

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



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>Andrew Goldfrach</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>California Department of Health Care Services</u>
Contractor Representative	<u></u>
Telephone Number	<u></u>
Contract Term	<u>July 1, 2026, until terminated</u>
Original Contract Amount	<u></u>
Amendment Amount	<u></u>
Total Contract Amount	<u></u>
Cost Center	<u>9186104800</u>
Grant Number (if applicable)	<u>N/A</u>

Briefly describe the general nature of the contract: Participation Agreement 26-MCIPSANBERNARDINO-36 with the California Department of Health Services for the Medi-Cal County Inmate Program for inpatient services, for the period of July 1, 2026, until terminated.

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>▶ <u>Daniella Hernandez, Deputy County Counsel</u></p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>▶ _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>▶ <u>Andrew Goldfrach, ARMC Chief Executive Officer</u></p> <p>Date _____</p>
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