



Contract Number

19-414 A-4

SAP Number

4400013059

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	AMN Workforce, LLC
Contractor Representative	Shane Plantz
Telephone Number	(888) 465-2182
Contract Term	July 1, 2019 through June 30, 2023
Original Contract Amount	NTE \$1,300,000
Amendment Amount	NTE \$700,000
Total Contract Amount	NTE \$2,000,000
Cost Center	8700

AMENDMENT NO. 4

San Bernardino County and AMN Workforce, LLC agree to amend the terms of Contract #19-414 ("Contract") for medical coding and clinical documentation improvement specialist (fully executed on June 25, 2019) as follows, effective on the date this Amendment No. 4 (Amendment) is fully executed:

1. Section F.1 in the Contract is deleted in its entirety and replaced with the following:

F.1 Contractor will be reimbursed on a fee for service basis in accordance with the rates listed in Attachment A, not to exceed a total of \$2,000,000 for the term of the Contract.

2. Section D in the Contract is deleted in its entirety and replaced with the following:

D. TERM OF CONTRACT

This Contract is effective July 1, 2019 through June 30, 2023, but may be terminated earlier in accordance with the provisions of this Contract.

3. All references to "County of San Bernardino" in the Contract shall be amended to read as "San Bernardino County".
4. All other terms and conditions of the Contract shall remain in full force and effect.

5. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

(Print or type name of corporation, company, contractor, etc.)

▶ _____
 Curt Hagman, Chairman, Board of Supervisors

By ▶ _____
(Authorized signature - sign in blue ink)

Dated: _____
 SIGNED AND CERTIFIED THAT A COPY OF THIS
 DOCUMENT HAS BEEN DELIVERED TO THE
 CHAIRMAN OF THE BOARD

Name _____
(Print or type name of person signing contract)

Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County

Title _____
(Print or Type)

By _____
 Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form ▶ _____ Charles Phan, Deputy County Counsel Date _____	Reviewed for Contract Compliance ▶ _____ Date _____	Reviewed/Approved by Department ▶ _____ William L. Gilbert, Director Date _____
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