



**Contract Number**

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>William L. Gilbert</u>
<b>Telephone Number</b>	<u>(909) 580-4189</u>
<b>Contractor</b>	<u>Inland Empire Health Plan</u>
<b>Contractor Representative</b>	<u>Nikole DeVires</u>
<b>Telephone Number</b>	<u>(951) 335-3762</u>
<b>Contract Term</b>	<u></u>
<b>Original Contract Amount</b>	<u></u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u>Non - Financial</u>
<b>Cost Center</b>	<u>5876</u>

**Briefly describe the general nature of the contract:** Non-financial Participation Agreement with Inland Empire Health Plan for participation in the Inland Empire Health Plan Hospital Pay for Performance Program.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►  
Charles Phan, Supervising Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

►  
William L. Gilbert, Hospital Director

Date \_\_\_\_\_