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# Application for LUCAS Device Automated Chest Compression Device Reimbursement available to

## Nebraska Emergency Medical Services (EMS) and Hospitals

Funding provided by the Leona M. and Harry B. Helmsley Charitable Trust

To qualify, EMS services and hospitals must be located outside the Omaha metro area and agree to the following:

1. Identify a member of your EMS service, or if a hospital, a staff member to attend LUCAS device train-
the-trainer instruction. This trained individual will then train service members or other hospital staff on
the use of the device within 60 days of train-the-trainer instruction.
2. Complete this form and the following forms within this packet, mail all to the address on the next page,
and receive your device during the train-the-trainer instruction.
☐ This reimbursement form completed and signed
☐ Nebraska Resale or Exempt Sale Certificate signed
Physio-Control Quote form signed
3. Pay Physio-Control, Inc. for the purchased device(s) no later than 45 days after receiving reimbursement
from DHHS.
4. Notify the DHHS EMS Office if additional training is needed, if the device does not work properly or if
it will no longer be used by the EMS service or hospital for which it was originally purchased and follow
DHHS EMS direction.
5. Maintain the LUCAS equipment as per manufacturer specifications.
6. Report after every LUCAS device use by calling 844-4LUCAS2 (844-458-2272) or emailing
LUCAS@med.und.edu. The calling or emailing provider will be prompted for the following pieces of
information: 1) Name of ambulance service or hospital 2) Name of provider(s) on the call 3) Date of
LUCAS use 4) Contact phone number or email for the evaluation team to follow up.
EMS/Hospital Applicant Information:
Federal Tax Identification Number (FTIN): 4/-60/6/20/5
Contact Person & Phone No. (Printed): Rugs BIACKBURY 308-389-0227
Service Name (Printed): GRAND TOLAND FIRE DEPARTMENT  Address # 1 (Printed): 100 East 10 STREET
Address # 2 (Printed):
City/State/Zip Code (Printed): GRAND, TOEAND, NE, 6880/
Authorized Official Signature:
Authorized Official Name (Printed): TELENYO TEUSEU
Date: 4/29 //5
The all I halis ()

Submit your signed application to:

Physio – Control, Inc. PO Box 611



To: Russ Blackburn

Grand Island EMS and Fire 1720 N Broadwell Ave GRAND ISLAND, NE 68803 Phone: (308) 389-0227 rblackburn@grand-island.com

Quote#:

1-271795801

Rev#:

Quote Date: 04/10/2015 Sales Consultant: Ryan From

800-442-1142 x 72287

FOB:

Redmond, WA

Terms:

All quotes subject to credit approval and

the following terms & conditions

Physio-Control, Inc. 11811 Willows Road NE P.O. Box 97023

Redmond, WA 98073-9723 U.S.A www.physio-control.com tel 800.442.1142 fax 800.732.0956

**RP-NDAHA** 

NE LUCAS Project Helmsley Bill To: 409 E. Fonner Park Rd

Contract: None

**Exp Date:** 

07/31/2015

Line	Catalog # / Description	Qty	Price	Unit Disc	Trade-In	Unit Price	Ext Total
1	99576-000024 - LUCAS 2, 2.2 Chest Compression System	1	\$14,495.00	\$4,348.50	\$0.00	\$10,146.50	\$10,146.50
	Includes LUCAS 2 unit with Back Plate, Carrying E Two (2) Patient Straps, Stabilization Strap, 3 Sucti Cups, 1 Rechargeable Battery and Instructions for One year warranty.	ion					
2	11576-000039 - LUCAS 2 BATTERY	1	\$685.00	\$214.60	\$0.00	\$470.40	\$470.40
3	11576-000055 - LUCAS 2 POWER SUPPLY WITH CORD,REDEL,US	1	\$345.00	\$107.70	\$0.00	\$237.30	\$237.30
	SUB TOTAL						
		ESTI	MATED TAX				\$0.00
	ESTIMATED SHIPPING & HANDLING  GRAND TOTAL						\$0.00
							\$10,854.20
			List Price: Cash Discounts	s:			\$15,525.00 - \$4,670.80
		GRA	ND TOTAL F	OR THIS QU	JOTE		\$10,854.20

