Staff bylaws to include the Chief of Emergency Service as a member of the Medical Executive Committee. It was moved by Doctor Ungersma, seconded by Ms. Hayden, and passed to approve the change to the Medical Staff bylaws as requested.

Doctor Black also reported as an informational item only that Jennie Walker, M.D. has replaced Carolyn Tiernan, M.D. as Chief of Emergency

OLD BUSINESS

Service. She additionally noted the hospital's Continuing Medical Education (CME) accreditation will be recertified during the month of November, and the Medical Staff will be taking over the CME accreditation process.

VALLEY EMERGENCY PHYSICIANS AGREEMENT Mr. Halfen called attention to a proposed agreement for Emergency Department Physician services submitted by Valley Emergency Physicians. The proposed contract was submitted at the last regular meeting but was tabled to this meeting to allow changes to be made to the agreement. Doctor Black commented that NIH's Emergency Department physicians feel Valley is making an attempt to address their needs and concerns, and the agreement being presented at this time is acceptable to the physician group. District Legal Counsel Douglas Buchanan recommended a change be made to the wording of section 11.2 item E allowing for removal of a provider for "being convicted of a crime". Mr. Buchanan recommends the section be changed to read that a provider may be removed for being "convicted of a crime other than an infraction", and explained his reasoning for the change. Following review of the agreement presented it was moved by Doctor Ungersma, seconded by Ms. Hubbard, and passed to approve the agreement with Valley Emergency Physicians; with the change being made to section 11.2 item E; and with other minor housekeeping changes being made as suggested by Mr. Buchanan.

MEDICAL/DENTAL/ VISION RATE INCREASE Mr. Halfen called attention to a proposal for a 2% increase to the rate charged to employees for Medical, Dental, and Vision coverage, due to the fact that premium increases have not been passed on to employees since 2006. This agenda item was tabled from the last regular meeting due to the lack of a quorum. Mr. Halfen noted the increase for employees will be minimal and that the cost of medical coverage for many employees has decreased significantly due to the change to 340B pricing for employee prescriptions. It was moved by Doctor Clark, seconded by Ms. Hubbard, and passed to approve the 2% increase to the employee contribution for medical, dental, and vision coverage as requested, with Ms. Hayden and Mr. Watercott abstaining from the vote.

PIONEER MEDICAL ASSOCIATES PARTNERSHIP INTEREST PURCHASE Mr. Halfen asked that discussion of the possible Pioneer Medical Associates partnership interest purchase be tabled to the next regular meeting of the District Board in order to allow for changes to be made to the proposed agreement.

PATHOLOGY AGREEEMENT WITH KENNETH SAEGER Mr. Halfen called attention to a proposed Pathology and Clinical Laboratory Service Agreement with Kenneth Saegar, M.D.. The agreement was presented at a previous meeting but was tabled in order to allow Doctor Saegar to address concerns regarding one of the Arcadia Pathology Group physicians who provides services. Following review

NEW BUSINESS

CONSTRUCTION CHANGE ORDER REQUESTS

and discussion by the Medical Executive Committee the proposed agreement constitutes a six month extension of the previous contract in order to allow Dr. Saeger to deal with the physician concerns in question. Following brief discussion it was moved by Doctor Clark, seconded by Doctor Ungersma, and passed to approve the six month extension of the agreement for the Pathology and Clinical Laboratory Services of Kenneth Saegar, M.D. as recommended.

Kathy Sherry with Turner Construction Company presented the following construction change orders for the review and consideration of the Board:

- 1. COR 54: \$381,454 for door hardware and access control
- 2. COR 58: \$372,952 for permit documents (addendum 5)
- 3. COR 63: \$36,753 for edge of slab coordination
- 4. COR 67: (\$344,559) credit for Value Engineering, for electrical and fireproofing work
- 5. COR 68: \$2,901 for interior lighting
- 6. COR 70: \$128,358 for central plant domestic hot water return loop
- 7. COR 71: \$107,050 for security system and cameras
- 8. <u>COR 72</u>: \$27,433 for additional conduit for Southern California Edison

Ms. Sherry detailed the need for each change order and noted the combined cost of the COR's will be \$712,342. The changes needed are a combination of design changes; rebids; improvements and upgrades; and additional permits that are needed. Following review of the information provided it was moved by Doctor Clark, seconded by Ms. Hayden, and passed to approve all eight construction change orders as recommended.

ANESTHESIA CONTRACT RENEWALS

Mr. Halfen called attention to proposed General Anesthesia Co-Medical Director and Professional Services Agreements with J. Daniel Cowan, M.D., and Curtis Schweizer, M.D.. Mr. Halfen noted the proposed agreements allow for a 5% increase to physician compensation, due to the fact that the doctors' current compensation rate is well below the average for anesthesiologists. Although a larger increase would be needed in order to bring the doctors up to the median range, Doctors Cowan and Schweizer have agreed to accept only a 5% increase. Mr. Halfen also noted that a behavioral agreement has been added to both the physician contracts. Following review of the proposed agreements it was moved by Doctor Ungersma, seconded by Ms. Hayden, and passed to approve the General Anesthesia Co-Medical Director Agreements with Doctors Schweizer and Cowan as recommended.

POLICY & PROCEDURE MANUAL APPROVALS

Mr. Halfen called attention to the following Policy and Procedure manuals which were on hand for the review and approval of the Board:

- 1. EKG
- 3. Surgery Lithotripsy Service
- 2. Dietary
- 4. Language Services

It was moved by Ms. Hubbard, seconded by Ms. Hayden, and passed to approve all four policy and procedure manuals as presented.

SECURITY AGREEMENT RENEWALS

Mr. Halfen also called attention to a Security Agreement renewal for Chris Nelsen, which contained no changes from the previous agreement. It was moved by Ms. Hubbard, seconded by Ms. Hayden, and passed to approve the Security Agreement with Chris Nelsen as recommended.

Mr. Halfen also requested authority to renew future Security Agreements if a change of date is the only change that is needed. It was moved by Doctor Ungersma, seconded by Doctor Clark and passed allow Mr Halfen to approve security contract renewals with only date changes needed.

POSSIBLE DISTRICT NAME CHANGE

Mr. Halfen called attention to a correspondence received from District Legal Counsel Doug Buchanan recommending a possible change of the name "Northern Inyo County Local Hospital District", to "Northern Inyo County Local Healthcare District". Following discussion of the pros and cons of a name change, and it was determined that although the change may be appropriate it may also cause a great deal of work to be needed in regard to changing District titles; holdings; contracts; bond issues; tax reporting; letterhead, etc.. Following further discussion it was decided that the Hospital District name will remain unchanged at this time.

BOARD MEMBER REPORTS

Mr. Watercott asked if any members of the Board of Directors wished to report on any items of interest. Doctor Ungersma reported that Senate Bill 726 was not put into law; and it appears California will remain one of only five states in the country in which hospitals do not have the ability to employ physicians. Doctor Clark stated that as acting head of Radiology Services he would like to commend Radiology Director Patty Dickson on the excellent job she has done on scheduling; employee achievement; and on maintaining contracts in a manner that has saved NIH a significant amount of money. Mr. Watercott also stated that although he was out of the area on August 9 2010, after hearing countless reports of the excellent handling of the multi-vehicle accident on Highway 395 by NIH staff, he is humbled and honored to be associated with this hospital.

OPPORTUNITY FOR PUBLIC COMMENT

In keeping with the Brown Act, Mr. Watercott again asked if any members of the public wished to comment on any items listed on the agenda for this meeting, or on any items of interest. Rick Casa with Turner Construction Company stated Turner will hold a barbeque for hospital employees the Tuesday before Thanksgiving, and a raffle will be held to raise funds for the NIH Foundation. Mr. Watercott also mentioned the possibility of the NIH Foundation hosting a "Hard Hat Hootenany" (in place of the annual "Groundhog A-Go-Go") to raise funds for the Foundation, and he suggested that perhaps the event could be held inside the plastic encased structure of the new hospital building. Mr. Casa stated

Peter Watercott, President

M.C. Hubbard, Secretary

Attest:

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BUDGET VARIANCE ANALYSIS

Sep-10 PERIOD ENDING

In the month, NIH was

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-24% under budget in IP days;

( -0.10%) under in IP Revenue and
( -9.1%) under in OP Revenue resulting in

(718,046) ( -9.4%) under in gross patient revenue from budget &
(218,470) ( -4.7%) under in net patient revenue from budget
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Total Expenses were:

\$ (115,242) (-2.5%)	under budget. Wages and Salaries were
\$ (121,862) (-7.6%)	under budget and Employee Benefits
\$ 10,836 (1.1%)	over budget.
\$ (85,020)		of other income resulted in a net loss of
\$ (2,772)	\$ (200,194)	over budget.

The following expense areas were over budget for the month:

\$ 10,836	1%	Employee Benefits
\$ 28,239	8%	Professional Fees
\$ 35,998	13%	Depreciation Expense

Other Information:

	39.06%	Contractual Percentages for month
	38.65%	Contractual Percentages for Year
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Special Notes:

Prior Year Adjustment was write off of 3rd party liability recorded for 2006 Medi-Cal after settlement.

Balance Sheet September 30, 2010

	Current Month	Prior Month	FYE 2010
Current assets:			
Cash and cash equivalents	140,996	710,337	5,736
Short-term investments	29,236,787	28,041,829	30,262,716
Assets limited as to use	244,209	2,317,438	5,587,596
Plant Expansion and Replacement Cash	5,469	1,946,040	2,099,904
Other Investments (Partnership)	971,107	971,107	971,107
Patient receivable, less allowance for doubtful			
accounts \$563,265	8,791,156	8,500,694	7,953,621
Other receivables (Includes GE Financing Funds)	1,557,656	1,472,987	424,259
Inventories	2,375,771	2,372,602	2,378,072
Prepaid expenses	1,250,168	1,257,664	1,143,283
Total current assets	44,573,318	47,590,699	50,826,294
Assets limited as to use:			
Internally designated for capital acquisitions	749,731	749,698	745,008
Specific purpose assets	982,117	981,998	966,724
• • •	1,731,848	1,731,696	1,711,732
Revenue bond construction funds held by trustee	5,665,794	6,829,105	7,541,783
Less amounts required to meet current obligations	244,209	2,317,438	5,587,596
Net Assets limited as to use:	7,153,433	6,243,363	3,665,918
Long-term investments	2,824,834	2,824,834	2,824,834
Property and equipment, net of accumulated	51 208 825	40.062.210	47 655 505
depreciation and amortization	51,208,825	49,962,219	47,655,595
Unamortized bond costs	998,707	1,003,334	1,012,587
Total assets	106,759,116	107,624,448	105,985,228

Balance Sheet September 30, 2010

Liabilities and net assets

Liuditiles and het assets			
	Current Month	Prior Month	FYE 2010
Current liabilities:			
Current maturities of long-term debt	968,360	1,030,320	1,188,561
Accounts payable	582,729	687,797	952,032
Accrued salaries, wages and benefits	3,023,856	3,672,346	3,275,053
Accrued interest and sales tax	888,621	715,461	560,578
Deferred income	431,380	473,944	48,296
Due to third-party payors	2,446,608	2,620,055	2,616,629
Due to specific purpose funds	-	-	-
Total current liabilities	8,341,553	9,199,923	8,641,148
Long-term debt, less current maturities	49,020,816	49,020,816	49,020,816
Bond Premium	1,416,447	1,420,790	1,429,475
Total long-term debt	50,437,264	50,441,606	50,450,292
Net assets:			
Unrestricted	46,998,183	47,000,921	45,927,064
Temporarily restricted	982,117	981,998	966,724
Total net assets	47,980,300	47,982,919	46,893,788
Total liabilities and net assets	106,759,116	107,624,448	105,985,228

Statement of Operations
As of September 30, 2010

			MTD	MTD			YTD	YTD	
	MTD	MTD		Variance		YTD		Variance	
•	Actual	Budget	Variance \$	%	YTD Actual	Budget	Variance \$	%	Prior YTD
Unrestricted revenues, gains and									
other support:								•	
In-patient service revenue:									
Routine	452,160	634,879	(182,719)	(28.8)	1,569,321	1,946,965	(377,644)	(19.4)	1,768,073
Ancillary	2,012,489	2,104,074	(91,585)	(4.4)	5,663,290	6,452,508	(789,218)	(12.2)	5,832,339
Total in-patient service revenue	2,464,649	2,738,953	(274,304)	(0.10)	7,232,611	8,399,473	(1,166,862)	-13.9%	7,600,411
Out-patient service revenue	4,449,153	4,892,894	(443,741)	(9.1)	14,634,612	15,004,886	(370,274)	(2.5)	14,969,427
Gross patient service revenue	6,913,801	7,631,847	(718,046)	(9.40)	21,867,223	23,404,359	(1,537,136)	(6.6)	22,569,838
Less deductions from patient service revenue:									
Patient service revenue adjustments	39,162	145,324	106,162	73.1	306,890	445,662	120 772	21.1	557 710
Contractual adjustments	2,648,655	2,824,832	176,177	6.2	8,057,665	8,662,814	138,772 605,149	31.1 7.0	557,710 8,098,655
Prior Period Adjustments	(217,238)	2,024,032	217,238	100.0	(611,480)	6,002,614	611,480	100.0	(7,633)
Total deductions from patient	(217,230)	-	217,230	100.0	(011,400)	 -	011,700	100.0	(1,033)
service revenue	2,470,580	2,970,156	499,576	16.8	7,753,075	9,108,476	1,355,401	14.9	8,648,732
Net patient service revenue	4,443,221	4,661,691	(218,470)	-5%	14 114 140	14 205 002	(101 775)	10/	12 021 105
Net patient service revenue	4,443,221	4,001,091	(210,470)	-376	14,114,148	14,295,883	(181,735)	-1%	13,921,105
Other revenue	33,771	30,925	2,846	9.2	120,079	94,835	25,244	26.6	88,338
Transfers from Restricted Funds for									
Other Operating Expenses	80,224	78,618	1,606	2.0	240,672	241,094	(422)	(0.2)	193,998
Total Other revenue	113,995	109,543	4,452	4.1	360,752	335,929	24,823	7.4	282,336
Total revenue, gains and other									
support	4,557,217	4,771,234	(214,017)	4.1	14,474,900	14,631,812	(156,912)	7.4	14,203,441
Expenses:	1 400 541	1 (10 402	101.070	5 (4 504 501	1.000.505	044.854		
Salaries and wages	1,488,541	1,610,403	121,862	7.6	4,594,291	4,938,565	344,274	7.0	4,438,924
Employee benefits Professional fees	1,007,876	997,040	(10,836)	(1.1)	2,878,636	3,057,596	178,960	5.9	2,749,337
Supplies	385,750 528,671	357,511 555,811	(28,239)	(7.9)	1,191,963	1,096,363	(95,600)	(8.7)	1,278,273
Purchased services	528,671 206,598	251,069	27,140 44,471	4.9 17.7	1,271,072	1,704,497	433,425	25,4	1,571,119
Depreciation	323,669	287,671	(35,998)	(12.5)	724,952 967,270	769,947	44,995	5.8	679,182
Interest	107,088	102,678	(4,410)	(4.3)	288,071	882,191 314,878	(85,079) 26,807	(9.6) 8.5	666,180 324,285
Bad debts	229,974	216,171	(13,803)	(6.4)	698,399	662,925	(35,474)	(5.4)	566,453
Other	196,800	211,857	15,057	7.1	734,248	649,691	(84,557)	(13.0)	640,753
Total expenses	4,474,969	4,590,211	115,242	2.5	13,348,903	14,076,653	727,750	5.2	12,914,506
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	110,212		10,0 10,2 00	* 1,070,000	121,130	J.2	12,711,500
Operating income (loss)	82,248	181,023	(98,775)	1.6	1,125,997	555,159	570,838	2.2	1,288,935
Other income:									
District tax receipts	42,565	43,112	(547)	(1.3)	127,694	132,210	(4,516)	(3.4)	131,133
Interest	(22,199)	15,914	(38,113)	(239.5)	93,753	48,804	44,949	92.1	138,772
Other	2,688	4,797	(2,109)	(44.0)	17,958	14,709	3,249	22.1	8,528
Grants and Other Non-Restricted									
Contributions	9,100	5,208	3,892	74.7	38,001	15,972	22,029	137.9	36,963
Partnership Investment Income	-	u	-	N/A		-	-	-	-
Net Medical Office Activity	(117,174)	(52,632)	(64,542)	(618.4)	(332,451)	(161,412)	(171,039)	(106.0)	(83,709)
Total other income, net	(85,020)	16,399	(101,419)	(618)	(55,044)	50,283	(105,327)	(209.5)	231,686
Excess (deficiency) of revenues	(0.770)	107 400	(200.104)	(101)	1.070.070	(05.440	465 555		1 500 600
over expenses	(2,772)	197,422	(200,194)	(101)	1,070,953	605,442	465,511	76.9	1,520,622
Contractual Percentage	39.06%	41.75%			38.65%	41.75%			40.83%

