



VIZIENT ANALYTICS SERVICES ORDER FORM

Vizient, Inc. ("Vizient") will provide the services detailed in this **Vizient Analytics Services Order Form** (this "Order Form") to **County of Ventura**, a political subdivision of the State of California, ("Member"), and the Covered Facilities set forth in **Exhibit A**, for the Service Fees indicated hereunder. **This Order Form is made pursuant to the terms and conditions set forth in the Master Services Agreement between the Parties dated November 1, 2022, including any amendments or addendums thereto** (collectively, the "Master Agreement"). As such, all capitalized terms used herein and not otherwise defined in this Order Form will have the meanings ascribed to such terms in the Master Agreement. **This Order Form is effective as of January 1, 2023** ("Effective Date").

Vizient Analytics Services <i>Please check all Services that apply and complete the applicable sections below.</i>	<input type="checkbox"/> Vizient DataLYNX™ Consolidate [4016; Ver. VDL-032116L] <input type="checkbox"/> Vizient Data Management Platform ("DMP") and DataLYNX™ Enhance [4015; Ver. VDL-032116L] <input type="checkbox"/> Vizient Savings Actualyzer ("VSA") - Capital™ [4002; Ver. VALC-070717L] <input checked="" type="checkbox"/> Vizient Savings Actualyzer - Pharmacy™ [4086; Ver. VASP-031318L] <input type="checkbox"/> Vizient Savings Actualyzer Supplies – Benchmarking and Advanced Services [4075; Ver. VAL-011917L]
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Member Supply Chain Contact:	Name:	Jason Arimura	Phone:	805-652-6759
	Title:	Associate Hospital Administrator – Ancillary Service	Email:	jason.arimura@ventura.org

Vizient DataLYNX							
Version:	<input type="checkbox"/> Consolidate <input type="checkbox"/> DMP and Enhance	Total Item Masters**:		Total Lines (Baseline):		Charge Per Line Over Baseline:	\$1.30
Term:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year			Service Commencement Date:			
Non-Discounted Annual Service Fee:				Discounts:	<input type="checkbox"/> Multi-Year <input type="checkbox"/> Bundle		
Annual Service Fees (after Discounts):	Year 1: \$	Year 2: \$	Year 3: \$	Year 4: \$	Year 5: \$		

****Any requests for additional Item Masters made on or after the Effective Date will result in additional Service Fees.**

VSA – Capital						
Term:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year			Service Commencement Date:		
Non-Discounted Annual Service Fee:				Discounts:	<input type="checkbox"/> Multi-Year <input type="checkbox"/> Multi-Product <input type="checkbox"/> Bundle	
Annual Service Fees (after Discounts):	Year 1: \$	Year 2: \$	Year 3: \$	Year 4: \$	Year 5: \$	

VSA – Pharmacy						
Term:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input checked="" type="checkbox"/> 34 Months <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year			Service Commencement Date:		January 1, 2023
Non-Discounted Annual Service Fee:		\$101,993		Discounts:	<input type="checkbox"/> Multi-Year <input type="checkbox"/> Multi-Product <input type="checkbox"/> Bundle	
Annual Service Fees (after Discounts):	Period 1/1/23 – 12/31/23: \$35,000	Period 1/1/24 – 12/31/24: \$36,050	Period 1/1/25 – 10/31/25: \$30,943	Year 4: \$	Year 5: \$	

VSA Supplies – Benchmarking and Advanced Services						
Term:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year				Service Commencement Date:	
Non-Discounted Advisor Service Fee:				Advisor Service Level:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Non-Discounted Annual Benchmarking Subscription Fee:				Discounts:	<input type="checkbox"/> Multi-Year <input type="checkbox"/> Multi-Product <input type="checkbox"/> Bundle	
Total Annual Fees (after Discounts):	Year 1: \$	Year 2: \$	Year 3: \$	Year 4: \$	Year 5: \$	

IN WITNESS WHEREOF, the Parties have caused this Order Form to be executed by their duly authorized representatives as of the Effective Date.

Vizient, Inc.

County of Ventura

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Please sign, scan, and email to executedagreements@vizientinc.com. Vizient will provide a fully executed electronic copy to Member.

Services Terms and Conditions

1. **Services.** Vizient will provide the foregoing services (collectively, “Services”) in accordance with the applicable services descriptions (collectively, the “Services Descriptions”) located on <https://www.vizientinc.com/our-solutions/supply-chain-solutions/Solution-Service-Descriptions>. Vizient will provide an electronic or hard copy of all applicable Services Descriptions upon Member’s request.
2. **Discounts.** Any modifications or cancellations to the Services after the Effective Date may result in termination of any discounts provided to Member, and Vizient reserves the right to apply the standard Service Fee rate, effective as of the date Member is no longer eligible to receive such discount(s).
3. **Service Fees.** Vizient will provide Services to Member for the service fees set forth above (“Service Fees”). Member agrees that any additional facility seeking Services hereunder, on or after the Effective Date, will result in additional Service Fees. Services-related expenses for data entry, travel, meals, lodging, and other administrative costs, such as postage, copying, and overnight mailing, (“Reimbursable Expenses”) are in addition to the Service Fees set forth hereunder.
4. **Invoicing.** Commencing on the Effective Date, Vizient will invoice Service Fees in equal quarterly installments and will invoice Reimbursable Expenses, as incurred, on a monthly basis. Member will pay all invoice within thirty (30) days of receipt.

Invoices will be addressed to:

Name/Title/Dept.:	
Address:	
Member Contact Information	
Name/Title:	
Phone:	
Email:	

If Member requires specific information (i.e. purchase order number) to be included in each invoice, Member will select the appropriate box below and provide the required information, at the time Member executes this SOW, and annually (or as required) thereafter:

- ☐ Purchase Order Number _____
☐ Contract Identification Number _____
☐ Other Information _____

5. **Member Statement Offset Option.** If adequate funds are available, Member may elect to have Service Fees and/or Reimbursable Expenses offset from Member’s available cash distributions. If Member intends to elect this option, Member shall request, complete, and return the Offset Authorization Form via email to MSD@vizientinc.com.

Exhibit A – Covered Facilities

	Vizient MID	NAME	Address	City	ST	ZIP
1	87498	Ventura County Medical Center	300 Hillmont Ave	Ventura	CA	93003
2	86287	Santa Paula Hospital	825 N 10 th St	Santa Paula	CA	93060