

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:
GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC
Tax ID (92-0192942)

Contra Costa County on behalf of the Contra Costa Regional Medical Center
 2500 Alhambra Ave
 Martinez, CA94553-3156

This Agreement (as defined below) is by and between the Customer and the GE HealthCare business (“GE HealthCare”), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein (“Quotation”). “Agreement” is this Quotation (including line/catalog details included herein) and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE HealthCare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation.

GE HealthCare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE HealthCare (“Quotation Acceptance”). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE HealthCare’s prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	Vizient Supply LLC XR0918 – Ultrasound
Modality Agreement Tier	
Terms of Delivery	FOB Destination
Billing Terms	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms	45 Net
Sales and Use Tax Exemption	No Certificate on File
Total Quote Net Selling Price	\$129,184.00

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

Cash

GE HFS Loan GE HFS Lease

Other Financing Loan Other Financing Lease Provide Finance Company Name _____

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

Contra Costa County on behalf of the Contra Costa Regional Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____


Purchase Order Number, if applicable

GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC, a GE HealthCare business

Signature: Dusty Bergsman

Title: Product Sales Specialist, CardioVascular, ULS

Date: May 12, 2025

Signature: Ben Finklea 

Title: General Manager, Ultrasound

Date: May 15, 2025

Document Instructions

Please sign and return this quotation together with any Purchase Order(s) to:

Name: Dusty Bergsman

Email: dustin.bergsman@gehealthcare.com

Phone: (262) 327-5299

Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

**GE Medical Systems, Ultrasound & Primary Care
Diagnostics, LLC
P.O. Box 74008831
Chicago, IL 60674-8831**

FEIN: 92-0192942

Contra Costa County on behalf of the Contra Costa Regional Medical Center**Addresses:**

Bill To:	CONTRA COSTA REGIONAL MEDICAL CENTER	CONTRA COSTA REG MED CENTERACCOUNTS PAYABLE2500 ALHAMBRA AVE MARTINEZ CA 94553-3156
Ship To:	Contra Costa Regional Medical Center	2500 Alhambra Ave, Martinez, CA, US, 94553-3156

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- Source of Funds (choice of Cash/Third Party Loan or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE HealthCare).
- If your purchasing process requires a purchase order, please make sure it includes:
 - The correct Quote number and Version number above
 - The correct Remit To information as indicated in "Payment Instructions" above
 - Your correct SHIP TO and BILL TO site name and address
 - The correct Total Price as indicated above

Evidence of the agreement to contract terms. Either: (a) the quotation signature filled out with signature and P.O. number; or (b) Verbiage on the purchase order stating one of the following:

- (i) "Per the terms of Quotation # _____";
- (ii) "Per the terms of GPO # _____";
- (iii) "Per the terms of MPA# _____"; or
- (iv) "Per the terms of SAA # _____".

Quote Summary

Extended Qty	Catalog	Short Description
1	H8012EF	Vivid E95 2D Ultra Edition v206 ALT
1	H44901AE	M5Sc-D XDclear* Matrix Phased Array Probe
1	H4830JE	P2D CW Pencil Probe
1	H8012EH	Vivid E95 Ultra Edition SW Bundle v206
1	H45591HS	Wireless USB adapter

Quotation

Line	Qty.	Catalog	
1	1.00	H8012EF	Vivid E95 2D Ultra Edition v206 ALT

Line	Qty.	Catalog	
2	1.00	H44901AE	M5Sc-D XDclear* Matrix Phased Array Probe

Line	Qty.	Catalog	
3	1.00	H4830JE	P2D CW Pencil Probe

Line	Qty.	Catalog	
4	1.00	H8012EH	Vivid E95 Ultra Edition SW Bundle v206

Line	Qty.	Catalog	
5	1.00	H45591HS	Wireless USB adapter

Total Quote Subtotal: \$143,184.00

Qty	Credits and Adjustments	
1.00	Vivid Compassionate Purple Discount	(\$10,000.00)
1.00	PhilipsEpiq5 Trade-in	(\$4,000.00)

Total Quote Net Selling Price: \$129,184.00

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If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

Trade-in Addendum to GE HealthCare Quotation

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle (“mobile vehicles” are defined as any systems requiring a vehicle title) listed in Section E (“Trade-In Equipment”), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE HealthCare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE HealthCare has received a clean title signed over to GE HealthCare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE HealthCare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer’s new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE HealthCare is to take possession of them in order for GE HealthCare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE HealthCare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE HealthCare, or third-party purchaser of the Equipment through GE HealthCare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE HealthCare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE HealthCare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned; and (vii) for Trade-In Equipment that utilizes helium, ensuring sufficient helium for appropriate ramp down of the Trade-In Equipment. Customer is responsible for appropriately identifying and designating Trade-In Equipment for deinstallation and/or pick up by GE HealthCare. GE HealthCare is not liable for any Trade-In Equipment or other equipment that is removed from Customer’s facility due to Customer’s failure to properly identify and designate Trade-In Equipment for removal.

