



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>Andrew Goldfrach</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Redlands Community Hospital</u>
Contractor Representative	<u>Valerie Kaura</u>
Telephone Number	<u>(909) 335-6459</u>
Contract Term	<u>Five Years from date fully executed</u>
Original Contract Amount	<u></u>
Amendment Amount	<u></u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u></u>
Grant Number (if applicable)	<u></u>

Briefly describe the general nature of the contract: Non-financial Transfer Agreement with Redlands Community Hospital for the transfer of patients requiring specialized cardiac and neurocritical care to Arrowhead Regional Medical Center for a five-year term, effective upon full execution.

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

►
Andrew Goldfrach, ARMC Chief Executive Officer

Date _____