



Contract Number

06-141 A-13

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative Telephone Number	<u>William L. Gilbert</u> <u>(909) 580-6150</u>
Contractor	<u>Change Healthcare Technologies, LLC</u>
Contractor Representative Telephone Number	<u>Christopher Macrae</u> <u>(650) 714-6778</u>
Contract Term	<u>February 7, 2006 through May 25, 2025</u>
Original Contract Amount	<u>\$10,380,374.41</u>
Amendment Amount	<u>\$ 541,961.28 plus any applicable price increase</u>
Total Contract Amount	<u>\$10,922,335.69</u>
Cost Center	<u>7630</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 13

This Amendment No. 13 (this "Amendment") dated March 15, 2022 is made by and between CHANGE HEALTHCARE TECHNOLOGIES, LLC ("CHC"), and SAN BERNARDINO COUNTY ("Customer") and modifies the terms to Agreement C0608542 executed between the parties as of February 7, 2006 ("Agreement"), as previously amended.

1. Add to the Agreement the Sales Order IWS-568583, as attached hereto and incorporated herein.
2. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains in full force and effect.
3. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement or the Addendum, as applicable.
4. **Counterparts.** This Amendment may be signed in one or more counterparts, each of which shall be deemed an original but all of which taken together shall constitute one and the same instrument. A facsimile or e-mail transmission of a signed version of this Amendment shall be legal and binding on all parties.

5. Electronic Signatures. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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.

SAN BERNARDINO COUNTY

▶ _____
Curt Hagman, Chairman, 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
of the County of San Bernardino

By _____
Deputy

CHANGE HEALTHCARE TECHNOLOGIES, LLC

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

By _____
(Authorized signature - sign in blue ink)

Name **Faisal Babul**

(Print or type name of person signing contract)

Title **Senior Manager Sales Operations**

(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
▶ Bonnie Uphold, Deputy County Counsel	▶	▶ William L. Gilbert, Director
Date _____	Date _____	Date _____



SALES ORDER

Part I	Administration
Part II	General Terms and Conditions Section

PART I

This Sales Order is entered into and made effective as of the latest date in the signature block below (“**SO Effective Date**”).

The pricing in this Sales Order and Change Healthcare’s corresponding offer to Customer expires unless Change Healthcare receives this Sales Order signed by Customer on or before March 31, 2022.

Change Healthcare will include Customer’s purchase order (“**PO**”) number on Customer invoices if provided by Customer on or before the SO Effective Date. If this Sales Order includes an amount equal to or greater than \$10,000, a copy of Customer’s purchase order(s) must be attached. Failure to provide Change Healthcare with a PO number or copy does not suspend or negate any Customer duty, including payment, under this Sales Order. Pre-printed terms and conditions on or attached to Customer’s PO shall be of no force or effect.

This Sales Order is governed by the terms of License Agreement No. C0608542, dated February 7, 2006, as amended. Each signatory hereto represents and warrants that it is duly authorized to sign, execute, and deliver this Sales Order on behalf of the party it represents.

**SAN BERNARDINO COUNTY ON BEHALF OF
ARROWHEAD REGIONAL MEDICAL CENTER**

CHANGE HEALTHCARE TECHNOLOGIES, LLC

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: Faisal Babul

Title/Position: _____

Title/Position: Senior Manager Sales Operations

Customer PO No.: _____

Date: _____

Date: _____

FOR CHANGE HEALTHCARE INTERNAL USE ONLY

Submit fully executed contract and a copy of the purchase order to:

Imaging, Workflow & Care Solutions

Attn: MIG Sales Contracts

Email: migsalescontracts@changehealthcare.com

PART II

GENERAL TERMS AND CONDITIONS SECTION

SECTION 1: ADD-ON

- 1.1 Unless expressly stated in this Sales Order, the terms from Sales Order No. IWS-267858, dated April 21, 2020 (“Initial SO”), are incorporated herein by reference. In addition, the term for this Sales Order is coterminous with the current term of the Initial SO.
- 1.2 The Facility, Payment Schedule, Hosted Storage Service pricing and the Ship To and Bill To information from the Initial SO will apply to this Sales Order.

SECTION 2: ADDITIONAL ESTIMATED HOSTED STORAGE SERVICE FEES

The estimated fees are based on the estimated/anticipated additional storage volume for the remainder of the 5-year Term. Storage costs will differ based on actual storage volumes, and will be calculated as per the payment terms in Part III – Facilities and Payment Schedule Section of the Initial SO.

Contract Year	Volume under Management	Fees (in USD)
CY 2022	181.00 TB	180,653.76
CY 2023	181.00 TB	180,653.76
CY 2024	181.00 TB	180,653.76
Total Additional Estimated Fees For The Remainder of the 5-year Datatility Initial Term		541,961.28