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**RE: MVFD Quote Request**

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**From** Derek Goodman <dgoodman@coastbiomed.com>  
**Date** Wed 10/9/2024 3:26 PM  
**To** Ryan McEachen <r.mceachen@morongovalleyfire.org>

 1 attachments (98 KB)  
CREDIT APPLICATION COAST BIOMED.pdf;

*Frontline ERG  
not working  
\$410 repair*

I spoke with our lead tech about it, he thinks it just needs calibration which is part of the pm/cal for \$290 but it could need the co2 connector replaced which would be an additional \$120.

Very unlikely, but it could need a co2 board which is a couple thousand, but if that was the case you would be getting some sort of error message in most cases.

Attached is our credit application in case you want to move forward and set up your account with net 30 terms. We can also set up the account with credit card terms.

Once the account is set up we will issue you an RMA number for the unit and it will be ready to be sent it.

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**From:** Ryan McEachen <r.mceachen@morongovalleyfire.org>  
**Sent:** Wednesday, October 9, 2024 2:25 PM  
**To:** Derek Goodman <dgoodman@coastbiomed.com>  
**Subject:** Re: MVFD Quote Request

Derek,

The capnography is providing inaccurate readings. When hooked up to a healthy firefighter, it read at 7 and 17 and the wave form on the screen was intermittent. The monitor was last serviced in June 2023.

Calibration+ possible repairs, what do you think this issue might cost? I ask, because my board of directors will want to authorize spending to a certain amount. Thank you.

**Ryan McEachen** Interim Fire Chief  
Morongo Valley Fire Department  
11207 Ocotillo Street  
Morongo Valley, Ca 92256  
(760) 363 - 6454 Fire Administration  
(951) 484 - 8996 (Cell)  
[r.mceachen@morongovalleyfire.org](mailto:r.mceachen@morongovalleyfire.org)

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**From:** Derek Goodman <dgoodman@coastbiomed.com>  
**Sent:** Wednesday, October 9, 2024 2:01:04 PM  
**To:** Ryan McEachen <r.mceachen@morongovalleyfire.org>  
**Subject:** RE: MVFD Quote Request

Sounds good.

Are you getting an error code or does it just need calibration?

Calibration is included in the \$290 pm/cal.

**From:** Ryan McEachen <r.mceachen@morongovalleyfire.org>

**Sent:** Wednesday, October 9, 2024 1:48 PM

**To:** Derek Goodman <dgoodman@coastbiomed.com>

**Subject:** Re: MVFD Quote Request

This sounds like a better option than the service contract. We run 500 calls a year so the monitors don't get abused to badly and repairs are infrequent. Thank you for the information and I will reach out to you after the board meeting.

I do need to repair the capnography on my monitor, do you have a ball park price of what that would cost? Doesn't have to be exact.

**Ryan McEachen** Interim Fire Chief  
Morongo Valley Fire Department  
11207 Ocotillo Street  
Morongo Valley, Ca 92256  
(760) 363 - 6454 Fire Administration  
(951) 484 - 8996 (Cell)  
[r.mceachen@morongovalleyfire.org](mailto:r.mceachen@morongovalleyfire.org)

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**From:** Derek Goodman <dgoodman@coastbiomed.com>

**Sent:** Wednesday, October 9, 2024 1:42:03 PM

**To:** Ryan McEachen <r.mceachen@morongovalleyfire.org>

**Subject:** RE: MVFD Quote Request

Hi Chief,

Sorry I missed your call.

The manufacturer service plans are nice for budget setting since they are flat rate, but as you know there are very expensive.

\* Our approach to service and repair is only pay for what you need.

I ran a report for the total repair costs of 104 Lifepak 15's we have recently serviced from customers across the US.

The units ranged in age from version 1 units to version 4's.

The average cost to service and repair a Lifepak 15 through us was \$575.80 which included the \$290 pm/cal cost.

There were only 10 units whose visit to us costed over \$1000 with the most expensive one being \$3999.80

Something to also note, though rare, if there is some sort of major failure we will offer a used replacement part if available or trade in the unit towards a replacement if that is more economical than purchasing a new replacement part.

Thank you,

Derek Goodman

STRYKER \$5,000 to service &  
Repair BOTH ECG MONITORS. ALL  
COSTS ARE COVERED, WHETHER YOU  
NEED IT OR NOT.

Coast Bio medical pay for what you  
need fixed. Avg cost \$585. \$290x2 =  
\$580 (SAVINGS OF \$4,420)



Coast Biomedical Equipment 3121 Scott St. Vista CA 92081  
PH: 888 682-1941 [info@coastbiomed.com](mailto:info@coastbiomed.com) FX: 760 598-3300

### CREDIT APPLICATION

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_ # of Ambulances \_\_\_\_\_ Federal I.D./SSN \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ AP Phone Number: \_\_\_\_\_

AP Email Address: \_\_\_\_\_ AP Fax Number: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_

Branch Address: derek \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**TRADE REFERENCES:**

Business Name: \_\_\_\_\_ AR Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ AR Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ AR Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

The person signing this application is authorized by the applicant company to apply for credit terms. By signing this credit application the above party/company agrees to pay all Coast Biomedical Equipment LLC invoices within 30 days. The signature also authorizes the release of information to Coast Biomedical for the purpose of establishing credit terms. A copy of the application will be as valid as the original. If the account becomes past due the account may be placed on hold until it is brought current. If collections become necessary, all costs of collection included but not limited to reasonable attorneys' fees will also become the responsibility of the applicant company.

I have read and agree to all of the terms of this application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

