



Wolters Kluwer

Wolters Kluwer Health, Inc.

Two Commerce Square
 2001 Market Street
 Philadelphia, PA 19103 USA
 Tel: 844-303-4860
 eFax: 301-560-5423
 Federal ID # 13-2932696
 ACH Routing: 071000039
 Account: 5801001438

Quote # 757792
Date 11-Dec-2025
Page 1 of 4

Bill To:

Customer#: 82709
 Natividad Medical Center
 Attention: Maria Lourdes Escolata
 Natividad Nursing Education
 1441 Constitution Blvd
 Salinas, CA 93906
 Phone #: 831-783-2851
 Fax #:
 Email: MesinaML@natividad.com

Sold To:

Customer#: 82709
 Natividad Medical Center
 Medical Library
 Lourdes Escolata
 1441 Constitution Blvd
 Salinas, CA 93906-3100
 UNITED STATES
 Phone #: 831- 783-2851
 Fax #:
 Email: mesinaml@natividad.com

Quote#: 757792

Product	Usage Level	Qty	Item \$			Total \$	
WKLP-CS-PHH	SITE	1	Year 1:	35,553.85	Year 1:	35,553.85	
Lippincott Procedures			Year 2:	31,998.46	Year 2:	31,998.46	
Order#: 1264842			Year 3:	33,598.38	Year 3:	33,598.38	
Access Type: Site							
Authorized Sites: All Authorized Sites Listed							
Product Type: Subscription							
PRODUCT CODE MAY CHANGE FROM YEAR TO YEAR							
Term: 27-Nov-2025 - 31-Jan-2029							
Year 1: 27-Nov-2025 - 31-Jan-2027							
Year 2: 31-Jan-2027 - 31-Jan-2028							
Year 3: 31-Jan-2028 - 31-Jan-2029							

REMITTANCE & PAYMENT METHODS: EFT and ACH are the preferred payment modes for Wolters Kluwer Health, Inc. Payment by credit card may be subject to additional processing fees. EFT Routing: 026009593 | ACH Routing: 071000039 | Account: 5801001438 ACH payment portal: <https://natividad.wolterskluwer.com/ACHtransfers>

Pay by Check: Wolters Kluwer Health, 4603 Paysphere Circle, Chicago, IL 60674

*Prices valid for 30 Days from Quote Date

*Plus Applicable Sales Tax: If tax exempt, please attach a copy of your state tax exempt certificate.

THE PAYMENT INSTRUCTIONS SET FORTH ON THIS QUOTE ARE THE ONLY INSTRUCTIONS AUTHORIZED BY WOLTERS KLUWER HEALTH, INC OR OVID TECHNOLOGIES, INC. OR ITS APPLICABLE AFFILIATE FOR USE. IF YOU RECEIVE ANY COMMUNICATIONS TRANSMITTING DIFFERENT PAYMENT INSTRUCTIONS OR REQUESTING OR REQUIRING ALTERNATE PAYMENT ARRANGEMENTS, DO NOT RESPOND TO SUCH COMMUNICATIONS. AND CONTACT SUPPORT IMMEDIATELY AT +1-844-303-4860.



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WKLL-CS-LCC Lippincott Professional Development + Lippincott Jrnls CE & Cert Review Order#: 1264841 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription PRODUCT CODE MAY CHANGE FROM YEAR TO YEAR Term: 27-Nov-2025 - 31-Jan-2029 Year 1: 27-Nov-2025 - 31-Jan-2027 Year 2: 31-Jan-2027 - 31-Jan-2028 Year 3: 31-Jan-2028 - 31-Jan-2029	SITE	1	Year 1: 31,229.94	Year 1: 31,229.94
			Year 2: 28,106.95	Year 2: 28,106.95
WKBL-SV-BLR Blended Learning Order#: 1264840 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription Term: 27-Nov-2025 - 31-Jan-2029 Year 1: 27-Nov-2025 - 31-Jan-2027 Year 2: 31-Jan-2027 - 31-Jan-2028 Year 3: 31-Jan-2028 - 31-Jan-2029	SITE	1	Year 1: 26,262.30	Year 1: 26,262.30
			Year 2: 23,636.07	Year 2: 23,636.07

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 ACH payment portal: <https://portal.wolterskluwer.com>

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Year 1 Total:	\$93,046.09
Year 2 Total:	\$83,741.48
Year 3 Total:	\$87,928.55
Total Amount for all Years:	\$264,716.12
Year 1 Total:	\$93,046.09
Total S&H Year 1:	\$0.00
Total Tax Year 1:	\$0.00
Grand Total Year 1:	\$93,046.09

Authorized Facilities/Sites:

Key	Facilities / Site	Address
1	Natividad Medical Center (#82709) / Medical Library (#2)	1441 Constitution Blvd, Salinas, CA, UNITED STATES, 93906-3100

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The Parties agree that the terms and conditions of the Wolters Kluwer Health, Inc. Master Subscription Agreement between Wolters Kluwer Health, Inc. and County of Monterey, a political subdivision of the State of California, on behalf of Natividad Medical Center dated December 10, 2019 (the "Agreement") will govern this Order.

Subject to earlier termination by Customer or WKH in accordance with Section 5 of the Agreement, Customer agrees that Customer's subscription for each Product is for the full term set forth above for such Product and may not be cancelled or terminated early by Customer. By signing this Order, you represent and warrant that you are authorized to sign this Order and to bind the Customer to the terms and conditions of this Order.

WKH will deliver to Customer an invoice for the fees set forth on this Order for each applicable subscription year set forth in this Order, plus any applicable tax and shipping and handling fees. Each invoice for a certain subscription year will be delivered by WKH to Customer on or after the commencement of the applicable subscription year, and Customer agrees to pay all such invoiced amounts.

Customer acknowledges and agrees that WKH's right to provide access to each Product to Customer is contingent upon the grant of rights to the Product to WKH by the owner of the Product and the Product owner may terminate WKH's right to provide such Product owner's Product to Customer at any time. Should any Product owner terminate WKH's right to provide such Product owner's Product to Customer, WKH will adjust the Customer fees accordingly.

COUNTY OF MONTEREY, A POLITICAL SUBDIVISION OF THE STATE OF CALIFORNIA, ON BEHALF OF NATIVIDAD MEDICAL CENTER

Signature: _____ Date: _____

Printed Name: _____

WOLTERS KLUWER HEALTH, INC.

Digitally signed by Justin

Brennan Date: _____

Signature: _____

Printed Name: _____

Date: 2025.12.17 15:21:39

-07'00'

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COUNTY OF MONTEREY on behalf of NATIVIDAD MEDICAL CENTER

APPROVED AS TO LEGAL PROVISIONS

Signed by:

By: 
696D21D44C4341D...
Monterey County Deputy County Counsel

Date: 12/22/2025 | 9:16 AM PST

APPROVED AS TO FISCAL PROVISIONS

DocuSigned by:

By: 
4E7E657875454AE...
Monterey County Deputy Auditor/Controller

Date: 12/22/2025 | 3:17 PM PST