C. Prior to removal or return to GE HealthCare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 (“PHI”) from the Trade-In Equipment; and (ii) indemnify GE HealthCare for any loss resulting from PHI not removed. GE HealthCare has no obligation in connection with PHI not properly removed.

D. GE HealthCare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (ii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned, which includes situations where helium levels at ramp down are insufficient and cause the Trade-In Equipment to quench – Customer is required to confirm for GE HealthCare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment; or (iii) as a result of Customer’s actions, deinstallation of the Trade-In Equipment does not occur within one year of the execution of this Trade-In Addendum or related Quotation. All other terms and conditions of the Quotation remain in full force and effect.

E. Trade-In Equipment:

	Mfr	<u>Model & Description</u>	<u>Quantity</u>	System ID*	Amount (\$)
1.		PhilipsEpiq5 Trade-in	1.00	PhilipsEpiq5-A123	\$ -4,000.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying either the terms of the Quotation (which includes a reference to the Trade-In Equipment) or the Governing Agreement identified on the Quotation as governing the order (PO# _____)†.

Contra Costa County on behalf of the Contra Costa Regional Medical Center

GE HealthCare

Signature: _____

Print Name: _____

Title: _____

Date: _____

Signature:  _____

Print Name: Benjamin Finklea

Title: General Manager, Ultrasound

Date: 5/14/2025

^ A Quotation number must be provided on this document.

* In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.

† If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).

& The Trade-In Amount is based on expected trade-in within one (1) year of execution of this Trade-In Addendum. If the Trade-In does not occur within such year, GE HealthCare may adjust the Trade-In Amount or decline to purchase the Trade-In Equipment as set forth in Section (D) herein.

Optional Financing

Please initial to indicate interest to finance

GE HealthCare Financial Services financing programs helps customers take advantage of the latest technology and improve clinical outcomes, all while preserving working capital and liquidity. 1 in 4 customers elect to finance through GE and 90% are approved within one business day after receiving the attached application.

Please see the options below to leverage the Flexibility, Liquidity, and Efficiency benefits of partnering with GE HealthCare Financial Services.

Finance Options	Term	Monthly Payment Amount *	Initial
FMV Lease (Fair Market Value)	60 Months	1mo @ \$4,000.00, 59mo @ \$2,305.12	

***FMV monthly payment assumes applicable trade in applied to 1st payment and all monthly payments do not include applicable taxes.**

For additional financing options or questions, please reach out to your Healthcare Financial Services representative **Mary Ban at (262) 794-7578 or mary.ban@gehealthcare.com**. To proceed, please initial the preferred option above and fill out the attached Finance Application.

Financing above to be provided by GE HealthCare Financial Services, a component of GE HFS, LLC (“GEHFS”). This is not a binding commitment on the part of GEHFS or any person to provide financing and any such commitment would be in a separate written lease contract signed by GEHFS following satisfactory completion of GEHFS’ due diligence, internal review and approval process (which approvals have not yet been sought or obtained). Nothing herein is to be construed as constituting tax, accounting or legal advice by GEHFS to any person. Unless and until separate financing is agreed to by the parties, the GE HealthCare payment and billing terms set forth in the Quotation will continue to apply.

All pricing is subject to final investment and credit approval. If equipment quote includes the benefit of a trade in, the proposed financing applies the trade in value as the first payment for the Fair Market Value option and nets it out for Capital Lease option. The proposed financing does not include any optional items selected, coverage for optional service, or taxes.

All monthly payments are in arrears and subject to an increase for any and all applicable taxes. The monthly payments presented above are estimates calculated, in part, using an interest rate based on our cost to acquire the funds required to purchase the equipment as of the date hereof and remain subject to change. Your lease contract will reflect any such change and we will communicate any such change to you. If a monthly payment is provided on or before December 31st of any calendar year, but the lease does not commence until on or after January 1st of the following calendar year, the monthly payments may be adjusted by GEHFS to preserve its after-tax economic yields and cash flows and you will be notified of any such adjustments. GEHFS reserves the right to syndicate this financing to a financing partner and may make available to such financing partner any information provided (including any third-party credit report(s)) provided to or obtained by GEHFS in connection with this financing. You hereby authorize GEHFS to file an initial Uniform Commercial Code financing statement that identifies the equipment or any other assets subject to this proposed financing. If for any reason the proposed financing is not approved or funded, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements.