NORTHERN INYO HOSPITAL Statement of Operations--Statistics

	2010
	30,
,	of September
	As

	Month Actual	Month Budget	Month	Variance Percentage	YTD Actual	YTD Budget	Year Variance	Year Percentage	r tage
Operating statistics: Beds	25	25	4 /Z	N/A	25	25	V/N	A/N	
Patient days	196	258	(62)	0.76	641	792	(151)	_	0.81
Maximum days per bed capacity	750	750	N/A	N/A	2,300	2,300	N/A	N/A	
Percentage of occupancy	26.13	34.40			27.87	34.43).81
Average daily census	6.53	8.60	(2.07)	0.76	6.97	8.61	(1.64)	U).81
Average length of stay	2.51	3.15	(0.63)	0.80	2.93	3.14	(0.22)	Û	0.93
Discharges	78	82	(4)	0.95	219	252	(33)		1
Admissions	75	82	(L)	0.91	219	252	(33)		1
Gross profit-revenue depts.	4,406,272	4,994,139	(587,867)	0.88	14,528,717	15,315,375	(786,658)	•	0.95
Percent to gross patient service revenue: Deductions from patient service revenue and bad									
debts	39.06	41.75	(2.69)	0.94	38.65	41.75	(3.10)	0	0.93
Salaries and employee benefits	35.99	34.11	1.88	1.06	34.13	34.11	0.05		00.1
Occupancy expenses	6.50	5.42	1.08	1.20	6.22	5.42	0.80		1.15
General service departments	6.42	5.54	0.88	1.16	5.81	5.54	0.27		1.05
Fiscal services department	5.84	5.11	0.73	1.14	5.34	5.11	0.23	_	1.05
Administrative departments	4.70	5.11	(0.41)	0.92	5.27	5.11	0.16	1	1.03
Operating income (loss)	(0.93)	0.85	(1.78)	(1.09)	3.09	0.85	2.24	(')	3.64
Excess (deficiency) of revenues over expenses	(0.04)	2.59	(2.63)	(0.02)	4.90	2.59	2.31	_	1.89
Payroll statistics:									
Average hourly rate (salaries and benefits)	44.87	46.12	(1.24)	0.97	43.79	47.14	(3.35)	Û	0.93
Worked hours	46,616.68	47,764.00	(1,147.32)	0.98	144,850.45	146,464.00	(1,613.55)		66'0
Paid hours	55,449.91	56,447.00	(60.766)	0.98	170,403.92	169,341.00	1,062.92	_	1.01
Full time equivalents (worked)	271.03	279.32	(8.29)	0.97	276.43	278.98	(2.55))	66'0
Full time equivalents (paid)	322.38	330.10	(7.72)	0.98	325.20	322.55	2.64	_	1.01

Statements of Changes in Net Assets

As of September 30, 2010

	Month-to-date	Year-to-date
Unrestricted net assets:		
Excess (deficiency) of revenues over expenses	(2,771.72)	1,070,953.17
Net Assets due/to transferred from unrestricted	-	(4,557.74)
Interest posted twice to Bond & Interest	-	•
Net assets released from restrictions		
used for operations	-	-
Net assets released from restrictions		
used for payment of long-term debt	(80,224.16)	(240,672.48)
Contributions and interest income	33.26	4,723.10
Increase in unrestricted net assets	(82,962.62)	830,446.05
Temporarily restricted net assets:		
District tax allocation	-	-
Net assets released from restrictions	-	-
Restricted contributions	-	15,274.00
Interest income	119.22	119.23
Net Assets for Long-Term Debt due from County	80,224.16	240,672.48
Increase (decrease) in temporarily restricted net assets	80,343.38	256,065.71
Increase (decrease) in net assets	(2,619.24)	1,086,511.76
Net assets, beginning of period	47,982,919.04	46,893,788.04
Net assets, end of period	47,980,299.80	47,980,299.80

Statements of Cash Flows

As of September 30, 2010

	Month-to-date	Year-to-date
Cash flows from operating activities:		
Increase (decrease) in net assets	(2,619.24)	1,086,511.76
Adjustments to reconcile excess of revenues	•	
over expenses to net cash provided by		
operating activities: (correcting fund deposit)		
Depreciation	323,668.88	967,269.72
Provision for bad debts	229,974.26	698,399.37
Loss (gain) on disposal of equipment	(61.55)	703.45
(Increase) decrease in:		
Patient and other receivables	(605,104.97)	(2,669,331.40)
Other current assets	4,327.84	(104,583.69)
Plant Expansion and Replacement Cash	1,940,571.58	2,094,435.50
Increase (decrease) in:		
Accounts payable and accrued expenses	(622,962.81)	90,626.92
Third-party payors	(173,447.00)	(170,021.76)
Net cash provided (used) by operating activities	1,094,346.99	1,994,009.87
Cash flows from investing activities:		
Purchase of property and equipment	(1,570,274.98)	(4,520,499.16)
Purchase of investments	(1,194,958.17)	1,025,928.34
Proceeds from disposal of equipment	61.55	(703.45)
Net cash provided (used) in investing activities	(2,765,171.60)	(3,495,274.27)
r		(0,100,271121)
Cash flows from financing activities:		
Long-term debt	(66,302.70)	(233,228.43)
Issuance of revenue bonds	1,163,311.82	1,875,988.91
Unamortized bond costs	4,626.77	13,880.31
Increase (decrease) in donor-restricted funds, net	(152.48)	(20,116.33)
Net cash provided by (used in) financing activities	1,101,483.41	1,636,524.46
Increase (decrease) in cash and cash equivalents	(569,341.20)	135,260.06
Cash and cash equivalents, beginning of period	710,337.18	5,735.92
Cash and cash equivalents, end of period	140,995.98	140,995.98

Northern Inyo Hospital Summary of Cash and Investment Balances Calendar Year 2010

Operations Checking Account

Time Deposit Month-End Balances

Month	Balance at Beginning of Month	f Deposits	Disbursements	Balance at End of Month	Investment Operations Fund	Bond and Interest Fund	Equipment Donations Fund	Childrens Fund	Scholarship Fund	Tobacco Settlement Fund	Total Revenue Bond Funds	General Obligation Bond Fund
January	4,462,389	6,137,876	6,469,248	4,131,017	27,112,118	796,335	26,233	2,640	17,472	632,052	750,421	2,793,443
February	4,131,017	5,265,638	6,258,389	3,138,266	27,557,615	796,335	26,233	2,640	4,472	632,076	797,897	1,941,057
March	3,138,266	6,113,051	6,461,223	2,790,095	28,079,592	796,335	26,236	2,640	4,474	718,431	806,520	1,941,078
April	2,790,095	7,447,491	9,025,365	1,212,221	29,980,448	410,678	26,236	2,640	4,474	718,458	10,978,230	1,941,094
Мау	1,212,221	5,617,293	7,530,678	(701,164)	29,528,268	960,093	26,236	2,640	4,574	718,486	11,025,753	1,941,110
June	(701,164)	(701,164) 10,880,268	10,090,323	88,781	33,086,873	960,184	26,490	2,640	3,824	718,518	7,897,886	1,941,127
July	88,781	88,781 10,753,454	10,191,339	650,897	32,112,550	960,184	26,490	2,640	3,824	723,106	6,720,131	1,941,143
August	650,897	5,605,016	5,416,671	839,242	30,865,987	960,184	26,590	2,814	18,924	723,138	7,183,224	1,941,159
September	839,242	29,826,128	30,427,218	238,152	32,060,945	960,301	26,593	2,814	18,926	723,168	5,665,915	588
Prior Year October	1,870,988	6,700,748	6,690,198	1,881,538	29,097,832	34,292	26,230	2,639	17,470	631,949	978,365	8,074,772
November	1,881,538	1,881,538 14,574,637	14,781,591	1,674,584	28,603,006	34,292	26,230	2,639	17,470	631,999	1,045,102	6,395,453
December	1,674,584	9,083,464	6,295,659	4,462,389	26,778,789	34,310	26,233	2,640	17,472	632,026	702,945	4,657,307
Notes: Rev	renue Bond Fu	sepnloui pur	Notes: Revenue Bond Fund includes 2010 Revenue Bond	Ď								

	Investme	Investments as of September 30, 2010	tember 30, 2	010	
Institution properties of the contract of the	Certificate ID	Purchase Dt	Maturity Dt Principal		YTM Broker
Financial Northeastern Money Market	GMBXX	02-Aug-10	01-0ct-10	\$1,542,687	0.50% Financial Northeaster Corp.
LAIF (Walker Fund)	20-14-002	02-Sep-10	02-0ct-10	\$318,364	0.50% Northern Inyo Hospital
Union Bank of CA Money Market	2740028807	02-Sep-10	01-Oct-10	\$4,611	0.11% Northern Inyo Hospital
United States Treasure Note-MBS	912828JP6	10-Sep-10	31-Oct-10	\$2,003,980	0.06% Multi-Bank Service
United States Treasure Note-FNC	912828JS0	10-Nov-09	30-Nov-10	\$4,038,750	0.33% Financial Northeaster Corp.
United States Treasure Note-MBS	912828JS0	01-Sep-10	30-Nov-10	\$2,005,080	0.10% Multi-Bank Service
Worlds Foremost Bank (FNC CD)	5X42688	18-Dec-08	18-Dec-10	\$100,000	4.40% Financial Northeaster Corp.
United States Treasure Note-MBS	912828JV3	08-Sep-10	31-Dec-10	\$2,004,760	0.11% Multi-Bank Service
United States Treasure Note-MBS	912828JY7	08-Sep-10	31-Jan-11	\$2,005,920	0.12% Multi-Bank Service
Santander Financial Issuances LTD	802813AE5	01-Mar-10	15-Feb-11	\$1,049,310	1.17% Multi-Bank Service
United States Treasure Note-MBS	912828KE9	08-Sep-10	28-Feb-10	\$1,003,594	0.12% Multi-Bank Service
United States Treasure Note-MBS	912828KE9	07-Sep-10	28-Feb-10	\$1,003,594	0.13% Multi-Bank Service
Atlantic Richfield	048825AV5	11-Jun-10	01-Mar-11	\$105,400	1.57% Multi-Bank Service
United States Treasure Note-MBS	912828KH2	07-Sep-10	31-Mar-10	\$2,007,820	0.18% Multi-Bank Service
United States Treasure Note-MBS	912828KL3	07-Sep-10	30-Apr-10	\$2,008,840	0.19% Multi-Bank Service
United States Treasure Note-MBS	912828KU3	03-Sep-10	31-May-10	\$2,009,860	0.21% Multi-Bank Service
United States Treasure Note-MBS	912828LF5	03-Sep-10	30-Jun-10	\$2,014,900	0.22% Multi-Bank Service
Total Short Term Investments	-			\$25,227,470	THE AMADEL .
United States Treasure Note-MBS	912828LG3	03-Sep-10	31-Jul-11	\$1,006,960	0.23% Multi-Bank Service
United States Treasure Note-MBS	912828LG3	02-Sep-10	31-Jul-11	\$1,006,960	0.23% Multi-Bank Service
United States Treasure Note-MBS	912828LV0	02-Sep-10	31-Aug-11	\$2,014,460	0.27% Multi-Bank Service
United States Treasure Note-MBS	912828LW8	02-Sep-10	30-Sep-11	\$1,763,230	0.30% Multi-Bank Service
Union National Bank & Trust CO-FNC	5127278	19-Oct-10	19-0ct-11	\$250,000	2.00% Financial Northeaster Corp.
Credit Suisse 1st	22541LAB9	02-Feb-10	15-Nov-11	\$541,865	1.36% Multi-Bank Service
First Republic Bank-Div of BOFA	5L28639	20-May-10	20-May-13	\$150,000	2.40% Financial Northeaster Corp.
First Republic Bank-Div of BOFA	5L26838	20-May-10	20-May-15	\$100,000	3.10% Financial Northeaster Corp.
Total Long Term Investments		77,742,00		\$6,833,475	
Grand Total Investments				\$32,060,945	

Financial Indicators

	Target	Sep-10	Sep-10 Aug-10	Jul-10	Jun-10	May-10	Apr-10	1	Feb-10	Jan-10	Dec-10	Nov-09	Oct-09
Current Ratio	>1.5-2.0	5.34	5.17	5.00	5.88	4.84	4.95	4.34	5.42	5.65	6.01	5.99	6.10
Quick Ratio	>1.33-1.5	4.72	4.62	4.45	5.43	4.22	4.32	ì	4.87	5.09	5.45	5.41	5.53
Days Cash on Hand >75	>75	272.45	303.29	277.51	335.40	233.51	230.21	217.46	322.93	293.20	315.81	306.58	307.60

127 / 102 / 142 / 100 / 107 100 1017 / DISCH (W/NB) 109 / 113 / 106 118 105 / 113 979 96 102 / 116 / 108 / 126 80 263 337 235 뚪 225 272 216 2371 323 / 288 / 332 / 310 / 318 / 307 / PT DAYS (W/NB) 338 / 251 / 2787 278 338 278 406 294 / 317 / 345 / 330 / 2987 / 349 / 364 / 274 / 8 236 2122 254 194 206 237 304 209 231 291 196 5 291 / 270 / 273 / 268 / 247 7 96 / 281 / 2430 / 307 / 216 / PT DAYS (W/O NB) 245 245 359 318 / 241 / 316 / 258 / 7622 274 / 306 / 274 / 329 8 92 80 3 88 830 84 99 97 120 99 쮼 2 ADMITS (W/NB) 09 / 3,316 / 3,309 / 3,326 109 / 113 / 124 / 100 / 110 / 106 / 1013 / 123 / 113 96 100 141 112 / 114 / 986 / 108 / 128 / 112 / 66 119 / 107 88 3604 3424 3157 3352 3345 3502 29928 3421 3157 3066 OP REFERRALS / 09 / 3579 / 3268 / 3520 / 3319 / 29778 / 3424 / 3404 / 2988 3045 3241 3285 / 3611 / 3307 / 3145 / 3406 / 3388 / 3299 / 29843 / 3165 / 3237 80 628 5652 663 498 594 756 690 744 616 487 604 779 VISITS 09 / 708 5668 545 494 604 660 603 684 630 594 594 / 546 506 258 280 676 642 978 5250 583 573 띪 8 38 28 ĸ 47 37 39 33 38 4 338 48 / 37 / 5 40 / 376 / 42 34 / 46 / ADMITS 38 / 48 8 60 -/ 89 25 / 33 / 47 / 43 ~ 4 426 / 33 8 8 15 9 ŧ 윤 3 72 F 9 169 / 185 / 137 19 / 7 24 / 19 / 21 / 15 / 141 171 27 1 21 1 20 / 26 / 26 / 16 / 25 / 8 1 12 13 / 18 / 14 / / 80 116 119 125 115 146 117 101 ક 1032 25 121 129 / 107 / 127 / 111 / 153 / 121 140 / 122 / TOTAL 09 / 165 123 1155 / 1,159 128 / 151 / 103 / 132 / 147 / 155 / 114 / 139 86 90 89 92 2 88 97 802 95 82 104 77 ţ 91 66 86 82 / 2 92 / 116 129 ş 893 97 8 6 884 / 82 / 110 / 114 / 78 / 98 <u>چ</u> 120 106 90 56 24 42 27 27 20 7 28 230 10 36 / 7 34 7 62 MONTHLY AVERAGE 30 / 30 / 78 / 24 / 266 / 24 / \$ 8 92 ₾ 41 / 35 / 33 / 7 92 32 / 33 / 22 / 12. 8 89 DECEMBER CALENDAR YEAR 2 MONTHS 2010 SEPTEMBER NOVEMBER FEBRUARY JANUARY OCTOBER AUGUST MARCH APRIL

NORTHERN INYO HOSPITAL STATISTICS

NORTHERMINYOHOSPITAL DEPARTMENTAL NON-EMERGENCY OUTPATIENT VISITS

Northern Inyo Hospital Monthly Report of Capital Expenditures Fiscal Year Ending JUNE 30, 2010 As of SEPTEMBER 30, 2010

MONTH	
APPROVE	

APPROVED		
BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
FY 2008-09	Coagulation Analyzer	25,000
FY 2009-10	Platelet Function Analyzer	9,000
	Birch Street Probably Cleanup and Improvements	117,000
	PMA-IT Server Room Wiring Project	34,625
	MRI Upgrade	325,318 *
	Nexus VOIP Telephone System	958,776
	AMOUNT APPROVED BY THE BOARD IN PRIOR FISCAL YEARS	
	TO BE EXPENDED IN THE CURRENT FISCAL YEAR	1,469,719
FY 2010-11	Back-Up Battery for CT	22,950
	McKesson Paragon Hospital Information System Capital Fees Only	2,687,694
	AMOUNT APPROVED BY THE BOARD IN THE CURRENT FISCAL YEAR TO BE EXPENDED IN THE CURRENT FISCAL YEAR	2,710,644
	Amount Approved by the Board in Prior Fiscal Years to be Expended in the Current Fiscal Year	1,144,401
	Amount Approved by the Board in the Current Fiscal Year to be Expended in the Current Fiscal Year	2,710,644
	Year-to-Date Board-Approved Amount to be Expended	2,710,644
	Year-to-Date Administrator-Approved Amount	75,491 *
	Actually Expended in Current Fiscal Year	325,318 *
	Year-to-Date Completed Building Project Expenditures	0 *
	TOTAL FUNDS APPROVED TO BE EXPENDED	3,111,453
	Total-to-Date Spent on Incomplete Board Approved Expenditures	0

Northern Inyo Hospital Monthly Report of Capital Expenditures Fiscal Year Ending JUNE 30, 2010 As of SEPTEMBER 30, 2010

MONTH APPROVED

BY BOARD DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
Reconciling Totals:	
Actually Capitalized in the Current Fiscal Year Total-to-Date	400,809
Plus: Lease Payments from a Previous Period	. 0
Less: Lease Payments Due in the Future	0
Less: Funds Expended in a Previous Period	0
Plus: Other Approved Expenditures	2,710,644
ACTUAL FUNDS APPROVED IN THE CURRENT FISCAL YEAR TOTAL-TO-DATE	3,111,453
Donations by Auxiliary	0
Donations by Hospice of the Owens Valley	0
+Tobacco Funds Used for Purchase	0
	0
	0

^{*}Completed Purchase

(Note: The budgeted amount for capital expenditures for all priority requests for the fiscal year ending June 30, 2010, is \$1,800,000 coming from existing hospital funds.)

