

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-70 A-1 **2**

SAP Number

4400013684

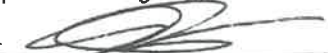
Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Nuance Communications Inc.
Contractor Representative	Aaron Stanton
Telephone Number / Email	951-264-1013 Aaron.Stanton@nuance.com
Contract Term	February 21, 2020 through February 20, 2025
Original Contract Amount	\$3,589,932
Amendment Amount	\$0
Total Contract Amount	\$3,589,932
Cost Center	8700

Briefly describe the general nature of the contract: Amendment No. 1 to Agreement No. 20-70 with Nuance Communications, Inc. to convert clinical medical dictation and voice recognition services to Epic, the new electronic health record at Arrowhead Regional Medical Center, with no change to the contract amount of \$3,589,932 and no change to the contract period of February 21, 2020 through February 20, 2025.

FOR COUNTY USE ONLY

Approved as to Legal Form



Charles Phan, Deputy County Counsel

Date 2/16/2022

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department



William L. Gilbert, Director

Date 2/16/22



ORDER

3.2g

This Order is effective on the date signed by the last party ("Order Effective Date") and is governed by the terms and conditions of the Agreement that is in effect between Customer and Nuance Communications, Inc. ("Nuance") fully executed on February 11, 2020.

No other terms and conditions (e.g., standard terms and conditions of purchase pre-printed on or referenced in a purchase order if Customer places a purchase order in response to this quote) shall apply.

Customer Information

Acct Number: 439112
Name: San Bernardino County on behalf of
Arrowhead Regional Medical Center

Address: 400 N Pepper Ave
City: Colton, CA 92324

Quote Number: 330092.2
Expires: 12/31/2021

Nuance Contact Information

Quoted: 8/23/2021
Contact: Aaron Stanton

Contact Phone:

Nuance Internal Use .865081

Nuance Pricing Program Summary

Pricing Model: N/A
Contract Term (Months): N/A
Committed Annual Report Volume: 0
Billing Rate: One time charge

Extended Price

Subscription Fee	\$0.00 /Month
Services Fee	\$0.00 Upfront
TOTAL MONTHLY FEE	\$0.00 /Month



Services						
Qty	Description	SKU	Unit List (USD)	Extended List	Adjustment	Total
				(USD)	(USD)	(USD)
1	Nuance Professional Services	PROFESSIONAL SERVICES	\$10,000.00	\$10,000.00	(\$10,000.00)	\$0.00



Ship-To Information

Name: Arrowhead Regional Medical Center
Address: 400 N Pepper Ave
City: Colton, CA 92324

Shipping Priority

Regular/Ground
Second Day Air
Priority Air / Next Day

Additional Terms:

****By its receipt of this quote, Customer acknowledges and agrees that the pricing and product configuration contained herein are Confidential in nature, and, as such cannot be shared with any other party, including, but not limited to, any affiliate of Customer, without Nuance's prior written consent or unless disclosure is required by law. In addition to Nuance pursuing any other remedies available to it in law or equity, in the event Customer violates the terms of this provision, this quote shall immediately terminate.**

This Quote 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 Quote. The parties shall be entitled to sign and transmit an electronic signature of this Quote (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 Quote upon request.

San Bernardino County on behalf of
Arrowhead Regional Medical Center
(Customer)

Curt Hagman

Name



Signature

Chairman, Board of Supervisors

Title

MAR 01 2022

Date

Nuance Communications, Inc.

Jeanne E Nauman

Name



Signature (Dec 9, 2021 15:50 CST)

VP, Healthcare Global Deal Optimization

Title

Dec 9, 2021

Date

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD
LYNNA MONELL
Clerk of the Board of Supervisors
of the County of San Bernardino

By

Deputy



Healthcare Professional Services Services Descriptions

August 23, 2021

Quote # 330092.2		
SKU	Qty	Service
PSOAD-PM-030	2	PS Reporting Add-on Project Management Services - New Interface / Change Interface
PSORS-CHG	2	PSOne Interface Vendor/Interface Change

*All Project Management (PM) Services are remote unless otherwise noted