



Contract Number \_\_\_\_\_

SAP Number \_\_\_\_\_

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>William L. Gilbert</u>
<b>Telephone Number</b>	<u>909-580-6150</u>
 <b>Contractor</b>	 <u>California Department of Health</u>
	<u>Care Services</u>
<b>Contractor Representative</b>	<u>_____</u>
<b>Telephone Number</b>	<u>_____</u>
<b>Contract Term</b>	<u>July 1, 2024 through June 30, 2027</u>
<b>Original Contract Amount</b>	<u>Revenue</u>
<b>Amendment Amount</b>	<u>_____</u>
<b>Total Contract Amount</b>	<u>Revenue</u>
<b>Cost Center</b>	<u>_____</u>

**Briefly describe the general nature of the contract:** Approve Medi-Cal Graduate Medical Education Payment Program Provider Participation Agreement with the Department of Health Care Services, for the provision of reimbursements at an estimated revenue of \$54,000,000, for direct and indirect costs associated with the operations of the Graduate Medical Education Program at Arrowhead Regional Medical Center, with the agreement term of July 1, 2024 through June 30, 2027.

**FOR COUNTY USE ONLY**

<p>Approved as to Legal Form</p> <p>► _____</p> <p>Charles Phan, Supervising Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____</p> <p>William L. Gilbert, Director</p> <p>Date _____</p>
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