^{**}Completed in prior fiscal year

Northern Inyo Hospital Monthly Report of Capital Expenditures Fiscal Year Ending JUNE 30, 2010 As of SEPTEMBER 30, 2010

Administrator-Approved Item(s)	Department	Amount	Month Total	Grand Total
SURESIGNS VS3 NBP, SP02	ОВ	2,821		
IMAGE FORMULA DR7090C SCANNER	MARKETING/GRANT WRITH	7,063		
MONTH ENDING AUGUST 2010			9,885	75,491

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BUDGET VARIANCE ANALYSIS

Oct-10 PERIOD ENDING

In the month, NIH was

	-14%	under budget in IP days;
(-0.16%)	under in IP Revenue and
(-2.0%)	under in OP Revenue resulting in
\$ (548,800) (-7.0%)	under in gross patient revenue from budget &
\$ (384,696) (-8.0%)	under in net patient revenue from budget

Total Expenses were:

\$ 87,259	(1.8%)	under budget. Wages and Salaries were
\$ (67,691)	(-4.1%)	under budget and Employee Benefits
\$ 93,700	(9.1%)	over budget.
\$ (37,223)			of other income resulted in a net loss of
\$ (263,650)	\$	(467,660)	under budget.

The following expense areas were over budget for the month:

\$ 93,700	9%	Employee Benefits
\$ 45,751	12%	Professional Fees
\$ 44,677	15%	Depreciation Expense
\$ 23,650	11%	Other Expenses

Other Information:

42.42%	Contractual Percentages for month
39.60%	Contractual Percentages for Year

\$ 807,304 Year-to-date Net Revenue

Special Notes:

Prior Year 3rd Party Liabilities for Medi-Cal are being evaluated and reduced as Cost Reports are being closed

Balance Sheet October 31, 2010

	Current Month	Prior Month	FYE 2010
Current assets:			
Cash and cash equivalents	60,469	140,996	5,736
Short-term investments	25,690,531	29,236,787	30,262,716
Assets limited as to use	1,912,713	244,209	5,587,596
Plant Expansion and Replacement Cash	5,474	5,469	2,099,904
Other Investments (Partnership)	971,107	971,107	971,107
Patient receivable, less allowance for doubtful		•	
accounts \$583,249	8,973,195	8,791,156	7,953,621
Other receivables (Includes GE Financing Funds)	2,709,258	1,557,656	424,259
Inventories	2,385,836	2,375,771	2,378,072
Prepaid expenses	1,240,993	1,250,168	1,143,283
Total current assets	43,949,577	44,573,318	50,826,294
Assets limited as to use:			
Internally designated for capital acquisitions	749,760	749,731	745,008
Specific purpose assets	416,364	982,117	966,724
, wherear hand and a	1,166,124	1,731,848	1,711,732
Revenue bond construction funds held by trustee	5,528,133	5,665,794	7,541,783
Less amounts required to meet current obligations	1,910,173	244,209	5,587,596
Net Assets limited as to use:	4,784,083	7,153,433	3,665,918
Long-term investments	2,824,834	2,824,834	2,824,834
Property and equipment, net of accumulated depreciation and amortization	53,125,599	51,208,825	47,655,595
			17,000,000
Unamortized bond costs	994,080	998,707	1,012,587
That I are a facility of the same of the s	105 (50 154	106 750 116	105 005 000
Total assets	105,678,174	106,759,116	105,985,228

Balance Sheet October 31, 2010

Liabilities and net assets

Liubutites unu net ussets	Current Month	Prior Month	FYE 2010
Current liabilities:			
Current maturities of long-term debt	726,172	968,360	1,188,561
Accounts payable	890,944	582,729	952,032
Accrued salaries, wages and benefits	3,215,301	3,023,856	3,275,053
Accrued interest and sales tax	526,487	888,621	560,578
Deferred income	388,815	431,380	48,296
Due to third-party payors	2,346,608	2,446,608	2,616,629
Due to specific purpose funds	-	-	_
Total current liabilities	8,094,326	8,341,553	8,641,148
Long-term debt, less current maturities	49,020,816	49,020,816	49,020,816
Bond Premium	1,412,105	1,416,447	1,429,475
Total long-term debt	50,432,921	50,437,264	50,450,292
Net assets:			
Unrestricted	46,734,562	46,998,183	45,927,064
Temporarily restricted	416,364	982,117	966,724
Total net assets	47,150,926	47,980,300	46,893,788
Total liabilities and net assets	105,678,174	106,759,116	105,985,228

Statement of Operations As of October 31, 2010

	MTD	MTD	MTD	MTD Variance		YТĐ	YTD	YTD Variance	
	Actual	Budget	Variance \$	%	YTD Actual	Budget	Variance \$	%	Prior YTD
Unrestricted revenues, gains and									
other support:									
In-patient service revenue: Routine	574,676	656,043	(81,367)	(12.4)	2,143,996	2,603,008	(459,012)	(17.6)	2,376,171
Ancillary	1,805,354	2,174,217	(368,863)	(17.0)	7,468,645	8,626,725	(1,158,080)	(13.4)	7,918,214
Total in-patient service revenue	2,380,030	2,830,260	(450,230)	(0.16)	9,612,641	11,229,733	(1,617,092)	-14,4%	10,294,385
Out-patient service revenue	4,957,426	5,055,996	(98,570)	(2.0)	19,592,038	20,060,882	(468,844)	(2.3)	19,894,686
Gross patient service revenue	7,337,456	7,886,256	(548,800)	(7.00)	29,204,679	31,290,615	(2,085,936)	(6.7)	30,189,071
Less deductions from patient service revenue:									
Patient service revenue adjustments	165 060	150 160	(15.700)	(10.5)	470.050	ENE 021	122 072	20.6	744,829
Contractual adjustments	165,968 2,837,422	150,169 2,918,991	(15,799) 81,569	(10.5) 2.8	472,858 10,895,087	595,831 11,581,805	122,973 686,718	20.0 5.9	11,406,600
Prior Period Adjustments	(98,334)	2,910,991	98,334	100.0	(709,814)	11,561,605	709,814	100.0	(392,680)
Total deductions from patient	(20,554)		70,554	100.0	(100,011)		700,011	100.0	(3)2,000)
service revenue	2,905,056	3,069,160	164,104	5.4	10,658,131	12,177,636	1,519,505	12.5	11,758,750
Net patient service revenue	4,432,400	4,817,096	(384,696)	-8%	18,546,548	19,112,979	(566,431)	-3%	18,430,322
Other revenue	91,428	31,955	59,473	186.1	211,507	126,790	84,717	66.8	117,804
Transfers from Restricted Funds for	,	,	,		, -	,	,-		,
Other Operating Expenses	80,224	81,238	(1,014)	(1.3)	320,897	322,332	(1,435)	(0.5)	258,664
Total Other revenue	171,652	113,193	58,459	51.7	532,404	449,122	83,282	18.5	376,468
Total revenue, gains and other									
support	4,604,053	4,930,289	(326,236)	51.6	19,078,952	19,562,101	(483,149)	18.5	18,806,790
m									
Expenses:	1 506 200	1 664 001	67 601	<i>i</i> 1	6 100 690	6 600 646	411.064	6.3	6.001.647
Salaries and wages	1,596,390	1,664,081 1,030,278	67,691 (93,700)	4.1 (9.1)	6,190,682 4,002,614	6,602,646 4,087,874	411,964 85,260	6.2 2.1	6,001,647 3,848,394
Employee benefits Professional fees	1,123,978 415,177	369,426	(45,751)	(12.4)	1,607,141	1,465,789	(141,352)	(9.6)	1,756,547
Supplies	481,235	574,343	93,108	16.2	1,752,307	2,278,840	526,533	23.1	2,123,927
Purchased services	315,201	259,439	(55,762)	(21.5)	1,040,154	1,029,386	(10,768)	(1.1)	1,006,551
Depreciation	341,937	297,260	(44,677)	(15.0)	1,309,207	1,179,451	(129,756)	(11.0)	889,014
Interest	106,861	106,100	(761)	(0.7)	394,931	420,978	26,047	6.2	433,719
Bad debts	207,133	223,377	16,244	7.3	905,533	886,302	(19,231)	(2.2)	860,277
Other	242,567	218,917	(23,650)	(10.8)	976,815	868,608	(108,207)	(12.5)	831,349
Total expenses	4,830,480	4,743,221	(87,259)	(1.8)	18,179,382	18,819,874	640,492	3.4	17,751,425
Operating income (loss)	(226,427)	187,068	(413,495)	53.4	899,570	742,227	157,343	15.1	1,055,365
Other income:									
District tax receipts	42,565	44,549	(1,984)	(4.5)	170,259	176,759	(6,500)	(3.7)	174,844
Interest	33,811	16,445	17,366	105.6	127,564	65,249	62,315	95.5	175,496
Other	-	4,956	(4,956)	(100.0)	17,958	19,665	(1,707)	(8.7)	12,428
Grants and Other Non-Restricted									
Contributions	-	5,382	(5,382)	(100.0)	38,001	21,354	16,647	78.0	36,963
Partnership Investment Income	-	-	-	N/A	-	-	-	-	-
Net Medical Office Activity	(113,598)	(54,390)	(59,208)	(319.7)	(446,049)	(215,802)	(230,247)	(106.7)	(137,380)
Total other income, net	(37,223)	16,942	(54,165)	(320)	(92,266)	67,225	(159,491)	(237.3)	262,351
77 - ATLES - 15 - 6									
Excess (deficiency) of revenues	(262 (50)	204.010	(467 660)	(220)	907 204	900 452	(2.140)	(0.2)	1 217 716
over expenses	(263,650)	204,010	(467,660)	(229)	807,304	809,452	(2,148)	(0.3)	1,317,716
Contractual Percentage	42.42%	41.75%			39.60%	41.75%			41.80%

NORTHERN INYO HOSPITAL Statement of Operations--Statistics As of October 31, 2010

	•				-				
			Month	Variance	A CAUCAL S	a delia	Year	Year	
	Month Actual	Month Budget	Variance	Fercentage	YID Actual YID Budget	YTD Budget	Variance	Percentage	ا ہ
Operating statistics:				-					
Beds	25	25	N/A	N/A	25	25	N/A	N/A	
Patient days	231	267	(36)	0.87	872	1,059	(187)	0.82	
Maximum days per bed capacity	775	775	N/A	N/A	3,075	3,075	N/A	N/A	
Percentage of occupancy	29.81	34.45	(4.64)	0.87	28.36	34.44	(6.08)	0.82	
Average daily census	7.45	8.61	(1.16)	0.87	7.09	8.61	(1.52)	0.82	
Average length of stay	2.96	3.14	(0.18)	0.94	2.94	3.14	(0.21)	0.93	
Discharges	78	85		0.92	297	337	(40)	-	
Admissions	77	85	8	16.0	296	337	(41)	1	
Gross profit-revenue depts.	4,601,763	5,160,618	(558,855)	0.89	19,130,480	20,475,993	(1,345,513)	0.93	
Percent to gross patient service revenue:									
Deductions from patient service revenue and bad									
debts	42.42	41.75	0.67	1.02	39.60	41.75	(2.15)	0.95	
Salaries and employee benefits	36.97	34.11	2.86	1.08	34.84	34.11	0.73	1.02	
Occupancy expenses	29.9	5.42	1.25	1.23	6.33	5.42	0.91	1.17	
General service departments	6.23	5.54	0.69	1.12	5.91	5.54	0.37	1.07	
Fiscal services department	5.93	5.11	0.82	1.16	5.49	5.11	0.38	1.07	
Administrative departments	5.43	5.11	0.32	1.06	5.31	5.11	0.20	1.04	
Operating income (loss)	(5.41)	0.85	(6.26)	(6.36)	0.95	0.85	0.10	1.12	
Excess (deficiency) of revenues over expenses	(3.59)	2.59	(6.18)	(1.39)	2.76	2.59	0.17	1.07	
Payroll statistics:									
Average hourly rate (salaries and benefits)	47.05	47.65	(0.61)	66'0	44.61	47.27	(2.65)	0.94	
Worked hours	50,030.30	49,350.00	680.30	1.01	194,880.75	195,814.00	(933.25)	1.00	
Paid hours	57,653.05	56,447.00	1,206.05	1.02	228,056.97	225,788.00	2,268.97	1.01	
Full time equivalents (worked)	284.26	278.81	5.45	1.02	278.40	278.94	(0.54)	1.00	
Full time equivalents (paid)	327.57	318.91	8.66	1.03	325.80	321.64	4.16	1.01	

Statements of Changes in Net Assets

As of October 31, 2010

	Month-to-date	Year-to-date
Unrestricted net assets:		
Excess (deficiency) of revenues over expenses	(263,649.62)	807,303.55
Net Assets due/to transferred from unrestricted	-	(4,557.74)
Interest posted twice to Bond & Interest	-	-
Net assets released from restrictions		
used for operations	-	-
Net assets released from restrictions		
used for payment of long-term debt	(80,224.16)	(320,896.64)
Contributions and interest income	29.09	4,752.19
Increase in unrestricted net assets	(343,844.69)	486,601.36
Temporarily restricted net assets:		
District tax allocation	-	-
Net assets released from restrictions	(565,752.84)	(565,752.84)
Restricted contributions	-	15,274.00
Interest income	lan.	119.23
Net Assets for Long-Term Debt due from County	80,224.16	320,896.64
Increase (decrease) in temporarily restricted net assets	(485,528.68)	(229,462.97)
Increase (decrease) in net assets	(829,373.37)	257,138.39
Net assets, beginning of period	47,980,299.80	46,893,788.04
Net assets, end of period	47,150,926.43	47,150,926.43

Statements of Cash Flows

As of October 31, 2010

	Month-to-date	Year-to-date
Cash flows from operating activities:		
Increase (decrease) in net assets	(829,373.37)	257,138.39
Adjustments to reconcile excess of revenues	, , ,	•
over expenses to net cash provided by		
operating activities: (correcting fund deposit)		
Depreciation	341,936.86	1,309,206.58
Provision for bad debts	207,133.37	905,532.74
Loss (gain) on disposal of equipment		703,45
(Increase) decrease in:		
Patient and other receivables	(1,540,774.40)	(4,210,105.80)
Other current assets	(891.33)	(105,475.02)
Plant Expansion and Replacement Cash	(5.16)	2,094,430.34
Increase (decrease) in:	(****)	, ,
Accounts payable and accrued expenses	94,961.23	185,588.15
Third-party payors	(100,000.00)	(270,021.76)
Net cash provided (used) by operating activities	(1,827,012.80)	166,997.07
Cash flows from investing activities:		
Purchase of property and equipment	(2,258,711.71)	(6,779,210.87)
Purchase of investments	3,546,256.23	4,572,184.57
Proceeds from disposal of equipment	<u> </u>	(703.45)
Net cash provided (used) in investing activities	1,287,544.52	(2,207,729.75)
Cash flows from financing activities:		
Long-term debt	(246,530.37)	(479,758.80)
Issuance of revenue bonds	137,661.14	2,013,650.05
Unamortized bond costs	4,626.77	18,507.08
Increase (decrease) in donor-restricted funds, net	565,723.75	545,607.42
Net cash provided by (used in) financing activities	461,481.29	2,098,005.75
Increase (decrease) in cash and cash equivalents	(77,986.99)	57,273.07
Cash and cash equivalents, beginning of period	140,995.98	5,735.92
Cash and cash equivalents, end of period	63,008.99	63,008.99

Northern Inyo Hospital Summary of Cash and Investment Balances Calendar Year 2010

Operations Checking Account

Time Deposit Month-End Balances

Month	Balance at Beginning of Month	i Deposits	Disbursements	Balance at End of Month	Investment Operations Fund	Bond and Interest Fund	Equipment Donations Fund	Childrens Fund	Scholarship Fund	Tobacco Settlement Fund	Total Revenue Bond Funds	General Obligation Bond Fund
January	4,462,389	6,137,876	6,469,248	4,131,017	27,112,118	796,335	26,233	2,640	17,472	632,052	750,421	2,793,443
February	4,131,017	5,265,638	6,258,389	3,138,266	27,557,615	796,335	26,233	2,640	4,472	632,076	797,897	1,941,057
March	3,138,266	6,113,051	6,461,223	2,790,095	28,079,592	796,335	26,236	2,640	4,474	718,431	806,520	1,941,078
April	2,790,095	7,447,491	9,025,365	1,212,221	29,980,448	410,678	26,236	2,640	4,474	718,458	10,978,230	1,941,094
May	1,212,221	5,617,293	7,530,678	(701,164)	29,528,268	960,093	26,236	2,640	4,574	718,486	11,025,753	1,941,110
June	(701,164)	(701,164) 10,880,268	10,090,323	88,781	33,086,873	960,184	26,490	2,640	3,824	718,518	7,897,886	1,941,127
July	88,781	10,753,454	10,191,339	650,897	32,112,550	960,184	26,490	2,640	3,824	723,106	6,720,131	1,941,143
August	650,897	5,605,016	5,416,671	839,242	30,865,987	960,184	26,590	2,814	18,924	723,138	7,183,224	1,941,159
September	839,242	29,826,128	30,427,218	238,152	32,060,945	960,301	26,593	2,814	18,926	723,168	5,665,915	588
October	238,152	6,843,190	6,894,086	187,256	28,514,689	394,548	26,593	2,814	4,026	723,197	3,963,503	593
Prior Year November	1,881,538	14,574,637	14,781,591	1,674,584	28,603,006	34,292	26,230	2,639	17,470	631,999	1,045,102	6,395,453
December	1,674,584	9,083,464	6,295,659	4,462,389	26,778,789	34,310	26,233	2,640	17,472	632,026	702,945	4,657,307
	[7								