### TO PLACE AN ORDER, PLEASE FAX A COPY OF THE QUOTE AND PURCHASE ORDER TO: #800-732-0956, ATTN: REP SUPPORT

PHYSIO-CONTROL, INC. REQUIRES WRITTEN VERIFICATION OF THIS ORDER.A PURCHASE ORDER IS REQUIRED ON ALL ORDERS \$10,000 OR GREATER BEFORE APPLICABLE FREIGHT AND TAXES.THE UNDERSIGNED IS AUTHORIZED TO ACCEPT THIS ORDER IN ACCORDANCE WITH THE TERMS AND PRICES DENOTED HEREIN. SIGN TO THE RIGHT:

THE RIGHT:

Ref. Code: BV//1-4HTIYD

CUSTOMER APPROVAL (AUTHORIZED SIGNATURE)

NAME

NAME

AYOR

TITLE

LA 115

DATE

DATE

THE ATTENDATION OF THE ATTENDED SIGNATURE)

### Notes:

Taxes, shipping and handling fees are estimates only and are subject to change at the time of order. Shipping and handling applies to ground transport only. Physio-Control will assess a \$10 handling fee on any order less than \$200.00.

Above pricing valid only if all items in quote are purchased (optional items not required).

To receive a trade-in credit, Buyer agrees to return the trade-in device(s) within 30 days of receipt of the replacement device(s) to Physio-Control's place of business or to an authorized Physio-Control representative. Physio-Control will provide instructions for returning the device(s) and will pay for the associated shipping cost.

In the event that trade-in device(s) are not received by Physio-Control within the 30-day window, Buyer acknowledges that this quote shall constitute a purchase order and agrees to be invoiced for the amount of the trade-in discount. Invoice shall be payable upon receipt.

Items listed above at no change are included as part of a package discount that involves the purchase of a bundle of items. Buyer is solely responsible for appropriately allocating the discount extended on the bundle when fulfilling any reporting obligations it might have.

If Buyer is ordering service, Buyer affirms reading and accepts the terms of the Physio-Control, Inc. Technical Service Support Agreement which is available from your sales representative or http://www.physio-control.com/uploadedFiles/products/service-plans/TechnicalServiceAgreement.pdf

Training Location & Storage - CHI Health - St. Francis Address - 2620 W. Faidley, Grand Island, NE 68803

Failure to submit valid tax exemption documents will result in tax charges applied at time of order.

### TERMS OF SALE

### **General Terms**

Physio-Control, Inc.'s acceptance of the Buyer's order is expressly conditioned on product availability and the Buyer's assent to the terms set forth in this document and its attachments. Physio-Control, Inc. agrees to furnish the goods and services ordered by the Buyer only on these terms, and the Buyer's acceptance of any portion of the goods and services covered by this document shall confirm their acceptance by the Buyer. These terms constitute the complete agreement between the parties and they shall govern any conflicting or ambiguous terms on the Buyer's purchase order or on other documents submitted to Physio-Control, Inc. by the Buyer. These terms may only be revised or amended by a written agreement signed by an authorized representative of both parties.

### Pricing

Unless otherwise indicated in this document, prices of goods and services covered by this document shall be Physio-Control, Inc. standard prices in effect at the time of delivery. Prices do not include freight insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services covered by this document. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services covered by this document unless Physio-Control, Inc. receives a copy of a valid an exemption certificate prior to delivery. Please forward your tax exemption certificate to the Physio-Control, Inc. Tax Department P.O. Box 97006, Redmond, Washington 98073-9706.

### **Payment**

Unless otherwise indicated in this document or otherwise confirmed by Physio-Control, Inc. in writing, payment for goods and services supplied by Physio-Control, Inc. shall be subject to the following terms:

- Domestic (USA) Sales Upon approval of credit by Physio-Control, Inc., 100% of invoice due thirty (30) days after invoice date.
- International Sales Sight draft or acceptable (confirmed) irrevocable letter of credit.

Physio-Control, Inc. may change the terms of payment at any time prior to delivery by providing written notice to the Buyer.

### Delivery

Unless otherwise indicated in this document, delivery shall be FOB Physio-Control, Inc. point of shipment and title and risk of loss shall pass to the Buyer at that point. Partial deliveries may be made and partial invoices shall be permitted and shall become due in accordance with the payment terms. In the absence of shipping instructions from the Buyer, Physio-Control, Inc. will obtain transportation on the Buyer's behalf and for the Buyer's account.