Transaction Overview & Business Profile

Equipment Description: _____ New Used Upgrade Vendor: _____
 Term: 12 24 36 48 60 Other: _____
 Purchase Option: FMV \$1 Other: _____
 Legal Name: _____
 Entity: Corporation LLC Partnership Sole Proprietor Professional Entity Government Other: _____
 Tax Exempt: YES NO (If YES, please attach sales tax exemption certificate.)
 Federal Tax ID #: _____ Date Established: _____ Registered State: _____
 d/b/a Name: _____ Gross Annual Revenue: _____
 Company Website: YES NO Direct Link: www. _____ # of Physicians: _____
 Contact Name: _____ Contact Email: _____ Contact Phone #: _____
 Business Address: _____ Phone #: _____
 Equipment Site Address: _____ Phone #: _____

Ownership Profile

Number of Principals: _____ Development Company: YES NO Management Company: YES NO
 Related or Affiliated Entities: _____

Corporate Principals/Guarantors

Name: _____	Federal Tax ID #: _____	Ownership %: _____
Name: _____	Federal Tax ID #: _____	Ownership %: _____
Name: _____	Federal Tax ID #: _____	Ownership %: _____
Name: _____	Federal Tax ID #: _____	Ownership %: _____

Individual Principals/Guarantors

Name: _____	D/O/B: _____
Social Security #: _____	Ownership %: _____ Physician: YES NO Years of Industry Experience: _____
Name: _____	D/O/B: _____
Social Security #: _____	Ownership %: _____ Physician: YES NO Years of Industry Experience: _____
Name: _____	D/O/B: _____
Social Security #: _____	Ownership %: _____ Physician: YES NO Years of Industry Experience: _____
Name: _____	D/O/B: _____
Social Security #: _____	Ownership %: _____ Physician: YES NO Years of Industry Experience: _____

***If more principals/guarantors than space allows, please attach itemized disclosure including names and ownership percentages**

Applicant hereby authorizes the release of business and/or personal credit information to (1) General Electric Company, GE HFS, LLC and their affiliates, successors and assigns (individually and collectively, "GE"), from any source including credit bureau reporting agencies and Applicant's bank for the purpose of extending credit, (2) Equipment Vendor it's successors and assigns, any purchaser or potential purchaser of GE's interest in this application and any resulting agreement between Applicant and GE, and/or (3) any credit reporting agency. Applicant hereby represents all information contained in this application and authorization is true, correct and complete. A photostatic copy of this application and authorization shall be valid as the original. Signer represents and warrants that he or she is authorized to execute this authorization and release regarding credit information on behalf of the Applicant. Applicant hereby authorizes GE (or its designee, assignee or potential assignee) to execute and file any UCC financing statements in its name upon approval of the application. Applicant and any guarantor(s) expressly consent(s) to the contact by GE (or its designee, assignee or potential assignee) at the email addresses and phone numbers listed on this application.

By signing this application, the undersigned authorizes GE (or its designee, assignee or potential assignee) to require the undersigned's guarantee as a condition of the approval of this credit application as deemed necessary by GE (or its designee, assignee or potential assignee) in its sole discretion.

Authorization to Obtain Consumer Credit Report: By signing below, each undersigned individual, who is either a principal of Applicant or personal guarantor of its obligations, provides written instruction to GE or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

IF MORE THAN ONE INDIVIDUAL (NON-ENTITY) LESSEE: It is our intent to apply for joint credit _____ (each individual (non-entity) Lessee to initial in space provided)

Signature: X _____	Signature: X _____
Name: _____ (Please Print Here)	Name: _____ (Please Print Here)

Signature: X _____	Signature: X _____
Name: _____ (Please Print Here)	Name: _____ (Please Print Here)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please send a written request to GE HFS, LLC, ATTN: Risk Manager, 9900 Innovation Drive Wauwatosa, WI 53226 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial or condition within 30 days of receiving your request for the statement. Please save a copy of this document for future reference.

Establishing a relationship with GE: To help the United States Government fight terrorism and money laundering, it is GE's policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses, we will ask for your business name, street address and taxpayer identification number. For individuals, we will ask for your name, street address, date of birth and Social Security number. Thank you for your cooperation.

Governing Agreement Reference Information

Customer:	Contra Costa County on behalf of the Contra Costa Regional Medical Center
Contract Number:	Vizient Supply LLC XR0918 – Ultrasound
Billing Terms:	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms:	45 Net
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Governing Agreement currently in effect between GE HealthCare and Vizient Supply LLC XR0918 – Ultrasound

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

This product offering is made per the terms and conditions of Vizient /GE Healthcare GPO Agreements as follows:

Imaging:

XR0882-MR, XR0702-Card./Vasc., XR0673-CT, XR0342-Mammo, XR0895 PET-CT & Nuc Med, XR0715-R&F/RAD & XR0592-ICAR-EP/HEMO, XR0692-BMD

Ultrasound:

XR0918-Ultrasound

LCS:

CE7152 (Anesthesia), CE7633 (Monitoring), CE3333 (Infant Care), CE7621 (DCAR) and CE7293 (Ventilators).

To access the Vizient Terms & Conditions: Please login to the Vizient Catalog website: <https://www.vizientinc.com/member-login>

If you require assistance or are experiencing issues, please contact Vizient for support:

- Email: VizientSupport@Vizientinc.com
- For Vizient customers, please contact Phone (800) 842-5146
- For Provista Customers, please contact 888-538-4662.