Notes: Revenue Bond Fund includes 2010 Revenue Bond

	Investm	Investments as of October 31, 2010	tober 31, 20	010		
Institution	Certificate ID	Purchase Dt Maturity Dt Principal	Maturity Dt	Principal	YTM	Broker
LAIF (Walker Fund)	20-14-002	15-Oct-10	01-Nov-10	\$318,775	0.48%	0.48% Northern Inyo Hospital
Union Bank of CA Money Market	2740028807	02-Oct-10	01-Nov-10	\$4,611	0.11%	0.11% Northern Inyo Hospital
United States Treasure Note-FNC	912828JS0	10-Nov-09	30-Nov-10	\$4,038,750	0.33%	0.33% Financial Northeaster Corp.
United States Treasure Note-MBS	912828JS0	01-Sep-10	30-Nov-10	\$2,005,080	0.10%	0.10% Multi-Bank Service
Worlds Foremost Bank (FNC CD)	5X42688	18-Dec-08	18-Dec-10	\$100,000	4.40%	4.40% Financial Northeaster Corp.
United States Treasure Note-MBS	912828JV3	08-Sep-10	31-Dec-10	\$2,004,760	0.11%	0.11% Multi-Bank Service
United States Treasure Note-MBS	912828JY7	08-Sep-10	31-Jan-11	\$2,005,920	0.12%	0.12% Multi-Bank Service
Santander Financial Issuances LTD	802813AE5	01-Mar-10	15-Feb-11	\$1,049,310	1.17%	1.17% Multi-Bank Service
United States Treasure Note-MBS	912828KE9	08-Sep-10	28-Feb-10	\$1,003,594	0.12%	0.12% Multi-Bank Service
United States Treasure Note-MBS	912828KE9	07-Sep-10	28-Feb-10	\$1,003,594	0.13%	0.13% Multi-Bank Service
Atlantic Richfield	048825AV5	11-Jun-10	01-Mar-11	\$105,400	1.57%	1.57% Multi-Bank Service
United States Treasure Note-MBS	912828KH2	07-Sep-10	31-Mar-10	\$2,007,820	0.18%	0.18% Multi-Bank Service
United States Treasure Note-MBS	912828KL3	07-Sep-10	30-Apr-10	\$2,008,840	0.19%	0.19% Multi-Bank Service
United States Treasure Note-MBS	912828KU3	03-Sep-10	31-May-10	\$2,009,860	0.21%	0.21% Multi-Bank Service
United States Treasure Note-MBS	912828LF5	03-Sep-10	30-Jun-10	\$2,014,900	0.22%	0.22% Multi-Bank Service
Total Short Term Investments				\$21,681,213		******
United States Treasure Note-MBS	912828LG3	03-Sep-10	31-Jul-11	\$1,006,960	0.23%	0.23% Multi-Bank Service
United States Treasure Note-MBS	912828LG3	02-Sep-10	31-Jul-11	\$1,006,960	0.23%	0.23% Multi-Bank Service
United States Treasure Note-MBS	912828LV0	02-Sep-10	31-Aug-11	\$2,014,460	0.27%	0.27% Multi-Bank Service
United States Treasure Note-MBS	912828LW8	02-Sep-10	30-Sep-11	\$1,763,230	0.30%	0.30% Multi-Bank Service
Union National Bank & Trust CO-FNC	5L27278	19-Oct-10	19-0ct-11	\$250,000	2.00%	2.00% Financial Northeaster Corp.
Credit Suisse 1st	22541LAB9	02-Feb-10	15-Nov-11	\$541,865	1.36%	1.36% Multi-Bank Service
First Republic Bank-Div of BOFA	5L28639	20-May-10	20-May-13	\$150,000	2.40%	2.40% Financial Northeaster Corp.
First Republic Bank-Div of BOFA	5126838	20-May-10	20-May-15	\$100,000	3.10%	3.10% Financial Northeaster Corp.
Total Long Term Investments				\$6,833,475		
Grand Total Investments				\$28,514,688		

Financial Indicators

	Target	Oct-10	Oct-10 Sep-10	Aug-10	Jul-10	Jun-10	May-10	Apr-10	Mar-10	Feb-10	Jan-10	Dec-10	Nov-09
Current Ratio	>1.5-2.0	5.43	5.34	5.17	5.00	5.88	4.84	4.95	4.34	5.42	5.65	6.01	5.99
Quick Ratio	>1.33-1.5	4.65	4.72	4.62	4.45	5.43	4.22	4.32	3.78	4.87	5.09	5.45	5.41
Days Cash on Hand >75	>75	241.31	272.45	303.29	277.51	335.40	233.51	230.21	217.46	322.93	293.20	315.81	306.58

Northern Inyo Hospital Monthly Report of Capital Expenditures Fiscal Year Ending JUNE 30, 2010 As of SEPTEMBER 30, 2010

MONTH	
APPROVED)

BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
FY 2008-09	Coagulation Analyzer	25,000
FY 2009-10	Platelet Function Analyzer	9,000
	Birch Street Probably Cleanup and Improvements	117,000
	PMA-IT Server Room Wiring Project	34,625
	MRI Upgrade	325,318 *
	Nexus VOIP Telephone System	958,776
	AMOUNT APPROVED BY THE BOARD IN PRIOR FISCAL YEARS TO BE EXPENDED IN THE CURRENT FISCAL YEAR	1,469,719
FY 2010-11	Back-Up Battery for CT	22,950
	McKesson Paragon Hospital Information System Capital Fees Only	2,687,694
	AMOUNT APPROVED BY THE BOARD IN THE CURRENT FISCAL YEAR TO BE EXPENDED IN THE CURRENT FISCAL YEAR	2,710,644
	Amount Approved by the Board in Prior Fiscal Years to be Expended in the Current Fiscal Year	1,144,401
	Amount Approved by the Board in the Current Fiscal Year to be Expended in the Current Fiscal Year	2,710,644
	Year-to-Date Board-Approved Amount to be Expended	2,710,644
	Year-to-Date Administrator-Approved Amount Actually Expended in Current Fiscal Year	93,381 * *
	Year-to-Date Completed Building Project Expenditures TOTAL FUNDS APPROVED TO BE EXPENDED	0 * <u>3,129,343</u>
	Total-to-Date Spent on Incomplete Board Approved Expenditures	578,293

Northern Inyo Hospital Monthly Report of Capital Expenditures Fiscal Year Ending JUNE 30, 2010 As of SEPTEMBER 30, 2010

MONTH APPROVED

BY BOARD DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
Reconciling Totals:	
Actually Capitalized in the Current Fiscal Year Total-to-Date	418,699
Plus: Lease Payments from a Previous Period	0
Less: Lease Payments Due in the Future	0
Less: Funds Expended in a Previous Period	0
Plus: Other Approved Expenditures	2,710,644
ACTUAL FUNDS APPROVED IN THE CURRENT FISCAL YEAR TOTAL-TO-DATE	3,129,343
Donations by Auxiliary	0
Donations by Hospice of the Owens Valley	6,753
+Tobacco Funds Used for Purchase	0
	0
	6,753

*Completed Purchase

(Note: The budgeted amount for capital expenditures for all priority requests for the fiscal year ending June 30, 2011, is \$515,769 coming from existing hospital funds.)

Northern Inyo Hospital Monthly Report of Capital Expenditures Fiscal Year Ending JUNE 30, 2010 As of SEPTEMBER 30, 2010

Administrator-Approved Item(s)	Department	Amount	Month Total	Grand Total
SURESIGNS VS3 NBP, SP02 W/RECORDER	MED/SURG UNIT	3,377		
DELL LATITUDE E6410 ATG NOTEBOOKS	RURAL HEALTH CLINIC	2,181		
DELL LATITUDE E6410 ATG NOTEBOOKS	RURAL HEALTH CLINIC	2,181		
DELL LATITUDE E6410 ATG NOTEBOOKS	RURAL HEALTH CLINIC	2,181		
DELL LATITUDE E6410 ATG NOTEBOOKS	RURAL HEALTH CLINIC	2,181		
SURESIGNS VS3 NBP, SP02	CHEMOTHERAPY	2,412		
SURESIGNS VS3 NBP, SP02 W/RECORDER	MED/SURG UNIT	3,377		
MONTH ENDING OCTOBER 2010			17,890	93,381

100 112 / 102 / 106 111 104 / DISCH (W/NB) 09 / 122 142 **1**00 127 107 1121 113 118 126 / 115 135 / 111 102 / 108 / 105 / 1114 / 96 80 312 272 263 235 258 225 216 259 2630 337 304 10 PT DAYS (W/NB) 09 / 323 / 307 / 288 / 278 / 294 / 308 / 251 / 376 / 318 / 278 338 99 3081 338 / 294 / 345 / 330 / 372 / 317 / 3369 / 336 / 274 / 364 349 8 194 29 98 2353 235 209 25 23 237 196 234 304 9 216 / 258 / 281 / 7 897 247 PT DAYS (W/O NB) / 60 / 245 / 269 359 245 236 316 / 273 330 / 264 2694 307 / 7 362 274 / 274 / 305 / 2952 / 329 241 318 8 92 80 1 88 8 99 8 120 84 106 97 923 9 ADMITS (W/NB) 110 / 123 / 106 / 113 / 141/ 96 100 / 124 99 97 1117 / 1110 111 128 / 112 / 112 / 66 114 / 119 / 112 / 107 / 108 / 132 / 8 90 3352 3502 3,338 3157 3421 3453 3157 33381 3066 3504 3424 3345 10 OP REFERRALS / 09 / 3258 / 3520 / 3404 / 3319 / 3299 / 3045 / 3527 / 3413 / 33191 / 3,319 / 3579 3424 3241 2988 3388 / 3307 / 3,337 / 3165 / 3611 / 3406 / 3145 / 3237 / 3285 / 33370 / 8 622 756 690 919 6219 594 744 604 663 498 567 487 2 779 603 / -60 694 / 494 / 684 / 638 / 6306 / 604 / 099 594 / 708 / VISITS 542 631 680 / 1 9/9 642 / 564 / 1 9/9 5814 / | 2 545 558 573 506 581 띪 4 25 33 33 28 38 4 5 384 38 37 46 - 19 39 / 414 / 60 / 80 48 33 / 38 / 48 / 37 / 34 / --41 ADMITS 44 48 / 38 / 52 / 73 / 499 / 39 / 43 6 89 8 8 4 8 5 16 4 Ŧ 6 Ξ 9 15 1154 190 / 200 / 153 71 10 25 / 26 / 20 / 1 60 / 80 15 / 18 / 24 / 21 / 19 / 26 / 16 / 21 / 15 / 27 1 21 1 17 22 16 / 4 13 / 14 / 20 / 19 / 117 119 122 115 97 146 115 Ş 126 121 9 2 155 / 121 110 / / 60 / 80 153 / 122 / 1319 / 1,269 / 116 / 111 / TOTAL 107 123 140 127 127 139 / 151 132 / 147 / -2 2 164 132 / 88 114 / 155 / OP 09 09 10 96 82 92 97 11 20 97 963 104 88 5 90 SURGERIES 91 / 978 109 / 129 / 85 / 116 / 91 82 35 98 97 98 106 / 110 / 1009 / 110 / 114 / 82 / 83 / 28 81 125 / 120 É 8 26 27 2 7 7 28 21 251 25 MONTHS IP 2010 08 / 09 / 10 46 / 24 / 31 / 291 . 26 24 23 7 36 8 52 83 33 / 33 / 22 / 33 / CALENDAR YEAR 310 / 17.1 32 / 36 MONTHLY SEPTEMBER DECEMBER NOVEMBER FEBRUARY OCTOBER JANUARY AUGUST MARCH APRIL JULY MAY

NORTHERN INYO HOSPITAL STATISTICS

\$		Effecti	ve April	2010,	Radiolo	gy Visit	s include	Effective April 2010, Radiology Visits include all patient types (OP, IP & ER); this is a change from only Outpatients	int type	8 (OP, I	P & ER)	this is	a chang	e from (only Out	tpatients					L		-			ŀ			-			-			Γ
MONTHS	AIO A	DIAGNOSTIC	დ >	MOM	VHOOGOOMAN	À	ž \$	NUCLEAR		Ì	CHI JOSYGE III		CC	CT		2	_		YOUTHOU	2		EKG/	_	<u>a</u> i	PHYSICAL	_,1 -	RESPIR	RESPIRATORY		RURAL HEALTH	EALTH		į	,	
	98	08 / 09 /	10	80	08 / 09 / 10	9	/ 80		10	, , , ,	08 / 09 / 10		08 / 09		10 08	~	7	80	66 /	<u>۽</u> - ک	8) 60 -	2			2	2 - 2 8	/ 09 / 10	80	2 68 2 7	-	10 08	101ALS	_	- 0
JANUARY	544 /	/ 909	622		434	193 / 434 / 330	71.7	/ 96	77 2	105 / 3	205 / 206 / 198		170 / 16	165 / 16	167 85	89 / 47(470 / 658		1809 / 1635	1635 / 1619	9 103 /	1 120 /	96 /	335 /	363 /	352	10 / 1		17 1057	1057 / 145	~	-	4586 / 55	~ ~	5356
FEBRUARY	593 /	477 /	542		182 /	313	193 / 182 / 313 63 /	51 /	51 2	205 / 195 /	195 / ;	201	217 / 153	-	147 85	85 / 435	435 / 456		1744 / 1643 /	3 / 1522	2 113	113 / 116 /	1 114	364 /	314 /	376	11 / 1	10 / 1	15 1150	0 / 137	1150 / 1374 / 1254		4738 / 49	4950 / 4	4991
MARCH	529 /	581 /	295	311 /	261	/ 321	529 / 581 / 567 311 / 261 / 321 133 /	1 /	- 1	123 /	99 223 / 201 / 206		233 / 152	~	170 403	403 / 472	472 / 440		1774 / 1904 /	4 / 1795		149 / 121 /	117	346 /	428 /	449	12 / 1	13 /	9 121	1211 / 147	1477 1 14	1404 532	5324 / 56	5611 / 5	5577
	697 /		982 / 009	199 /		378 / 289 183 /	183 /	/ 89	57 1	196 / 1	198 / 2	252 2	264 / 161	~	161 453	453 / 483	483 / 148		1984 / 1824	1824 / 1804		121 / 108 /	/ 113	410 /	380 /	395	14.7	16 / 1	10 1318	1318 / 1423		1394 583	5839 / 56	5639 / 5	5409
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	616 /	594 /	632		486 / 455 /	199	199 118 /	37 /	42 1	42 186 / 224 /		220 1	156 / 150	-	158 542	542 / 46/	461 / 100	1752 /		1881 / 1707		123 / 120 /	104	314 /	388 /	401	19 / 1	19 / 1	14 1247 /		1387 / 1:	1346 555	5559 / 57	5716 / 4	4923
	604 /	610 /	732	477 /	444	477 / 444 / 205	7	7 78	- 5	196 / 210 /	210 / 5	253 1	157 / 179	-	179 443	443 / 505	505 / 111		1716 / 1805	1805 / 1589		142 / 102 /	118	357 /	328 /	423	15 / 1	11 / 1	17 1190	1190 / 1116 /	16 / 1:	1123 536	5368 / 53	5394 / 4	4795
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THIS SHEET

INTENTIONALLY

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PURCHASE AND SALE AGREEMENT

THIS AGREEMENT is made this 31st day of December, 2010, at the City of Bishop, County of Inyo, State of California, by and between, Patricia L. Gardner, RPT ("SELLER") and Northern Inyo County Local Hospital District ("BUYER").

Recitals

- A. BUYER is a Local Health Care District duly organized and existing under the laws of the State of California and more specifically under the Local Health Care District Law, Health and Safety Code §§32000, et seq. BUYER owns and operates Northern Inyo Hospital to provide acute care, full service medical services to the community in which it serves.
- B. SELLER is the owner of a 14.67% general partnership interest in a general partnership named Pioneer Medical Associates (the "Partnership").
- C. The primary asset of the Partnership is a parcel of real property, including improvements located thereon, commonly known as the Pioneer Medical Building, located at 152 Pioneer Lane, Bishop, California 93514. This real property is legally described as Parcel 1 of Parcel Map 209 recorded in Book 3, Pages 25-26 of Parcel Maps in the office of the Inyo County Recorder; APN 11-240-14A (the "Real Property").
- D. SELLER occupies a medical suite on the Real Property identified as Suite D in the Pioneer Medical Building (the "Leasehold"). With respect to the Leasehold, SELLER is tenant, and the Partnership is landlord.
- E. SELLER desires to sell to BUYER, and BUYER desires to purchase and acquire from SELLER: (1) all of Seller's right, title, and interest in and to the Partnership, specifically including all of SELLER's direct and indirect (through SELLER's Partnership interest) right, title, and interest in and to the Real Property; and (2) the Leasehold. All of the foregoing is hereinafter collectively referred to as the "Property."

