

Memorandum of Understanding

Between

Preferred Hospital Leasing Hemphill Inc. dba Sabine County Hospital

And

Sabine County



This Memorandum of Understanding (“MOU”) is entered into as of **2/7/2026**, by and between **Preferred Hospital Leasing Hemphill Inc. dba Sabine County Hospital** (“Hospital”), and **Sabine County**, a county governmental office (“County Office”). The Hospital and County Office may be referred to individually as a “Party” and collectively as the “Parties.”

Purpose

The purpose of this MOU is to establish the terms under which the Hospital will provide medical services to eligible individuals referred or authorized by the County Office at a discounted rate, and to define billing and payment requirements.

Scope of Services

The Hospital agrees to provide medically necessary services within its licensed capabilities to individuals authorized by the County Office. Services may include, but are not limited to, outpatient, inpatient, emergency, diagnostic, and ancillary medical services, subject to Hospital policies and applicable law.

Discounted Rate

The Hospital agrees to provide services at a discounted rate equal to **sixty percent (60%)** of the Hospital’s standard charges for such services.

- No additional discounts shall apply unless expressly agreed to in writing by both Parties.

Billing Requirements

1. The Hospital shall submit all invoices to the County Office within **ninety (90) days** from the date the medical services are rendered.
2. Invoices submitted after the 90-day period may be denied unless otherwise approved in writing by the County Office.
3. Each invoice shall include sufficient detail to support the charges, including patient identifier, date(s) of service, description of services, and discounted amount.

Payment Terms

The County Office agrees to remit payment in accordance with applicable county payment policies after receipt of a complete and timely invoice.

Compliance with Laws

Both Parties agree to comply with all applicable federal, state, and county laws, regulations, and policies, including but not limited to patient privacy, billing, and record-keeping requirements.

Term and Termination

This MOU shall become effective on **2/6/2026** and shall remain in full force unless terminated earlier. Either Party may terminate this MOU with **60 days’ written notice** to the other Party.

Amendment

This MOU may be amended only by a written document signed by authorized representatives of both Parties.

Non-Binding Nature

This MOU is intended to reflect the understanding of the Parties and does not create any obligation beyond those expressly stated herein.

Authorized Signatures

Sabine County Hospital

By: Kaylee McDaniel, CEO

Name: *Kaylee McDaniel* CEO

Title: CEO

Date: 2/23/2026

Sabine County Judge

By: Honorable Daryl Melton

Name: *Daryl Melton*

Title: County Judge

Date: 2/23/2026

Sabine County Hospital – Toledo Bend Family Medicine – West Sabine Community Clinic

2301 Worth Street, Hemphill, Texas 75948
Telephone: (409) 787-3300 Fax: (409) 787-1010
www.sabinecountyhospital.com