

AMENDMENT NO. 1
To The
PROVIDER PARTICIPATION AGREEMENT
FEE FOR SERVICE FACILITY

The Provider Participation Agreement (“Agreement”) dated July 1, 2019 and, between **County of San Bernardino on behalf of Arrowhead Regional Medical Center (ARMC)** (“Provider”) and Network Providers, LLC, (“NPLLC”) is hereby amended effective **July 1, 2022.**

NPLLC and “Provider” hereby agree to amend the Agreement as follows:

1. **Section V. Term and Termination Subsection 5.1, Term** shall be deleted in its entirety and replaced with a new **Subsection 5.1** as follows:

5.1 Term. The term of this Agreement shall commence on effective date of this Agreement and shall continue through June 30, 2024. Either party may terminate this Agreement for any reason by providing at least one hundred eighty (180) days prior written notice to the other party, except as otherwise allowed under this Agreement.

2. The following sentence is added at the end of **Subsection 7.4, Confidentiality**:

Nothing in this Agreement prohibits the disclosure of any information or documents where such disclosure is required by law.

3. All references to “County of San Bernardino on behalf of Arrowhead Regional Medical Center” in the Agreement are amended to read as “San Bernardino County on behalf of Arrowhead Regional Medical Center”.

Except as so amended, all other provisions of the Agreement shall remain unchanged and in effect.

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.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment by their officers duly authorized to be effective on the date and year first written above.

**San Bernardino County on behalf
of Arrowhead Regional Medical Center**

Network Providers, LLC

Signature



Signature

Print Name

Denise M. Barr

Print Name

Title

Sr. Director Correctional Healthcare Services Operations

Title

Date

6/8/2022

Date

Federal Tax Identification Number

NPI#