Agreement

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANTS, CONDITIONS, AND PROMISES CONTAINED HEREIN, THE PARTIES AGREE AS FOLLOWS:

1. <u>Purchase and Sale</u>. BUYER agrees to purchase and SELLER agrees to sell the Property.

- 2. <u>Purchase Price and Terms</u>. The total purchase price to be paid is Three Hundred Thirty-Nine Thousand One Hundred Seventy Dollars (\$339,170.00). The purchase price shall be paid as follows:
- 2.1. BUYER shall deposit into escrow upon opening the sum of Twenty Thousand Dollars (\$20,000.00), which shall be applied to the purchase price upon the Close of Escrow.
- 2.2 BUYER shall deposit into escrow before closing the sum of Seventy-Five Thousand Dollars (\$75,000) in cash, which shall be applied to the purchase price upon close of escrow, along with sufficient funds to cover BUYER's share of closing costs, and
- 2.3 BUYER shall deliver into escrow before closing its unsecured promissory note in the amount of Two Hundred Sixty-Four Thousand, One Hundred Seventy Dollars (\$264,170), in the form attached to this Agreement as Exhibit "A", which shall constitute the balance of the purchase price.
- 2.4 The purchase price shall be allocated and reported by the parties as follows:

<u>Item</u>	<u>Amour</u>	<u>1t</u>
Partnership interest Leasehold FF&E	\$ \$339,1 \$_0	1 69
Total	\$339,1	70

Each of the parties hereto acknowledges and agrees that the foregoing allocation of the purchase price consideration will be used for income tax and/or property tax reporting purposes by both BUYER and SELLER. The parties hereby declare that the allocations stated hereinabove were determined in good faith, through arms length negotiation. Each party agrees to report the transaction for income tax and/or property tax purposes in accordance with the allocations stated hereinabove and not to take a position inconsistent with those allocations, except (1) with the written consent of the other party hereto; or (2) if the Internal Revenue Service, Franchise Tax Board, County tax assessor, or other taxing authority has taken a position with respect to the other party hereto contrary to the allocations recited hereinabove, in which case a party may take a protective position by adopting the taxing agency's contention until the controversy between the taxing agency and the other party is resolved.

3. <u>Bulk Sales Transfer</u>. Consummation of this Agreement and the escrow shall be conducted in accordance with and in full compliance with the requirements of the Bulk Transfers Division of the California Commercial Code.

- 4. <u>Escrow</u>. Immediately upon execution of this agreement, the parties shall cause an escrow to be opened with Inyo-Mono Title Company, Bishop Branch. The parties shall jointly retain Inyo-Mono Title Company to act as escrowholder herein. The parties shall instruct escrowholder to insert the following material terms in said escrowholder's standard form Real Property and Bulk Sale Escrow Instructions:
- 4.1. <u>Title</u>. As of the date of this Agreement, it appears that title to the Real Property is vested in the Partnership. With respect to the interest of SELLER in and to the Real Property either directly or indirectly by virtue of SELLER's interest in the Partnership. title to SELLER's interest in the Real Property is to be delivered to BUYER free of leins. encumbrances, easements, restrictions, rights and conditions of record or known to SELLER. SELLER shall furnish to BUYER at SELLER's expense, if available from escrowholder, a standard California Land Title Association (CLTA) policy issued by Inyo-Mono Title Company, insuring the 14.67% interest in the Real Property of BUYER (either directly or indirectly through the 14.67% interest in the Partnership), subject only to the above. Except as otherwise provided for herein, BUYER shall have until December 28, 2010 to disapprove any title exceptions disclosed in the current preliminary title report furnished as of this date at the expense of SELLER, by giving written notice of such disapproval to SELLER. If SELLER is unwilling or unable to eliminate any title matter disapproved by BUYER as set forth above, BUYER may elect to terminate this Agreement. BUYER may elect to obtain an American Land Title Association (ALTA) policy, provided that the closing date is not delayed as a result. In such event, BUYER shall pay the premium amount in excess of the premium (including all costs associated therewith such as engineering fees, survey fees) for the CLTA policy referenced above.
- 4.2. <u>Prorations</u>. Property taxes, assessments of record, and any other related items or expenses shall be prorated as of the close of escrow. Any bond or assessment which is a lien, against the Property shall be paid current by SELLER and the outstanding principal balance shall be assumed by BUYER. As to the Real Property, SELLER's obligation to pay current shall be limited to 14.67% of such obligation. Transfer taxes, if any, shall be paid by SELLER.
- 4.3. <u>Possession</u>. Possession and occupancy of the Leasehold shall be delivered to BUYER upon close of escrow.
- 4.4. <u>Vesting</u>. BUYER shall provide escrowholder with vesting prior to closing.
- 4.5. All escrow fees and costs, other than those expressly set forth herein, shall be borne equally by the parties.
- 4.6. Escrow shall be deemed opened by the parties after the parties have signed and delivered escrow instructions to escrowholder.
- 4.7. Escrow shall close on a mutually agreed upon date, (the "Closing Date").

- 4.8. All claims made by any creditor or claimant shall be handled by escrowholder in accordance with the provisions of the Bulk Transfers Division of the California Commercial Code.
- 4.9. Except as otherwise expressly set forth herein, all liens, encumbrances, and other liabilities pertaining to or against the FF&E shall be satisfied and extinguished by SELLER upon the close of escrow. In connection therewith, SELLER, with SELLER paying the cost and expense thereof, shall request by way of a UCC-3 form with the Secretary of State all information concerning any secured creditors or other perfected interest in or against the FF&E. SELLER shall provide the report to BUYER. As to the Real Property, Seller shall pay 14.67% of any amount due under any liens, encumbrances, or other liabilities pertaining to the Real Property, except as otherwise expressly set forth herein.
- 4.10. All sales and use taxes pertaining to the FF&E and which may be incurred as a result of this transfer shall be paid by BUYER.
- 4.11 BUYER shall have the absolute right to cancel this Agreement at any time during the escrow period based upon: (1) any dissatisfaction or objection to the physical condition of the Property, (2) any failure of a condition, or (3) any other basis expressly provided for in this Agreement; it being the express intent of the parties that BUYER's decision to accept the condition of the Property or raise an objection shall be within the sole and absolute discretion of BUYER. In the event BUYER elects to cancel this transaction as provided for herein, all deposits of BUYER shall immediately be returned to BUYER and that any instructions to the escrowholder that requires the return of any deposit to BUYER shall cause the refund to be made immediately without any requirement for SELLER's concurrence or acceptance. Escrowholder shall be instructed to return the deposit to BUYER based on an instruction signed by BUYER only. Escrowholder shall hold such instruction from BUYER for a period of ten (10) days from the date of such instruction in order to provide SELLER with the 10-day period to express any objection thereto and claim of default on the part of the BUYER. In the event SELLER timely gives such notice of objection and default, escrowholder to interplead such funds pursuant to the standard form preprinted provisions of escrowholder's escrow instructions, or any order of a court of competent jurisdiction.
- 5. <u>Partnership and Leasehold</u>. Upon the close of escrow, SELLER shall have: (1) executed all documents necessary to transfer and assign to BUYER a 14.67% general partnership interest in Pioneer Medical Associates, and (2) transferred, conveyed, and assigned to BUYER the Leasehold with the consent and approval of the landlord.
- 5.1. The Partnership Interest. As a condition precedent to the obligations of BUYER hereunder, the parties shall have obtained the approval and consent of the remaining general partners of the Partnership to admit BUYER as a general partner and BUYER shall in its sole and absolute discretion have approved the form of the governing documents of the Partnership.

- 5.2. <u>Lease for the Leasehold</u>. As a condition precedent to the obligations of BUYER hereinunder, the partnership as landlord and BUYER as tenant of the Leasehold shall have agreed to the form and material terms and provisions of a lease for the Leasehold to take effect upon the close of escrow.
- 6. <u>Conditions Precedent to the Obligations of BUYER</u>. Each of the following shall be conditions precedent to the obligations of BUYER:
- 6.1. <u>Due Diligence</u>. BUYER shall have until ten (10) days after the opening of escrow (the "Due Diligence Date") to complete its due diligence of the Property and approve or disapprove the Property including without limitation the following matters:
- (1) the physical condition of the Real Property and the Leasehold, including without limitation soils conditions, the size, dimensions and boundaries of the Real Property, the building foundation, structure, exterior and roof, and all plumbing, electrical, mechanical, heating, ventilation, air conditioning and other systems;
- (2) the cost and availability of utilities and other governmental and quasi-governmental services;
- (3) the feasibility of any improvements planned by BUYER, including without limitation the cost and availability of building permits and other approvals necessary to construct such improvements and the cost of such improvements;
 - (4) title matters, including without limitation the Permitted Exceptions;
- (5) compliance with applicable laws, including without limitation zoning and use restrictions, building codes and health and safety laws;
 - (6) the cost and availability of financing;
- (7) whether the Real Property is within or affected by any geologic, seismic, flood or other special zone;
- (8) environmental matters, including without limitation the potential existence of hazardous materials on, in or near the Real Property and Improvements.
- 6.2 If BUYER fails to terminate this Agreement on or before the Due Diligence Date, by giving written notice to SELLER, BUYER shall be deemed to have completed its due diligence and approved the Property.
- 6.3 BUYER shall have satisfied the conditions pertaining to the Partnership and Leasehold set forth in section 5 and this section 6 of the Agreement.
- 6.4 The performance by SELLER of all of its obligations under this Agreement.

- 6.5 The title insurer shall be prepared to issue the title policy upon the Close of Escrow, subject only to approved exceptions.
- 6.6 BUYER and its authorized agents, employees and representatives shall be given the continuing right to inspect the books and records relating to the Partnership and to make extracts from these books and records, and further including BUYER's review. inspection, and approval copies of (1) books and records, not less than the prior 3 years of tax returns and filings, financial, credit and other information relating to the Partnership, and (2) any and all contracts, licenses, leases, and other such information relating to the Partnership. SELLER shall otherwise cooperate with BUYER through the close of escrow to the end that BUYER and its agents and employees shall be afforded the opportunity to obtain all necessary information and knowledge of the Partnership. BUYER shall assure that its conduct, and that of its employees, agents, and representatives, during such process is at all times unobtrusive and does not interfere with the operation of the Partnership in the ordinary course of business operations. BUYER shall indemnify, defend, and hold SELLER financially free and harmless from any and all claims, demands, liabilities, obligations, and causes of action related to the activities of SELLER or its agent pursuant to this section 6.5. SELLER represents to BUYER hereby that SELLER does not have custody, control, or current access to the foregoing books and records but will use its best efforts to assist BUYER as provided for herein.
- 7. <u>Closing Obligations of SELLER</u>. SELLER shall deposit into escrow for delivery to BUYER upon closing each of the following:
- 7.1 A duly executed and acknowledged grant deed or other requisite document of conveyance of SELLER's interest in the Real Property, including without limitation what may be required by escrowholder, in a form satisfactory to BUYER.
- 7.2 Although SELLER is not in possession of any of the following items, SELLER shall reasonably assist BUYER in obtaining each of the following: keys and security codes to all units, rooms, storage areas, and other facilities of the Leasehold and the Real Property, and excluding keys and security codes for areas under the exclusive control of others.
- 8. <u>Closing Obligations of BUYER</u>. BUYER shall deposit into escrow for delivery to SELLER upon closing each of the following;
- 8.1 Any remaining cash requirements.
- 8.2 Written assumption of obligations under the Partnership.
- 9. <u>Representations by SELLER</u>.
- 9.1 To SELLER's knowledge, there exists no pending or threatened litigation involving the Property, which have not been rectified by SELLER and which would

materially or adversely affect the value or operation of the Property and to the best of SELLER's knowledge, no governmental authority has commenced or is contemplating any investigation regarding any possible violations.

- 9.2 All FF&E shall be in working order upon the close of escrow, except as may otherwise be disclosed by SELLER in writing and approved by BUYER prior to the Close of Escrow.
- 9.3 Other than the parties to this Agreement, there exists no other individuals or entities who claim any right, title, or interest in and to the Property
- 9.4 SELLER has received no written notice of any violations of any law, rule, or regulation affecting the Property, which have not been rectified by SELLER and which would materially or adversely affect the value or operation of the Property, and to the best of SELLER's knowledge no governmental authority has commenced or is contemplating any investigation regarding any possible violation.
- Except as disclosed to BUYER in writing by SELLER prior to the close of escrow, and except as may be incidental to the conduct of the business presently conducted at the Property, SELLER has no actual knowledge of (i) the presence, now or at any prior time, or any "Hazardous Substances" located on the Property; (ii) spills of any Hazardous Substances on the Property or from any adjacent property onto the Property, (iii) the use of asbestos or other Hazardous Substances in the construction of any improvements located on the Property, or (iv) any notice of any violation or claimed violation of any law, rule, or regulation relating to Hazardous Substances. "Hazardous Substances" as used herein shall mean petroleum base products, pesticides, paints and solvents. Polychlorinated biphenyl, lead, cyanide, DDT, acids, ammonium compounds, PCB's, asbestos, and other chemical products and any substance or material defined or designated as a hazardous or toxic substance, or other similar term, by any federal, state, or local environmental statute, regulation, or ordinance. SELLER expressly agrees to indemnify, defend, and hold BUYER financially free and harmless from any and all claims, demands, liabilities, actions, and causes of action which may be asserted against BUYER and SELLER by any person, entitby, or governmental entity relating to any hazardous waste, hazardous material, or any other matter subject to regulation under any local, state, or federal law, acts, ordinances, or regulations, except for any matter proven to have occurred subsequent to the date of Close of Escrow. Any liability of SELLER for the foregoing shall be severally limited to SELLER's 14.67% interest in the partnership.
- 9.6 All representations and warranties of SELLER set forth above and in this Agreement shall survive the closing of escrow.
- 10. <u>Brokers, Agents, Finders</u>. Each party hereby represents and warrants to the other that, in connection with this transaction and the consummation hereof, each such party has dealt with no broker, agent, finder, or other person acting in such capacity. In the event of a breach of the representations and warranties herein, the breaching party shall indemnify, defend, and hold the other party financially free and harmless from any

claims, demands, commissions, liabilities, and actions, including attorney's fees and costs, which may be incurred by the non-breaching party.

- 11. <u>Indemnification and Hold Harmless</u>. Except as otherwise provided for in this Agreement, SELLER shall indemnify, defend, and hold BUYER financially free and harmless from any and all claims, demands, liabilities, tax assessments, obligations, and causes of action accruing up to the close of escrow and which may arise out of the ownership, occupancy, or possession of the Property by SELLER, including attorney's fees and costs.
- 12. <u>Notices</u>. Any notices to be given by either party to the other shall be in writing and shall be transmitted either by (1) personal delivery, (2) mail, registered or certified, postage prepaid with return receipt requested, (3) by an overnight delivery service (e.g., Federal Express), or (4) by facscimile transmission with a confirmation coy by regular mail, first class postage prepaid. Overnight delivery or mailed notices shall be addressed to the parties at the addresses listed below. Facsimile notices shall be transmitted to the telephone numbers listed below. Each party may change that address and facsimile telephone number by giving written notice in accordance with this paragraph. In the event of any mailing, notice shall be deemed given on the 3rd day after deposit. The addresses and facsimile telephone numbers of the parties are as follows:

TO BUYER:

Northern Inyo County Local Hospital District

150 Pioneer Lane Bishop, CA 93514

with a copy to:

Douglas Buchanan 363 Academy Street Bishop, CA 93514

TO SELLER:

Patricia L. Gardner, RPT 152 Pioneer Lane, Suite D Bishop, CA 93514

- 13. <u>Attorney's Fees and Costs</u>. If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any other relief to which that party may be entitled.
- 14. <u>Integration</u>. It is intended by the parties that this Agreement be the final expression of the intentions and agreements of the parties. This Agreement supersedes any and all prior or contemporaneous agreements, either oral or in writing, between the parties hereto and contains all of the covenants and agreements between the parties. No other agreements, representations, inducements, or promises, not contained in this Agreement shall be valid or binding. Any modification of this Agreement shall be effective only if it is in writing and signed by the party to be charged.