### Delays

Delivery dates are approximate. Physio-Control, Inc. will not be liable for any loss or damage of any kind due to delays in delivery or non-delivery resulting from any cause beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio-Control, Inc. inability to obtain goods from its usual sources. Any such delay shall not be considered a breach of Physio-Control, Inc. and the Buyer's agreement and the delivery dates shall be extended for the length of such delay.

### Inspections and Returns

Claims by the Buyer for damage to or shortages of goods delivered shall be made within thirty (30) days after shipment by providing Physio-Control, Inc. with written notice of any deficiency. Payment is not contingent upon immediate correction of any deficiencies and Physio-Control, Inc. prior approval is required before the return of any goods to Physio-Control, Inc. Physio-Control, Inc. reserves the right to charge a 15% restocking fee for returns. The Physio-Control Returned Product Policy is located at http://www.physio-control.com/uploadedFiles/support/ReturnPolicy 3308529 A.pdf.

### Service Terms

All device service will be governed by the Physio-Control, Inc. Technical Services Support Agreement which is available from your sales representative or http://www.physio-control.com/uploadedFiles/products/service-plans/TechnicalServiceAgreement.pdf. All devices that are not under Physio-Control Limited Warranty or a current Technical Service Support Agreement must be inspected and repaired (if necessary) to meet original specifications at then-current list prices prior to being covered under a Technical Service Support Agreement. If Buyer is ordering service, Buyer affirms reading and accepts the terms of the Technical Service Support Agreement.

### Warranty

Physio-Control, Inc. warrants its products in accordance with the terms of the standard Physio-Control, Inc. product warranty applicable to the product to be supplied. Physio-Control, Inc. warrants services and replacement parts provided in performing such services against defects in accordance with the terms of the Physio-Control, Inc. service warranty set forth in the Technical Service Support Agreement. The remedies provided under such warranties shall be the Buyer's sole and exclusive remedies. Physio-Control, Inc. makes no other warranties, express or implied, Including, without limitation, NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO-CONTROL, INC. BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.

### Patent & Indemnity

Upon receipt of prompt notice from the Buyer and with the Buyer's authority and assistance, Physio-Control, Inc. agrees to defend, indemnify and hold the Buyer harmless against any claim that the Physio-Control, Inc. products covered by this document directly infringe any United States of America patent.

### Miscellaneous

a) The Buyer agrees that products purchased hereunder will not be reshipped or resold to any persons or places prohibited by the laws of the United States of America. b) Through the purchase of Physio-Control, Inc. products, the Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products, and the Buyer expressly agrees not to reverse engineer or decompile such products or related software and information. c) The rights and obligations of Physio-Control, Inc. and the Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the State of Washington, United States of America. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorneys fees, shall be reimbursed by the other party.



To: Russ Blackburn

Grand Island EMS and Fire 409 E Fonner Park Road GRAND ISLAND, NE 68801 Phone: (308) 389-0227 rblackburn@grand-island.com

Quote#:

1-271795771

Rev#:

Quote Date: 04/10/2015 Sales Consultant: Ryan From

800-442-1142 x 72287

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	Pricing Summary Totals							
	List Price: Cash Discounts:							
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CUSTOMER APPROVAL AUTHORIZED SIGNATURE)

NAME MAYOR

TITLE 4/29/15

Ref. Code: BV//1-4HTIYD

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### Patent & Indemnity

Upon receipt of prompt notice from the Buyer and with the Buyer's authority and assistance, Physio-Control, Inc. agrees to defend, indemnify and hold the Buyer harmless against any claim that the Physio-Control, Inc. products covered by this document directly infringe any United States of America patent.

### Miscellaneous

a) The Buyer agrees that products purchased hereunder will not be reshipped or resold to any persons or places prohibited by the laws of the United States of America. b) Through the purchase of Physio-Control, Inc. products, the Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products, and the Buyer expressly agrees not to reverse engineer or decompile such products or related software and information. c) The rights and obligations of Physio-Control, Inc. and the Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the State of Washington, United States of America. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorneys fees, shall be reimbursed by the other party.