



Contract Number

23-1140 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909)580-6150</u>
Contractor	<u>St. Mary Medical Center, LLC</u>
Contractor Representative	<u></u>
Telephone Number	<u></u>
Contract Term	<u>10/24/2023 – 10/23/2028</u>
Original Contract Amount	<u>Non-Financial</u>
Amendment Amount	<u></u>
Total Contract Amount	<u></u>
Cost Center	<u>911004200</u>

Amendment No. 1

WHEREAS, San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("Medical Center") and St. Mary Medical Center, LLC ("Facility") entered into a Transfer Agreement, fully executed on October 24, 2023 ("Transfer Agreement"), for the transfer of patients who need a higher level of care not available from Facility;

WHEREAS, the parties desire to amend the Transfer Agreement to clarify that Facility may transfer patients who have a need for trauma services to the Medical Center under the Transfer Agreement; and

NOW, THEREFORE, effective as of the date this Amendment No 1 is fully executed, the Transfer Agreement is amended as follows:

1. Section 1(A) of the Transfer Agreement is deleted in its entirety and replaced with the following:

I. TRANSFER ARRANGEMENTS

- A. Prior to transferring a patient who needs a higher level, including trauma services, from Facility to Medical Center, a physician at the Facility shall determine and document that the patient is appropriate for transfer in accordance with all applicable Federal and State laws and

regulations, the Healthcare Facilities accreditation Program (HFAP), and any other applicable bodies as well as with applicable requirements of the Facility's transfer policy.

2. All other terms and conditions of the Transfer Agreement remain in full force and effect.
3. 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 mail 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 ON BEHALF OF
ARROWHEAD REGIONAL MEDICAL CENTER

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
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
San Bernardino County

By _____
Deputy

ST. MARY MEDICAL CENTER, LLC

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

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

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

Title _____
(Print or Type)

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, Hospital Director

Date _____