- 15. <u>Effect of Waiver</u>. The failure of either party to insist on strict compliance with any of the terms, covenants, or conditions of this Agreement by the other party shall not be deemed a waiver of that term, covenant, or condition, nor shall any waiver or relinquishment of any right or power, at any one time or times, be deemed a waiver or relinquishment of that right or power for all or any other times.
- 16. <u>Partial Invalidity</u>. If any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.
- 17. <u>Governing Law, Venue</u>. This Agreement shall be interpreted under the laws of the State of California. Exclusive venue for any legal action shall be Inyo County, California.
- 18. <u>Remedies</u>. Enforcement of any provision of this Agreement shall be by proceedings at law or in equity against any persons or entities violating or attempting to violate any promise, covenant, or condition contained herein, either to restrain violation, compel action and/or to recover damages.
- 19. <u>Remedies Cumulative</u>. Any and all remedies provided by this Agreement, operation of law, or otherwise, shall be deemed to be cumulative, and the choice or implementation of any particular remedy shall not be deemed to be an election of remedies to the mutual exclusion of any other remedy provided for herein, by operation of law, or otherwise.
- 20. <u>Attorney Representation</u>. BUYER has retained the Law Offices of Douglas Buchanan to advise it in connection with the negotiation and execution of this Agreement.
- 21. <u>Joint Preparation</u>. This Agreement shall be deemed to be jointly prepared by all parties hereto. In connection therewith, the provisions of Civil Code Section 1654 shall not be deemed applicable in the event of any interpretation of this Agreement.
- 22. <u>Execution of Documents</u>. Each party shall execute all documents reasonably necessary to carry out the terms and provisions of this Agreement, including any items which might arise or occur subsequent to closing.
- 23. <u>Counterparts</u>. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument. In addition, this Agreement may contain more than one counterpart of the signature page and may be executed by the affixing of the signatures of each of the parties to any one of such counterpart signature pages; all of such counterpart signature pages shall read as though one and they shall have the same force and effect as though all of the signers had signed a single signature page.

IN WITNESS WHEREOF, the parties hereto have executed this instrument on the day and year first above written.

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT

By: Peter Watercott, President, Board of
Directors
Зу:
Patricia I. Gardner RPT Seller

EXHIBIT A

INSTALLMENT NOTE WITH INTEREST ON UNPAID BALANCE

\$264,170

BISHOP, CALIFORNIA

DECEMBER 31, 2010

FOR VALUE RECEIVED, the undersigned promises to pay to the order of PATRICIA L. GARDNER, RPT, or order, at Bishop, California the principal sum of Two Hundred Sixty-Four Thousand, Three Hundred Ninety-Eight Dollars (\$264,170), together with interest at the rate of six percent (6%) per annum, principal and interest payable in installments of \$76,237.21 or more on the last day of each calendar year beginning on the 31st day of December 2011 and continuing until paid in full.

Each payment shall be credited first on interest then due and the remainder on principal and interest shall therefore cease upon the principal so credited. Should default be made in payment on any installment when due, the whole sum of principal and interest shall become immediately due at the option of the holder of this note.

Interest after default shall continue at the rate stated above, unless otherwise provided in writing above this paragraph. Principal and interest payable in lawful money of the United States.

If action be instituted on this note, the undersigned promises to pay such sum as the Court may fix as attorney's fees.

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT

By: PETER WATERCOTT, President Board of Directors

SPOUSAL CONSENT

The undersigned is the spouse of Patricia L. Gardner, RPT and acknowledges that he has read the foregoing Agreement dated December 31, 2010, and understands its provisions. The undersigned is aware that, by the provisions of this Agreement, his spouse has agreed to sell or transfer all her Membership Interest in the Pioneer Medical Association, a California General Partnership, including any community property interest or quasi-community property interest which he may hold, or to which he may be entitled, in accordance with the terms and provisions of the Agreement. The undersigned hereby expressly approves of and agrees to be bound by the provisions of the Agreement in its entirety, including, but not limited to, those provisions relating to the sales and transfers of Membership Interests and the restrictions thereon. The undersigned hereby agrees not to devise or bequeath whatever community property interest or quasi-community property interest he may have in Pioneer Medical Association, a California General Partnership in contravention of the Agreement.

Dated:	 By:	
	Theodore M. Gardner	

Principal

Payments per Year

264170.00

Annual Interest Rate Number of Regular Payments

6.0000

Balloon Payment

Payment Amount

76237.21

V

Show Amortization Schedule



Summary

Principal borrowed:

\$264,170.00

Regular Payment amount: \$76,237.21

Final Balloon Payment:

\$0.00

Interest-only payment:

\$15,850.20

*Total Repaid:

\$304,948.84

*Total Interest Paid:

\$40,778.84

Annual Payments:

1

4

Total Payments:

(4.00 years)

Annual interest rate:

6 .00%

Periodic interest rate:

6 .0000%

Debt Service Constant:

.8591% 28

*Total interest paid as a

15 .437%

percentage of Principal:

Pm	t Principal	Interest	Cum Prin	Cum Int	Prin Bal
1	60,387.01	15,850.20	60,387.01	15,850.20	203,782.99
2	64,010.23	12,226.98	124,397.24	28,077.18	139,772.76
3	67,850.84	8,386.37	192,248.08	36,463.55	71,921.92
4	*71,921.92	4,315.32	264,170.00	40,778.87	0.00

^{*}The final payment has been adjusted to account for payments having been rounded to the nearest cent.

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COR#	<u>Description</u>	Amount
69	Furred out walls for Headwalls	\$40,709.00
75	Code required Janitor closet etc.	\$24,253.00
79	Air Handling Unit curbs and equipment seismic work	\$25,426.00
84	Revised window details	\$37,872.00
88	Revisions to ED	\$23,786.00
89	Fire Department Connection	\$29,069.00
91	Revisions to HVAC ductwork	\$38,965.00
92	Revised Surgery layout	-\$14,641.00
93	Revisions to Registration	\$28,067.00
95	New Generator Electrical Engineering time	\$23,012.00
86	Casework Revisions	\$140,282.00
		-
		\$396,800.00

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AGREEMENT FOR SERVICES TO THE NORTHERN INYO HOSPITAL ELECTROCARDIOGRAPHIC DEPARTMENT

THIS AGREEMENT MADE AND ENTERED INTO this 1st day of December, 2010, by and between NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT (hereinafter "Hospital") and Vasuki Sittampalam, M.D. (hereinafter "Physician").

I RECITALS

- A. Hospital is located at 150 Pioneer Lane, Bishop, California, and operates therein a service designated as the Electrocardiography Department (hereinafter "EKG Department").
- B. Physician is a sole practitioner licensed to practice medicine in the State of California, and a diplomate of the American Board of Internal Medicine. Physician has represented and does represent, to the Hospital that, on the basis of his or her training or experience, he or she is knowledgeable in the interpretation of electrocardiographs (hereinafter "EKGs") and is readily available to interpret EKGs.
- C. Hospital desires to contract with Physician to provide professional interpretation of EKGs done on patients at the Hospital.
- D. The parties desire to enter this Agreement to provide a complete statement of their respective duties and obligations.
- E. The term "EKG" shall mean all products of the EKG Department, including but without limitation, electrocardiographs, rhythm strips, stress tests, event recorders, and telemetry strips.

NOW, THEREFORE, in consideration of the covenants and agreements set forth below, the parties agree as follows:

II COVENANTS OF PHYSICIAN

1. Physician shall perform the follow services:

- a. Be available to provide interpretation of all full and partial cardiac function studies performed by the EKG Department on Physician's patients. Said interpretations are to be done within 24 hours of the time the EKG studies are performed. Physician shall have no exclusive right to read studies hereunder, and acknowledges that EKG and treadmill studies may be read by any other physician deemed qualified to do so by the Medical Staff Executive Committee.
- b. Physician acknowledges that Hospital has retained the services of Asao Kamei, M.D. (hereinafter "Dr. Kamei"), to serve as Chief of the EKG Department and agrees that, should Physician fail to read and interpret any EKG which he or she is obligated to read within 24 hours of its creation, or should Physician fail to read and interpret any EKG done in preparation for any surgery, whether emergency or elective, if said EKG has not been read within a reasonable time prior to the time scheduled for said surgery, said EKG will be read and interpreted by Dr. Kamei, and he shall receive compensation from the Hospital for such service. Physician acknowledges and agrees that in such event, Physician will not be compensated by the Hospital, but nonetheless may read and interpret the relevant EKG as may be required for the care of his or her own patients. In regard to the circumstances set forth in this sub-paragraph (b), Physician further acknowledges and agrees that Dr. Kamei may designate another qualified physician (who must also be a Diplomate of the American Board of Internal Medicine) to perform such services for him in the event of his or her absence or inability to perform such services.
- c. Physician acknowledges and agrees that Dr. Kamei, acting in his role as Chief of the EKG Department, may read any EKG done in the Hospital.
- d. Participate in retrospective evaluation of care provided in the EKG Department.
- e. Be available to provide interpretation of EKGs for patients under the care of Physician who were seen in the Hospital's Emergency Room Department whether or not said patient was seen by the Physician in the Emergency Room.
- f. Be available to provide interpretation of EKGs for emergent pre-operative patients under the care of the Physician.
- 2. Physician shall at all times comply with the policies, rules and regulations of the Hospital, subject to State and federal statutes covering his or her practice. No part of the Hospital premises shall be used, at any time, by Physician for the general practice of medicine except during the exercise of privileges granted Physician as a member of the Hospital Active Medical Staff.
- 3. Physician agrees to maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred, and revenue acquired, pursuant to this

agreement to the extent, and in such detail, as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature, for which he or she may claim payment or reimbursement from the Hospital. Physician acknowledges and agrees that any federal office authorized by law shall have access, for the purpose of audit and examination, to any books, documents, papers, and records of Physician which are relevant to this Agreement, at all reasonable times for a period of four (4) years following the termination of this Agreement, during which period Physician shall preserve and maintain said books, documents, papers and records. Physician further agrees to transfer to the Hospital, upon termination of this Agreement, any books, documents, papers or records which possess long-term (i.e., more than four (4) years) value to the Hospital. Physician shall include a clause providing similar access in any subcontract he or she may enter with a value of more than \$10,000, or for more than a 12-month period, when said sub-contract is with a related organization.

- 4. Physician acknowledges, covenants, and agrees that Hospital shall have no obligation to compensate him or her for EKGs read in the following cases:
 - a. Where a patient seen in the Emergency Room is not identified as being in the care of Physician and the EKG is subsequently read by the Chief;
 - b. Where a patient first seen in the Emergency Room and who has not previously been under the care of Physician, is admitted to the Hospital to the care of Physician after the patient's EKG has been read by the Chief;
 - c. Where any member of the Hospital Medical Staff requests Physician to consult on a patient after the patient's EKG is read by the Chief;
 - d. Where Physician has not been identified as the primary physician of a patient at the time a patient's pre-operative EKG is read by the Chief;
 - e. For any EKG not read within 24 hours of its creation.

III COVENANTS OF THE HOSPITAL

- 1. Hospital shall furnish, for the use of Physician in rendering services hereunder:
 - a. Sufficient space in the Hospital to enable him or her to perform his or her duties under this Agreement; and,
 - b. Ordinary janitorial and in-house messenger service, and such electricity for light and power, gas, water, and heat as may be required by him or her to perform his or her duties under this Agreement.

- 2. Hospital shall pay Physician in accordance with Exhibit A for all interpretation rendered by the Physician. Said sums are payable on the twentieth (20th) day of the calendar month immediately following the service performed. Payments made pursuant to this Paragraph 2 shall be deemed Physician's full, complete, and reasonable compensation for services under this Agreement.
- 3. Hospital shall allow any member of the Hospital Medical Staff to designate, in writing, any physician who is (a) also a member of the Hospital Active Medical Staff and (b) a diplomate of the American Board of Internal Medicine, as the physician who shall be entitled to read EKGs for any patient admitted to the Hospital to the care of said physician, and Hospital shall compensate said physician for the services thereafter rendered provided that (c) said physician has executed an agreement with Hospital identical to this Agreement and (d) the written designation described in this subdivision is renewed, in writing, annually.
- 4. Hospital will attempt, insofar as is reasonably possible in the circumstances, to identify and notify the primary physician of any patient treated in the Hospital's Emergency Room Department and/or Surgery Department.

IV GENERAL PROVISIONS

- 1. Services to be performed by Physician under this Agreement may be performed by other physicians who are approved in writing (which approval is revocable) by Hospital and who shall be members of the Hospital Active Medical Staff. If Physician is absent, services required to be performed by Physician under this Agreement shall be performed by Dr. Kamei or his designee. Notwithstanding anything to the contrary contained herein, Physician shall not have the right to assign this agreement, or any rights or obligations thereunder, without the written consent of Hospital first had and obtained.
- 2. In the performance of his or her duties and obligations under this Agreement, it is further mutually understood and agreed that:
 - a. Physician is at all times acting and performing as an independent contractor, that Hospital shall neither have nor exercise any control or direction over the methods by which he or she shall perform his or her work and functions (except that Physician shall do so at all times in strict compliance with currently approved methods and practices of internal medicine and cardiology, and in accord with the Hospital's Bylaws and with the Hospital Medical Staff Bylaws and Rules and Regulations), and that the sole interest of Hospital is to assure that the services of Physician shall be performed and rendered, and the EKG Department shall be

operated, in a competent, efficient, and satisfactory manner in accord with the highest medical standards possible.

- b. No act, commission, or omission of Physician pursuant to the terms and conditions of this Agreement shall be construed to make or render Physician an agent, employee, or servant of the Hospital.
- c. It is the intent of the parties that Physician be an independent contractor, and not an employee, in the performance of his or her duties under this Agreement. In order to protect the Hospital from liability, Physician shall defend, indemnify, and hold harmless the Hospital from liability for any and all claims arising out of the performance of his or her duties under this Agreement.
- 3. Physician shall, at all relevant times, be a member of the Hospital Active Medical Staff.
- 4. Each party shall comply with all applicable requirements of law relating to licensure and regulation of both physicians and hospitals.
- 5. This is the entire agreement of the parties, and supersedes any and all prior oral and/or written agreements. It may be modified only by a written instrument signed by both parties.
- 6. Whenever, under the terms of this Agreement, written notice is required or permitted to be given, such notice shall be deemed given when deposited in the United States mail, first class postage prepaid, addressed as follows:

HOSPITAL: Administrator

Northern Inyo Hospital 150 Pioneer Lane

Bishop, California 93514

PHYSICIAN: Vasuki Sittampalam, M.D.

686 West Line Street Bishop, California 93514

or to such other address as either party may notify the other, in writing.

- 7. The term of this Agreement is one (1) year, commencing on December 1, 2010 and ending at midnight on November 30, 2011.
- 8. Notwithstanding the aforesaid term, Hospital may terminate this Agreement immediately upon the occurrence of any of the following events:

- a. Physician's death, loss of Hospital Active Medical Staff membership, loss of license to practice medicine, or loss of Active Medical Staff privileges required to render services under this Agreement;
- b. Physician's inability to render services hereunder;
- c. The appointment of a receiver of the assets of Physician, an assignment by him or her for the benefit of his or her creditors, or any action taken or suffered by him or her (with respect to him or her) under any bankruptcy or insolvency law;
- d. Closure of the Hospital;
- e. Sixty (60) days after written notice of termination without cause is given by Hospital to Physician.

However, the parties understand and acknowledge that termination of this Agreement shall not affect Physician's membership on the Hospital Medical Staff.

- 9. Originals of medical records of the EKG Department are the property of the Hospital and shall be retained on Hospital premises. Physician shall have access to, and may photocopy, such documents and records as may be required for the care of his or her patients or to perform his or her duties under this Agreement, provided only that he or she gives reasonable notice. Physician shall complete all reports required of him or her by Hospital, for the performance of his or her duties under this Agreement, within 24 hours of the time the EKG is performed. Physician acknowledges that, should he or she remove an original EKG from the custody of the EKG Department, he or she shall return it to the custody of the EKG Department within the 24-hour period required for reading as set forth in Article II, section 1(a) above. "Custody" includes, but is not limited to, the physical premises occupied by the EKG Department and any EKG machines, carts, or collection or storage vehicles located within the Hospital but outside the EKG Department physical premises. Physician shall not destroy or mutilate originals of medical records or EKGs.
- 10. This Agreement is for the personal services of Physician and Physician may not assign his or her rights, duties, obligations or responsibilities thereunder.
- 11. Subject to the restrictions against transfer or assignment set forth above, the provisions of this Agreement shall inure to the benefit, and be binding upon, the heirs, successors, assigns, agents, personal representatives, conservators, executors and administrators of the parties.

12. Use of the masculine, feminine or neuter gender, and/or of the singular or plural number, shall include the other when the context shall indicate.IN WITNESS WHEREOF, the parties have executed this Agreement at Bishop, California on the day, month and year first above written.			
By Peter Watercott, President Board of Directors	Vasuki Sittampalam, M.D. 686 West Line Street Bishop, California 93514		

EXHIBIT A EKG INTERPRETATION RATES

1.	EKG Interpretation	\$ 20.50
2.	Rhythm Strip	\$ 17.00
3.	Tele Strip	\$ 20.00
4.	Cardiac event recorder	\$ 36.45
5.	Treadmill Study	\$107.10
6.	Cardiac Nuclear	\$133.75
7.	Adenosine Nuclear	\$157.50

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AGREEMENT FOR SERVICES TO THE NORTHERN INYO HOSPITAL ELECTROCARDIOGRAPHIC DEPARTMENT

THIS AGREEMENT MADE AND ENTERED INTO this 1st day of December, 2010, by and between NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT (hereinafter "Hospital") and Nickoline M. Hathaway, M.D. (hereinafter "Physician").

