

EXHIBIT D

CITY OF REEDSPORT UTILITY INSERT
& INVOICE



LOWER UMPQUA
HOSPITAL DISTRICT
541-271-2171

Community Health Needs Survey

LOWER UMPQUA HOSPITAL
DUNES FAMILY HEALTH CARE
REEDSPORT MEDICAL CLINIC
LUH WALK IN CLINIC

Lower Umpqua Hospital District holds a Community Health Needs Survey every three years as we work to improve the health and wellness needs of our community. Please provide us with your input by completing this survey (front and back). Return by mail to Public Relations, 600 Ranch Road, Reedsport OR 97467, drop off at the LUH tent outside the hospital, e-mail to info@luhonline.com, or online by visiting our website at www.lowerumpquahospital.org. Complete by October 23rd to be entered into a drawing for one of four \$50 gift cards to Safeway and McKays. Make sure to include your contact information.

Q1: Which services do we provide that are especially important to you? (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Bone Density Scan (DXA) | <input type="checkbox"/> Cardiology | <input type="checkbox"/> CAT Scan |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Family Resource Center | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Inpatient Care |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Mammography | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Otolaryngology (ENT) | <input type="checkbox"/> Outpatient Nursing | <input type="checkbox"/> ParaMed Program |
| <input type="checkbox"/> Patient Portal | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Retail Pharmacy |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Surgical Services | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Walk-In Clinic | <input type="checkbox"/> X-Ray |

Q2: Are there services that you would like improved or expanded? Please be specific.

Q3: What is the biggest need in our community that Lower Umpqua Hospital can help meet?

Q4: What is the biggest barrier to good health in our community?

Q5: What health services, programs or specialists would you like to have available in the community?

Q6: What is your preferred form of communication?

E-mail Home Phone Cell Phone Text

Q7: How do you prefer to get updates pertaining to health and wellness? (Select all that apply)

Hospital Facebook Page Local Facebook Group E-mail
 Website Text Mail Newspaper Bulletin Board
 Television Radio TV

Q8: Are you interested in obtaining updates from us? Yes No

If yes, do you prefer: e-mail regular mail
please provide us with your contact information below. If you check No above, you will only be contacted if you win one of the prizes.

Name: _____

Phone# _____ E-mail _____

Address: _____

City: _____ Zip Code: _____

THANK YOU!

For your time in helping us improve
the health and wellness needs of our community.



CITY of REEDSPORT

451 Winchester Avenue
Reedsport, Oregon 97467-1597

Phone (541) 271-3603
Fax (541) 271-1809

DATE	INVOICE NO
10/20/2020	0001709

RECEIVED OCT 20 2020

BILL TO
LOWER UMPQUA HOSPITAL 600 RANCH RD REEDSPORT, OR 97467-1720

DUE DATE
11/5/2020

DESCRIPTION	QUANTITY	EFFECTIVE RATE	AMOUNT	DISCOUNT	CREDIT	BALANCE
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UB BILLING LUHD MAIL INSERT:

PRINTING LUHD COMMUNITY HEALTH NEEDS SURVEY 2020	1.00	239.27	239.27	0.00	0.00	239.27
ADDITIONAL FEE FOR 2 OUNCE LETTER(S) FROM INSERT(S)	1.00	1.33	1.33	0.00	0.00	1.33
INSERTING LUHD COMMUNITY HEALTH NEEDS SURVEY 2020	1.00	25.28	25.28	0.00	0.00	25.28
FOLDING LUHD COMMUNITY HEALTH NEEDS SURVEY 2020	1.00	25.27	25.27	0.00	0.00	25.27
INVOICE TOTAL:			291.15	0.00	0.00	291.15

PLEASE DETACH BOTTOM PORTION & REMIT WITH YOUR PAYMENT

For questions please contact us at (541) 271-3603

Customer Name: LOWER UMPQUA HOSPITAL
Customer No: 000147
Account No: 0000010

DUE DATE	INVOICE NO
11/5/2020	0001709



Please remit payment by the due date to:

City of Reedsport
451 Winchester Avenue
Reedsport, OR 97467

INVOICE BALANCE:
AMOUNT PAID:

291.15