

Memorandum



TO: Alpena County Courts & Public Safety Committee

CC: City Manager Smolinski

FROM: Chief Rob Edmonds

SUBJECT: Reimbursement Request – 2024 Stryker 2024 Annual Service

DATE: October 21, 2024

As a condition of the Ambulance Service Agreement-Amendment 1, Section 6i, the cost of the annual maintenance of the Lifepak cardiac monitors and the Stryker Power Load cot/lift system in each ambulance shall be reimbursed by the County up to a cap of \$31,000/year.

This annual service was conducted by the Stryker service team on August 6, 2024, with several adjustments, upgrades, and repairs made to the related equipment. All of which were covered under the service agreement and at no additional cost to the City or County. All of the Stryker Power Load cot/lift systems and each of the Lifepak cardiac monitors are now fully operational to current factory recommendations. This service is one controllable factor to reducing exposure and liability due to failure of one of these components in patient care due to improper maintenance or needed upgrades.

With this now completed, I have attached a copy of the invoice for this service to the Alpena Fire Department in the amount of \$30,999.20 and request approval for reimbursement to the City of Alpena, by Alpena County.

Recommended motion: Motion to reimburse the City of Alpena \$30,999.20 for the annual Stryker Power Load cot/lift system and Lifepak cardiac monitor service as presented.





208 N. FIRST AVE.
ALPENA, MI 49707
(989) 354-1720 fax (989) 354-1709

Invoice Number: 24-0000483
Invoice Date: 10/10/2024
Due Date: 11/09/2024
Service Date: 10/10/2024

COUNTY OF ALPENA
KIM LUDLOW
719 W CHISHOLM ST STE 8
ALPENA, MI 49707

Quantity	Description	Unit Price	Amount
ANNUAL SERVICE / MAINTENANCE OF CARDIAC MONITORS			
1.0	ANNUAL SERVICES	30,999.2000	30,999.20

SERVICE OF CARDIAC MONITORS	Total Invoice:	30,999.20
	Payments Applied:	0.00
	Invoice Balance:	30,999.20

Due within 30 days. If you have any questions, please contact the City Clerk's office at (989) 354-1720





1941 Stryker Way, Suite A
Portage, MI 49002 USA

Invoice
9206062576
Bill to: 20125944

1332

PO # 24-000023

215358-11.13 0 16434-1.1 1oz

ALPENA FIRE DEPT
ATTN: ACCOUNTS PAYABLE DEPARTMENT
501 W CHISHOLM
ALPENA MI 49707 - 2424

Customer Information	
Invoice #	9206062576
Invoice Date	04/26/2024
Currency	USD
Payer Number	20125944
Payer Name	ALPENA FIRE DEPT

Ship to
20125944
ALPENA FIRE DEPT 501 W CHISHOLM ALPENA MI 49707-2424

Remit to:	
Electronic Payments:	Checks:
JPMorgan Chase ABA 071000013 (ACH) Account: 1035237 ABA 021000021 (WIRE) SWIFT Code: CHASUS33XXX	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA

For product related inquiries please contact:
Stryker Medical Customer Service: 800-327-0770
For accounts and billing related inquiries please contact:
Stryker account receivable: 800-733-2383(Option 2)

Please transmit in CTX format. If CTX is not possible, please send remittance information by email to EFTpayments@stryker.com

Header Information			
Customer PO	Q 10874359 PO Form	Payment Due Date	05/26/2024
Payment Terms	Net due in 30 days		
Terms of Delivery	PCO		
	ORIGIN		

Item	Item#/GTIN	Description	Billing Period	Extended Price
		Procure Service Contract Procure Services	? 2024-03-01 2025-02-28	30999.20
<i>for 10-336-801-000</i> 20 PROCARE SERVICES PROCARE SERVICES				
Contract No.	40079297	Item Total		30,999.20
Billing Plan	SRY - Yearly advance			
Contract Validity	03/01/2024 to 02/28/2029	Gross Amount		30,999.20 ✓
Coverage Date	03/01/2024 to 02/28/2025			





1941 Stryker Way, Suite A
Portage, MI 49002 USA

Invoice
9206062576

Stryker Medical

5 Year ProCare Maintenance Agreement

Effective Date:3/1/24-2/28/29

Annual payments

The purchase of products pursuant to this invoice is subject to Stryker's then current terms of sale set forth at (see www.stryker.com/stnc). Any different or additional terms on any purchase order or other document submitted by Buyer are expressly rejected by Stryker. Acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect and allocate prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

STRYKER RESERVES THE RIGHT TO CHARGE A 1.5% MONTHLY FINANCE CHARGE (18% PER ANNUM) ON ALL AMOUNTS REMAINING UNPAID AT THE END OF THE NET PERIOD.

NO MERCHANDISE WILL BE ACCEPTED FOR RETURN WITHOUT PRIOR AUTHORIZATION. TO OBTAIN A RETURN AUTHORIZATION OR TO REPORT DISCREPENCIES, PLEASE CALL CUSTOMER SERVICE AT THE NUMBER INDICATED ABOVE.

Please refer to www.stryker.com/returnpolicy for Stryker's product return policies.