I RECITALS

- A. Hospital is located at 150 Pioneer Lane, Bishop, California, and operates therein a service designated as the Electrocardiography Department (hereinafter "EKG Department").
- B. Physician is a sole practitioner licensed to practice medicine in the State of California, and a diplomate of the American Board of Internal Medicine. Physician has represented and does represent, to the Hospital that, on the basis of his or her training or experience, he or she is knowledgeable in the interpretation of electrocardiographs (hereinafter "EKGs") and is readily available to interpret EKGs.
- C. Hospital desires to contract with Physician to provide professional interpretation of EKGs done on patients at the Hospital.
- D. The parties desire to enter this Agreement to provide a complete statement of their respective duties and obligations.
- E. The term "EKG" shall mean all products of the EKG Department, including but without limitation, electrocardiographs, rhythm strips, stress tests, event recorders, and telemetry strips.

NOW, THEREFORE, in consideration of the covenants and agreements set forth below, the parties agree as follows:

II COVENANTS OF PHYSICIAN

1. Physician shall perform the follow services:

- a. Be available to provide interpretation of all full and partial cardiac function studies performed by the EKG Department on Physician's patients. Said interpretations are to be done within 24 hours of the time the EKG studies are performed. Physician shall have no exclusive right to read studies hereunder, and acknowledges that EKG and treadmill studies may be read by any other physician deemed qualified to do so by the Medical Staff Executive Committee.
- b. Physician acknowledges that Hospital has retained the services of Asao Kamei, M.D. (hereinafter "Dr. Kamei"), to serve as Chief of the EKG Department and agrees that, should Physician fail to read and interpret any EKG which he or she is obligated to read within 24 hours of its creation, or should Physician fail to read and interpret any EKG done in preparation for any surgery, whether emergency or elective, if said EKG has not been read within a reasonable time prior to the time scheduled for said surgery, said EKG will be read and interpreted by Dr. Kamei, and he shall receive compensation from the Hospital for such service. Physician acknowledges and agrees that in such event, Physician will not be compensated by the Hospital, but nonetheless may read and interpret the relevant EKG as may be required for the care of his or her own patients. In regard to the circumstances set forth in this sub-paragraph (b), Physician further acknowledges and agrees that Dr. Kamei may designate another qualified physician (who must also be a Diplomate of the American Board of Internal Medicine) to perform such services for him in the event of his or her absence or inability to perform such services.
- c. Physician acknowledges and agrees that Dr. Kamei, acting in his role as Chief of the EKG Department, may read any EKG done in the Hospital.
- d. Participate in retrospective evaluation of care provided in the EKG Department.
- e. Be available to provide interpretation of EKGs for patients under the care of Physician who were seen in the Hospital's Emergency Room Department whether or not said patient was seen by the Physician in the Emergency Room.
- f. Be available to provide interpretation of EKGs for emergent pre-operative patients under the care of the Physician.
- 2. Physician shall at all times comply with the policies, rules and regulations of the Hospital, subject to State and federal statutes covering his or her practice. No part of the Hospital premises shall be used, at any time, by Physician for the general practice of medicine except during the exercise of privileges granted Physician as a member of the Hospital Active Medical Staff.
- 3. Physician agrees to maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred, and revenue acquired, pursuant to this

agreement to the extent, and in such detail, as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature, for which he or she may claim payment or reimbursement from the Hospital. Physician acknowledges and agrees that any federal office authorized by law shall have access, for the purpose of audit and examination, to any books, documents, papers, and records of Physician which are relevant to this Agreement, at all reasonable times for a period of four (4) years following the termination of this Agreement, during which period Physician shall preserve and maintain said books, documents, papers and records. Physician further agrees to transfer to the Hospital, upon termination of this Agreement, any books, documents, papers or records which possess long-term (i.e., more than four (4) years) value to the Hospital. Physician shall include a clause providing similar access in any subcontract he or she may enter with a value of more than \$10,000, or for more than a 12-month period, when said sub-contract is with a related organization.

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 - b. Where a patient first seen in the Emergency Room and who has not previously been under the care of Physician, is admitted to the Hospital to the care of Physician after the patient's EKG has been read by the Chief;
 - c. Where any member of the Hospital Medical Staff requests Physician to consult on a patient after the patient's EKG is read by the Chief;
 - d. Where Physician has not been identified as the primary physician of a patient at the time a patient's pre-operative EKG is read by the Chief;
 - e. For any EKG not read within 24 hours of its creation.

III COVENANTS OF THE HOSPITAL

- 1. Hospital shall furnish, for the use of Physician in rendering services hereunder:
 - a. Sufficient space in the Hospital to enable him or her to perform his or her duties under this Agreement; and,
 - b. Ordinary janitorial and in-house messenger service, and such electricity for light and power, gas, water, and heat as may be required by him or her to perform his or her duties under this Agreement.

- 2. Hospital shall pay Physician in accordance with Exhibit A for all interpretation rendered by the Physician. Said sums are payable on the twentieth (20th) day of the calendar month immediately following the service performed. Payments made pursuant to this Paragraph 2 shall be deemed Physician's full, complete, and reasonable compensation for services under this Agreement.
- 3. Hospital shall allow any member of the Hospital Medical Staff to designate, in writing, any physician who is (a) also a member of the Hospital Active Medical Staff and (b) a diplomate of the American Board of Internal Medicine, as the physician who shall be entitled to read EKGs for any patient admitted to the Hospital to the care of said physician, and Hospital shall compensate said physician for the services thereafter rendered provided that (c) said physician has executed an agreement with Hospital identical to this Agreement and (d) the written designation described in this subdivision is renewed, in writing, annually.
- 4. Hospital will attempt, insofar as is reasonably possible in the circumstances, to identify and notify the primary physician of any patient treated in the Hospital's Emergency Room Department and/or Surgery Department.

IV GENERAL PROVISIONS

- 1. Services to be performed by Physician under this Agreement may be performed by other physicians who are approved in writing (which approval is revocable) by Hospital and who shall be members of the Hospital Active Medical Staff. If Physician is absent, services required to be performed by Physician under this Agreement shall be performed by Dr. Kamei or his designee. Notwithstanding anything to the contrary contained herein, Physician shall not have the right to assign this agreement, or any rights or obligations thereunder, without the written consent of Hospital first had and obtained.
- 2. In the performance of his or her duties and obligations under this Agreement, it is further mutually understood and agreed that:
 - a. Physician is at all times acting and performing as an independent contractor, that Hospital shall neither have nor exercise any control or direction over the methods by which he or she shall perform his or her work and functions (except that Physician shall do so at all times in strict compliance with currently approved methods and practices of internal medicine and cardiology, and in accord with the Hospital's Bylaws and with the Hospital Medical Staff Bylaws and Rules and Regulations), and that the sole interest of Hospital is to assure that the services of Physician shall be performed and rendered, and the EKG Department shall be

operated, in a competent, efficient, and satisfactory manner in accord with the highest medical standards possible.

- b. No act, commission, or omission of Physician pursuant to the terms and conditions of this Agreement shall be construed to make or render Physician an agent, employee, or servant of the Hospital.
- c. It is the intent of the parties that Physician be an independent contractor, and not an employee, in the performance of his or her duties under this Agreement. In order to protect the Hospital from liability, Physician shall defend, indemnify, and hold harmless the Hospital from liability for any and all claims arising out of the performance of his or her duties under this Agreement.
- 3. Physician shall, at all relevant times, be a member of the Hospital Active Medical Staff.
- 4. Each party shall comply with all applicable requirements of law relating to licensure and regulation of both physicians and hospitals.
- 5. This is the entire agreement of the parties, and supersedes any and all prior oral and/or written agreements. It may be modified only by a written instrument signed by both parties.
- 6. Whenever, under the terms of this Agreement, written notice is required or permitted to be given, such notice shall be deemed given when deposited in the United States mail, first class postage prepaid, addressed as follows:

HOSPITAL: Administrator

Northern Inyo Hospital 150 Pioneer Lane

Bishop, California 93514

PHYSICIAN: Nickoline M. Hathaway, M.D.

152-C Pioneer Lane Bishop, California 93514

or to such other address as either party may notify the other, in writing.

- 7. The term of this Agreement is one (1) year, commencing on December 1, 2010 and ending at midnight on November 30, 2011.
- 8. Notwithstanding the aforesaid term, Hospital may terminate this Agreement immediately upon the occurrence of any of the following events:

- a. Physician's death, loss of Hospital Active Medical Staff membership, loss of license to practice medicine, or loss of Active Medical Staff privileges required to render services under this Agreement;
- b. Physician's inability to render services hereunder;
- c. The appointment of a receiver of the assets of Physician, an assignment by him or her for the benefit of his or her creditors, or any action taken or suffered by him or her (with respect to him or her) under any bankruptcy or insolvency law;
- d. Closure of the Hospital;
- e. Sixty (60) days after written notice of termination without cause is given by Hospital to Physician.

However, the parties understand and acknowledge that termination of this Agreement shall not affect Physician's membership on the Hospital Medical Staff.

- 9. Originals of medical records of the EKG Department are the property of the Hospital and shall be retained on Hospital premises. Physician shall have access to, and may photocopy, such documents and records as may be required for the care of his or her patients or to perform his or her duties under this Agreement, provided only that he or she gives reasonable notice. Physician shall complete all reports required of him or her by Hospital, for the performance of his or her duties under this Agreement, within 24 hours of the time the EKG is performed. Physician acknowledges that, should he or she remove an original EKG from the custody of the EKG Department, he or she shall return it to the custody of the EKG Department within the 24-hour period required for reading as set forth in Article II, section 1(a) above. "Custody" includes, but is not limited to, the physical premises occupied by the EKG Department and any EKG machines, carts, or collection or storage vehicles located within the Hospital but outside the EKG Department physical premises. Physician shall not destroy or mutilate originals of medical records or EKGs.
- 10. This Agreement is for the personal services of Physician and Physician may not assign his or her rights, duties, obligations or responsibilities thereunder.
- 11. Subject to the restrictions against transfer or assignment set forth above, the provisions of this Agreement shall inure to the benefit, and be binding upon, the heirs, successors, assigns, agents, personal representatives, conservators, executors and administrators of the parties.

12. Use of the masculine, feminine or neuter gender, and/or of the singular or plural number, shall include the other when the context shall indicate.

IN WITNESS WHEREOF, the parties have executed this Agreement at Bishop, California on the day, month and year first above written.

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT

Ву		
	Peter Watercott, President	
	Board of Directors	

Nickoline M. Hathaway, M.D. 152-C Pioneer Lane Bishop, California 93514

EXHIBIT A EKG INTERPRETATION RATES

1.	EKG Interpretation	\$ 20.50
2.	Rhythm Strip	\$ 17.00
3.	Tele Strip	\$ 20.00
4.	Cardiac event recorder	\$ 36.45
5.	Treadmill Study	\$107.10
6.	Cardiac Nuclear	\$133.75
7.	Adenosine Nuclear	\$157.50

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AGREEMENT FOR SERVICES TO THE NORTHERN INYO HOSPITAL ELECTROCARDIOGRAPHIC DEPARTMENT

THIS AGREEMENT MADE AND ENTERED INTO this 1st day of December, 2010, by and between NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT (hereinafter "Hospital") and James A. Richardson, M.D. (hereinafter "Physician").

I RECITALS

- A. Hospital is located at 150 Pioneer Lane, Bishop, California, and operates therein a service designated as the Electrocardiography Department (hereinafter "EKG Department").
- B. Physician is a sole practitioner licensed to practice medicine in the State of California, and a diplomate of the American Board of Internal Medicine. Physician has represented and does represent, to the Hospital that, on the basis of his or her training or experience, he or she is knowledgeable in the interpretation of electrocardiographs (hereinafter "EKGs") and is readily available to interpret EKGs.
- C. Hospital desires to contract with Physician to provide professional interpretation of EKGs done on patients at the Hospital.
- D. The parties desire to enter this Agreement to provide a complete statement of their respective duties and obligations.
- E. The term "EKG" shall mean all products of the EKG Department, including but without limitation, electrocardiographs, rhythm strips, stress tests, event recorders, and telemetry strips.

NOW, THEREFORE, in consideration of the covenants and agreements set forth below, the parties agree as follows:

II COVENANTS OF PHYSICIAN

1. Physician shall perform the follow services:

- a. Be available to provide interpretation of all full and partial cardiac function studies performed by the EKG Department on Physician's patients. Said interpretations are to be done within 24 hours of the time the EKG studies are performed. Physician shall have no exclusive right to read studies hereunder, and acknowledges that EKG and treadmill studies may be read by any other physician deemed qualified to do so by the Medical Staff Executive Committee.
- b. Physician acknowledges that Hospital has retained the services of Asao Kamei, M.D. (hereinafter "Dr. Kamei"), to serve as Chief of the EKG Department and agrees that, should Physician fail to read and interpret any EKG which he or she is obligated to read within 24 hours of its creation, or should Physician fail to read and interpret any EKG done in preparation for any surgery, whether emergency or elective, if said EKG has not been read within a reasonable time prior to the time scheduled for said surgery, said EKG will be read and interpreted by Dr. Kamei, and he shall receive compensation from the Hospital for such service. Physician acknowledges and agrees that in such event, Physician will not be compensated by the Hospital, but nonetheless may read and interpret the relevant EKG as may be required for the care of his or her own patients. In regard to the circumstances set forth in this sub-paragraph (b), Physician further acknowledges and agrees that Dr. Kamei may designate another qualified physician (who must also be a Diplomate of the American Board of Internal Medicine) to perform such services for him in the event of his or her absence or inability to perform such services.
- c. Physician acknowledges and agrees that Dr. Kamei, acting in his role as Chief of the EKG Department, may read any EKG done in the Hospital.
- d. Participate in retrospective evaluation of care provided in the EKG Department.
- e. Be available to provide interpretation of EKGs for patients under the care of Physician who were seen in the Hospital's Emergency Room Department whether or not said patient was seen by the Physician in the Emergency Room.
- f. Be available to provide interpretation of EKGs for emergent pre-operative patients under the care of the Physician.
- 2. Physician shall at all times comply with the policies, rules and regulations of the Hospital, subject to State and federal statutes covering his or her practice. No part of the Hospital premises shall be used, at any time, by Physician for the general practice of medicine except during the exercise of privileges granted Physician as a member of the Hospital Active Medical Staff.
- 3. Physician agrees to maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred, and revenue acquired, pursuant to this

agreement to the extent, and in such detail, as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature, for which he or she may claim payment or reimbursement from the Hospital. Physician acknowledges and agrees that any federal office authorized by law shall have access, for the purpose of audit and examination, to any books, documents, papers, and records of Physician which are relevant to this Agreement, at all reasonable times for a period of four (4) years following the termination of this Agreement, during which period Physician shall preserve and maintain said books, documents, papers and records. Physician further agrees to transfer to the Hospital, upon termination of this Agreement, any books, documents, papers or records which possess long-term (i.e., more than four (4) years) value to the Hospital. Physician shall include a clause providing similar access in any subcontract he or she may enter with a value of more than \$10,000, or for more than a 12-month period, when said sub-contract is with a related organization.

- 4. Physician acknowledges, covenants, and agrees that Hospital shall have no obligation to compensate him or her for EKGs read in the following cases:
 - a. Where a patient seen in the Emergency Room is not identified as being in the care of Physician and the EKG is subsequently read by the Chief;
 - b. Where a patient first seen in the Emergency Room and who has not previously been under the care of Physician, is admitted to the Hospital to the care of Physician after the patient's EKG has been read by the Chief;
 - c. Where any member of the Hospital Medical Staff requests Physician to consult on a patient after the patient's EKG is read by the Chief;
 - d. Where Physician has not been identified as the primary physician of a patient at the time a patient's pre-operative EKG is read by the Chief;
 - e. For any EKG not read within 24 hours of its creation.

III COVENANTS OF THE HOSPITAL

- 1. Hospital shall furnish, for the use of Physician in rendering services hereunder:
 - a. Sufficient space in the Hospital to enable him or her to perform his or her duties under this Agreement; and,
 - b. Ordinary janitorial and in-house messenger service, and such electricity for light and power, gas, water, and heat as may be required by him or her to perform his or her duties under this Agreement.

- 2. Hospital shall pay Physician in accordance with Exhibit A for all interpretation rendered by the Physician. Said sums are payable on the twentieth (20th) day of the calendar month immediately following the service performed. Payments made pursuant to this Paragraph 2 shall be deemed Physician's full, complete, and reasonable compensation for services under this Agreement.
- 3. Hospital shall allow any member of the Hospital Medical Staff to designate, in writing, any physician who is (a) also a member of the Hospital Active Medical Staff and (b) a diplomate of the American Board of Internal Medicine, as the physician who shall be entitled to read EKGs for any patient admitted to the Hospital to the care of said physician, and Hospital shall compensate said physician for the services thereafter rendered provided that (c) said physician has executed an agreement with Hospital identical to this Agreement and (d) the written designation described in this subdivision is renewed, in writing, annually.
- 4. Hospital will attempt, insofar as is reasonably possible in the circumstances, to identify and notify the primary physician of any patient treated in the Hospital's Emergency Room Department and/or Surgery Department.

