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State of New Hampshire
Department of Health and Human Services

NEW HAMPSHIRE HOSPITAL

Nicholas A. Toumpas
Commissioner

Robert J. MacLeod
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964

SOLE SOURCE

October 18, 2012

RETRO

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make a **sole source** and **retroactive** payment of $7,526.54 to KCI USA, PO Box 203086, Houston, TX 77216-3086, vendor number 175999, for equipment rental and supplies required to treat a patient's serious wound, effective September 11, 2012 through June 30, 2013. Funds are available in the following account for State Fiscal Year 2013:

05-95-94-940010-8410 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, FACILITY/PATIENT CARE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	020-500200	Supplies (Consumable)	94057300	$4,090.34
SFY 2013	020-500257	Rent/Lease Non Office Equipment	94057300	$3,436.20
		Total		**$7,526.54**

EXPLANATION 32% FED 68% GEN

This request is sole source because KCI USA is the only company that can provide the equipment and supplies required to treat wounds of this nature. This request is retroactive because the Hospital needed to have the equipment and supplies on hand immediately after admission of the patient. Due to the condition of the patient, anticipated discharge is undetermined. Additional expenses are expected to incur until the patient can be discharged.

The purpose of this request is to pay KCI USA for the rental of equipment and the purchase of supplies to treat the serious wound of a current patient. KCI USA has invoiced the Hospital $7,526.54, invoice numbers:

Invoice #	Invoice Date	Amount
13638072	September 11, 2012	530.64
13627814	September 20, 2012	1,718.10
13663565	September 21, 2012	530.64
13634853	September 21, 2012	820.50
13674329	September 25, 2012	704.71
13699618	October 1, 2012	1,230.35
13663042	October 5, 2012	1,718.10
13666131	October 6, 2012	273.50

The invoices are attached.

Area served: statewide.

Source of funds: 68% general funds and 32% federal funds.

In the event that federal or other funds become no longer available, general funds will not be requested to support this contract.

Respectfully submitted,

Robert J. MacLeod, DHA, FACHE
Chief Executive Officer

Nancy L. Rollins
Associate Commissioner

Approved by:
Nicholas A. Toumpas
Commissioner

KCI
The Clinical Advantage®

Phone: 1-800-275-4524
Fax: 210-406-4703
TAX ID: 74-2152396
www.kci1.com

BILL TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

SHIP TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 13638072
INVOICE DATE : 11-SEP-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	11-OCT-12	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320058/10.S (OSP) 10 PACK, FREEDOM CANISTER WITH GEL		G18258382	STOCK, STOCK	09/11/12		1	C10	521.64	521.64

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	521.64
TAX	0.00
FREIGHT	9.00
TOTAL	**530.64**

Please submit invoice disputes within 30 days.

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL PAST DUE INVOICES. CUSTOMER AGREES TO PAY ANY AND ALL AMOUNTS INCURRED IN THE COLLECTION OF AMOUNTS DUE, INCLUDING BUT NOT LIMITED TO, COLLECTION COSTS, COURT COSTS AND REASONABLE ATTORNEY'S FEES.

KCI The Clinical Advantage℠ PO BOX 659508
SAN ANTONIO TX 78265-9508

ADDRESS SERVICE REQUESTED

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SHIP TO:
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CONCORD NH 03301

INVOICE # : 13627814
INVOICE DATE : 20-SEP-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	20-OCT-12	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	09/06/12-09/20/12	P	15	DAY	114.54	1,718.10

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	1,718.10

Please submit invoice disputes within 30 days.

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CONCORD NH 03301

SHIP TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 13663565
INVOICE DATE : 21-SEP-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	21-OCT-12	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320058/10.S (OSP) 10 PACK, FREEDOM CANISTER WITH GEL		G18287479	STOCK, STOCK	09/21/12		1	C10	521.64	521.64

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	521.64
TAX	0.00
FREIGHT	9.00
TOTAL	**530.64**

Please submit invoice disputes within 30 days

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CONCORD NH 03301

INVOICE # : 13634853
INVOICE DATE : 21-SEP-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	21-OCT-12	JEAN KELLY/ (603) 271-5812

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
203690.P First Step Select Overlay	FIR77730	G18247599	[redacted]	09/07/12-09/21/12	P	15	DAY	54.70	820.50

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Account Representative: FOREST, KEITH

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	820.50
TAX	0.00
FREIGHT	0.00
TOTAL	**820.50**

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INVOICE # : 13674329
INVOICE DATE : 25-SEP-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	25-OCT-12	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
M8275052/10.S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18297616	STOCK, STOCK	09/25/12		1	C10	695.71	695.71

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	695.71
TAX	0.00
FREIGHT	9.00
TOTAL	704.71

Please submit invoice disputes within 30 days.

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INVOICE # : 13699618
INVOICE DATE : 01-OCT-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	31-OCT-12	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
M8275052/10.S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18314739	STOCK, STOCK	10/01/12		1	C10	695.71	695.71
320058/10.S (OSP) 10 PACK, FREEDOM CANISTER WITH GEL		G18314739	STOCK, STOCK	10/01/12		1	C10	521.64	521.64

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,217.35
TAX	0.00
FREIGHT	13.00
TOTAL	**1,230.35**

Please submit invoice disputes within 30 days

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INVOICE # : 13663042
INVOICE DATE : 05-OCT-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	04-NOV-12	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	09/21/12-10/05/12	P	15	DAY	114.54	1,718.10

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	1,718.10

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CONCORD NH 03301

INVOICE # : 13666131
INVOICE DATE : 06-OCT-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	05-NOV-12	JEAN KELLY/ (603) 271-5812

*** P Indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
203690.P First Step Select Overlay	FIR77730	G18247599	[redacted]	09/22/12-09/26/12	D	5	DAY	54.70	273.50

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: FOREST, KEITH

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	273.50
TAX	0.00
FREIGHT	0.00
TOTAL	273.50

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