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

Contract Number

_____

SAP Number

_____

San Bernardino County Fire Protection District

Department Contract Representative	Dan Munsey
Telephone Number	909-387-5779
Contractor	Inland Empire Health Plan
Contractor Representative	Sherril Chambers
Telephone Number	
Contract Term	July 1, 2026 - June 30, 2027
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	
Grant Number (if applicable)	

Briefly describe the general nature of the contract:

This is to approve Letter of Agreement with Inland Empire Health Plan, allowing the San Bernardino County Fire Protection District to receive reimbursement from Inland Empire Health Plan for the cost of providing emergency medical ground transport services to members enrolled with Inland Empire Health Plan, for the period of July 1, 2026, through June 30, 2027.

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Aaron Gest, Deputy County Counsel		
Date	Date	Date