IV GENERAL PROVISIONS

- 1. Services to be performed by Physician under this Agreement may be performed by other physicians who are approved in writing (which approval is revocable) by Hospital and who shall be members of the Hospital Active Medical Staff. If Physician is absent, services required to be performed by Physician under this Agreement shall be performed by Dr. Kamei or his designee. Notwithstanding anything to the contrary contained herein, Physician shall not have the right to assign this agreement, or any rights or obligations thereunder, without the written consent of Hospital first had and obtained.
- 2. In the performance of his or her duties and obligations under this Agreement, it is further mutually understood and agreed that:
 - a. Physician is at all times acting and performing as an independent contractor, that Hospital shall neither have nor exercise any control or direction over the methods by which he or she shall perform his or her work and functions (except that Physician shall do so at all times in strict compliance with currently approved methods and practices of internal medicine and cardiology, and in accord with the Hospital's Bylaws and with the Hospital Medical Staff Bylaws and Rules and Regulations), and that the sole interest of Hospital is to assure that the services of Physician shall be performed and rendered, and the EKG Department shall be

operated, in a competent, efficient, and satisfactory manner in accord with the highest medical standards possible.

- b. No act, commission, or omission of Physician pursuant to the terms and conditions of this Agreement shall be construed to make or render Physician an agent, employee, or servant of the Hospital.
- c. It is the intent of the parties that Physician be an independent contractor, and not an employee, in the performance of his or her duties under this Agreement. In order to protect the Hospital from liability, Physician shall defend, indemnify, and hold harmless the Hospital from liability for any and all claims arising out of the performance of his or her duties under this Agreement.
- 3. Physician shall, at all relevant times, be a member of the Hospital Active Medical Staff.
- 4. Each party shall comply with all applicable requirements of law relating to licensure and regulation of both physicians and hospitals.
- 5. This is the entire agreement of the parties, and supersedes any and all prior oral and/or written agreements. It may be modified only by a written instrument signed by both parties.
- 6. Whenever, under the terms of this Agreement, written notice is required or permitted to be given, such notice shall be deemed given when deposited in the United States mail, first class postage prepaid, addressed as follows:

HOSPITAL: Administrator

Northern Inyo Hospital 150 Pioneer Lane

Bishop, California 93514

PHYSICIAN: James A. Richardson, M.D.

307 Academy Street Bishop, California 93514

or to such other address as either party may notify the other, in writing.

- 7. The term of this Agreement is one (1) year, commencing on December 1, 2010 and ending at midnight on November 30, 2011.
- 8. Notwithstanding the aforesaid term, Hospital may terminate this Agreement immediately upon the occurrence of any of the following events:

- a. Physician's death, loss of Hospital Active Medical Staff membership, loss of license to practice medicine, or loss of Active Medical Staff privileges required to render services under this Agreement;
- b. Physician's inability to render services hereunder;
- c. The appointment of a receiver of the assets of Physician, an assignment by him or her for the benefit of his or her creditors, or any action taken or suffered by him or her (with respect to him or her) under any bankruptcy or insolvency law;
- d. Closure of the Hospital;
- e. Sixty (60) days after written notice of termination without cause is given by Hospital to Physician.

However, the parties understand and acknowledge that termination of this Agreement shall not affect Physician's membership on the Hospital Medical Staff.

- 9. Originals of medical records of the EKG Department are the property of the Hospital and shall be retained on Hospital premises. Physician shall have access to, and may photocopy, such documents and records as may be required for the care of his or her patients or to perform his or her duties under this Agreement, provided only that he or she gives reasonable notice. Physician shall complete all reports required of him or her by Hospital, for the performance of his or her duties under this Agreement, within 24 hours of the time the EKG is performed. Physician acknowledges that, should he or she remove an original EKG from the custody of the EKG Department, he or she shall return it to the custody of the EKG Department within the 24-hour period required for reading as set forth in Article II, section 1(a) above. "Custody" includes, but is not limited to, the physical premises occupied by the EKG Department and any EKG machines, carts, or collection or storage vehicles located within the Hospital but outside the EKG Department physical premises. Physician shall not destroy or mutilate originals of medical records or EKGs.
- 10. This Agreement is for the personal services of Physician and Physician may not assign his or her rights, duties, obligations or responsibilities thereunder.
- 11. Subject to the restrictions against transfer or assignment set forth above, the provisions of this Agreement shall inure to the benefit, and be binding upon, the heirs, successors, assigns, agents, personal representatives, conservators, executors and administrators of the parties.

12. Use of the masculine, feminine or neuter gender, and/or of the singular or plural number, shall include the other when the context shall indicate.
IN WITNESS WHEREOF, the parties have executed this Agreement at Bishop, California on the day, month and year first above written.
NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT

EXHIBIT A EKG INTERPRETATION RATES

1.	EKG Interpretation	\$ 20.50
2.	Rhythm Strip	\$ 17.00
3.	Tele Strip	\$ 20.00
4.	Cardiac event recorder	\$ 36.45
5.	Treadmill Study	\$107.10
6.	Cardiac Nuclear	\$133.75
7.	Adenosine Nuclear	\$157.50

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N.I.H. MEMORANDUM

DATE: November 16, 2010

TO: NIH Board of Directors

FROM: Leon Freis, R.Ph. Director Administrative Support Services

RE: Hematology Analyzer Replacement

The current hematology technology consists of a Beckman-Coulter LH500 analyzer with an ACT10 backup analyzer. These two instruments are not equivalent as the LH500 performs CBC with automated differential and the ACT10 only performs CBC. The lab has reached a crisis point with the LH500 in that it has stopped and required maintenance 109 times between 11/14/08 and 11/14/10. There have been 17 service calls in the 2 years, the last on 11/11/10. The average for the industry including data from Beckman-Coulter is 3 service calls per year. Despite repeated pleas to replace the LH500, the company ignored the data and has chosen to repair the instrument instead.

For the following reasons, we request a change in platform to two each Abbott Cel-Dyn Rubys via a lease agreement:

- Full redundancy in hematology analyzers for consistent clinical performance
- Newer technology for more accurate results and 25% fewer reflexed manual differentials (potential savings: \$7,000/year)
- Improved reliability new instruments would come with a replacement guarantee for excessive down time.
- Analyzer technology advances about every 5 years

The cost analysis on page 2 shows the following net cost to the hospital over the next 5 years for 2 each Abbott Cel-Dyn Rubys:

\$69,302

MONTHLY Abbott		Sysmex	No change	
	2 Cel-Dyn	2 XT 2000	1 LH500, Act8, Act10	
Lease Cost	\$ 2,199.14	\$ 2,306.20	\$ -	
Service Cost	\$ 1,200.00	\$ 1,492.33	\$ 1,284.25	
Reagent Cost	\$ 940.50	\$ 1,902.90	\$ 1,583.68	
Total	\$ 4,339.64	\$ 5,701.43	\$ 2,867.93	
YEARLY	Abbott	Sysmex	No change	
Lease Cost	\$ 26,389.68	\$ 27,674.40	\$ -	
Service Cost	\$ 14,400.00	\$ 17,907.96	\$ 15,411.00	
Reagent Cost	\$ 11,286.00	\$ 22,834.80	\$ 19,004.16	
Personnel Cost	\$ -	\$ -	\$ 7,000.00	
Total	\$ 52,075.68	\$ 68,417.16	\$ 41,415.16	
Amount over				
No Change:	\$ 10,660.52	\$ 27,002.00	\$ -	
Depreciation Recapture	\$ 16,000.00	\$ 16,000.00		
FIRST YEAR COST	\$ 26,660.52	\$ 43,002.00		
FIVE YEAR COST	\$ 69,302.60	\$ 151,010.00		

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PenRad Mammography System Software

NIH currently pays lOtrack approximately \$1,000 per month to send patient notification letters and track the mammography program as required by the FDA and ACR (American College of Radiology). It has become increasingly clear that our patients are not receiving these letters in a timely fashion. In some cases, it appears patients have not received letters at all. While lotrack collects statistical data for mammography program audits as required by law, the company has limited our ability to use the data for other statistical purposes, such as targeted marketing, technologist tracking and pathology concordance.

PenRad Mammography System is a tracking, notification letter, and reporting system. Reports are created by the radiologist in a structured format that includes all FDA and ACR requirements. The radiologist signs the report at the time of creation, eliminating the need for repetitive viewing of exams and reports. Dr. Souders, our mammographer, works with PenRad software at some of his other sites. His knowledge of the system will eliminate the need to spend several thousand dollars in on-site radiologist training costs. He finds that the software increases the time to read each study slightly, overall it eliminates multiple duplicative steps in his workflow and therefore increases his overall efficiency and productivity while reducing the number of opportunities for error.

PenRad will eliminate approximately 95% of the transcription work associated with mammography. Based on the number of hours dedicated to mammography reports by transcriptionists, the approximate associated cost of transcription is around \$16,500 annually. While the associated transcription costs are soft costs and would probably not be eliminated, it would allow transcriptionists to dedicate those hours to other hospital needs.

PenRad would be interfaced with the GE CAD (Computer Aided Diagnosis) and NovaRad (or McKesson) workstations to allow all systems to open the same patient exams selected by the radiologist off of a PenRad worklist. This saves time and decreases errors. The radiologist currently must select the patient on the two individual workstations for each exam. PenRad permanently attaches the report to the patient images being reviewed. This reduces errors caused by the report being attached to the incorrect patient.

Patient history is collected in a digital format that is stored for future visits. This means that our patients do not have to provide the same information year after year. It is stored in the computer and the patient/technologist will add any new or modified information. This reduces exam/prep time, paper usage and patient frustration. It also updates any mammography exams, procedures, and pathology reports to the patient history automatically. No system is truly paper-less, but PenRad will use much less paper.

PenRad system patient notification letters are printed in-house in a few clicks of the mouse. This will decrease the amount of radiology staff time devoted to mammography notification letters. Patient notification letters are required by the FDA and ACR. Another soft, but real, cost of the current system.

Summary:

PenRad streamlines the mammography program.

- · increase efficiency for the technologist,
- · quicker screening/exam time would allow for expansion of patients served daily, if needed,
- decrease paper usage,
- · reduce opportunities for errors in reporting,
- · increases in Radiologist overall efficiency,
- · decrease transcription costs,

The current NIH mammography program statistics:

- Approximately 2000 mammograms annually
- Approximately 40 breast biopsies annually
- Program Sensitivity for cancer detection is >90%
- Program Specificity > 99%

		T	
	1st Year	Annual	Annual soft costs
PenRad	\$17,000	\$7,000	
	Ψ17,000	Ψ1,000	<u> </u>
Additional interface cost	\$3,000		
IOTrack	\$10,891	10,891.6	
In-House Transcription			\$16,500

	Proposed		Curr	Current system		Projected				
	PenRad		loTrack		Mamm transc	no - In house ription	1st ye	ar savings	annual sa	vings
Initial cost	\$	20,000.00	\$	10,891.60	\$	16,500.00	\$	9108.00		
Yearly cost	\$	7.000.00	\$	11.000.00	\$	16.600.00			 \$	20.600.00

Date:

November 29, 2010

Memo:

Patty Dickson, RT

Radiology Supervisor

Northern Inyo Hospital Radiology Department

From:

Stuart Souders, M. D.

Breast Imager

In response to your questions regarding the value of an automated breast reporting system, I would like to make the following comments:

The advantages:

- 1. Transcriptionist will be eliminated. There is no expense for transcription. They will rarely be needed. The report is generated by me, corrected by me, and then signed.
- 2. The report is finished essentially in real time. As soon as I interpret the mammogram, the report is ready for signature. I hit a button and off it goes to medical records and the referring physician. The corrections are made in real time. This decreases turnaround time by 24 to 72 hours.
- 3. The letter (in lay terms) is sent simultaneously to the patient. (Recently it has come to my attention that there is an unacceptable delay with IOtrack performing this function).
- 4. There will be no need for lOtrack. The expense will be eliminated. The statistics for the medical audit are collected as the mammograms are interpreted, and as the pathology is entered. At any time, with the push of a button, the medical audit can be prepared. This is very efficient. The sensitivity, specificity, detection rate, recall rate, size of cancers detected, etc. are all available at the touch of a button for reports desired.
- 5. There is a report generated with diagrams if desired to show position of abnormality if present, which is sometimes helpful to referring clinicians.

The disadvantage:

- Requires a small amount of extra time for the radiologist to go through a stack of screening mammograms.
- 2. A complicated report can require a lot more extra time for the radiologist, unless the system is set up to allow the transcriptionist to type a report directly into the system. This is done in many institutions with this system.

I have used PENRAD for several years at Kaiser, and at Breastlink. I am comfortable with the system. PENRAD is used at more institutions than any other system, including all the Kaiser Hospitals in Southern California, at Yale, at Duke, and at the Mayo Clinics and hospitals. It is considered the "Mercedes" of the automated reporting systems. It is expandable and can do many more things than we will require from it, at least for now, but may in the future desire.

Stuart Souders, M. D.

PenRad[™]

Attn: Patty Dickson Northern Inyo Hospital 150 Pioneer Lane Bishop, CA 93514

		Bishop, CA 93514		
ltem			Initial	Annual
Number PRM-PSS	Qnty 1	PENRAD MAMMOGRAPHY SYSTEM SOFTWARE \$15,000.00 Includes the PenRad mammography initial license fee, one year on-line support and upgrades, auto-fax software, bar-code software and Livingston film flasher capabilities. Site manual (PRM-PSM) included. A \$5,000.00 annual renewable license fee (PRM-ARL) is due on each one year anniversary date of installation.	Cost \$15,000	\$5,000
PRM-SSC	1	SERVER SET UP AND CONFIGURATION \$1,500.00	\$1,500	\$0
PRM-PLS	4	PENRAD CLIENT LICENSE \$1,500.00 Client license fee for each customer supplied workstation and configuration.	\$6,000	\$0
PRM-CFI	1	CUSTOM FACILITY INTERFACE PACKAGE \$5,000.00 Two way interface of PenRad to HIS/RIS system. Any costs associated with interfacing the HIS/RIS system to the PenRad system are the responsibility of the facility. A \$1,000.00 annualrenewable license fee (PRM-RCI) is due on each one year anniversary date of installation.	\$5,000	\$1,000
PRM-SCM	1	PENRAD SOFTCOPY CONNECTIVITY MODULE \$5,000.00 This module allows the synchronization between PenRad and the softcopy workstation to select the corresponding patient in PenRad automatically. It saves the radiologist time by not having to select the patient in both systems. It reduces inherent errors, similar to when the barcode is attached to the images in the film environment. A \$1,000.00 annual renewable license fee (PSN-CCR) is due on each one-year anniversary date of installation.	\$5,000	\$1,000
PRM-PDB	1	PRE-POPULATE DATABASE PACKAGE \$1,500.00 Includes prepopulating mammography database with patient demographic data provided on disk from customer. Allocated time is 8 hours. Any additional time (PRM-PDX) will be billed at \$60.00/hr. Disk must be supplied three weeks prior to delivery.	\$1,500	\$0
PRM-ECT	1	FOLLOW-UP ON-SITE TRAINING \$3,000.00 One PenRad employee for 3 days in-service training. Typically scheduled 3-6 months post installation. If not used in the first 12 months, the \$3,000.00 will be applied to the annual license fees. 14-Day Advance notice required.	\$3,000	\$0
		Dr. Souders (PenRad Advisor) discount	(\$20,000)	
		Quotation Total	\$17,000	
		Annual Renewal Page 1 of 3		\$7,000

11/12/2010

PenRad™

Attn: Patty Dickson Northern Inyo Hospital 150 Pioneer Lane Bishop, CA 93514

Item

Number Qnty

Description

Initial **Annual**

Cost Renewal

MINIMUM HARDWARE AND SOFTWARE REQUIREMENTS

Server

Processor:

Pentium 4, 2+GHz

Software:

Microsoft (MS) Windows 2003/2008 Server, MS SQL 2005/2008 Server, MS Word

Memory:

4Gb RAM

Storage:

50Gb

Tape Drive: Tape Drive (or backup plan to customers network)

*** Facilities that do 300 exams a day will see the database grow approximately

1.5GB a year, so 10 years of data would require 15Gb of storage

Client Workstations

Processor: Pentium 4, 2+GHz

Software:

Microsoft (MS) Windows XP, Vista, 7 & MS Word

Memory:

1GB RAM

Storage:

40Gb Hard Drive

ANTI VIRUS IS NOT PROVIDED AND IS THE CUSTOMERS RESPONSIBILITY

PenRad™

11/12/2010

Attn: Patty Dickson Northern Inyo Hospital 150 Pioneer Lane Bishop, CA 93514

item

Number Qnty

Description

Initial

Annual Cost Renewal

TERMS AND CONDITIONS:

Customer, prior to installation, must supply VPN connection to the Master Imaging Workstation.

Customer must supply network cables between the rooms, all keyboard trays and any necessary computer furniture.

PenRad may not be registered to collect Sales and/or Use Tax in your state. If this is a taxable transaction, you are required to remit the Sales and/or Use Tax directly to your state.

F.O.B., Minnetonka, MN.

JS

Payment terms are: 50% initial investment and signed Partner License Agreement are required with the purchase order. Balance of payment is due on installation.

PenRad annual renewable license fee of \$5,000.00 is payable each year on the anniversary date of installation. Additionally, each remote site that is connected or networked will be required to pay an annual \$2,500.00 remote site license fee that is payable each year on the anniversary date of installation.

Should optional PenRad modules be purchased with your PenRad system, an additional annual renewable license fee of \$1,000.00 for each option is payable each year on the anniversary date of installation.

Sincerely,	Accepted by
	Signature:
	Print Name:
Ken Haataja	Date:
PenRad Technologies, Inc.	

END