



**Contract Number**

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>Andrew Goldfrach</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>Inland Empire Health Plan</u>
<b>Contractor Representative</b>	<u>Jennifer Morales</u>
<b>Telephone Number</b>	<u>(909) 890-2000</u>
<b>Contract Term</b>	<u>January 1, 2025 through December 31, 2025</u>
<b>Original Contract Amount</b>	<u></u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u>Revenue</u>
<b>Cost Center</b>	<u></u>
<b>Grant Number (if applicable)</b>	<u></u>

**Briefly describe the general nature of the contract:** Revenue Agreement with Inland Empire Health Plan, including non-standard terms, for Medi-Cal Enrollment-Related Services for an estimated reimbursement of \$150,000 for the period of January 1, 2025 through December 31, 2025.

### FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>►</p> <p>Charles Phan, Supervising Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>►</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>►</p> <p>Andrew Goldfrach, ARMC Chief Executive Officer</p> <p>Date _____</p>
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