

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

**Contract Number**  
19-367 A-1

**SAP Number**  
N/A

## 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>Network Providers, LLC</u>
<b>Contractor Representative</b>	<u>Maria Callan</u>
<b>Telephone Number</b>	<u>818-676-6355</u>
<b>Contract Term</b>	<u>July 1, 2019 through June 30, 2024</u>
<b>Original Contract Amount</b>	<u>Revenue Only</u>
<b>Amendment Amount</b>	<u>Revenue Only</u>
<b>Total Contract Amount</b>	<u>Revenue Only</u>
<b>Cost Center</b>	<u>9185304200</u>

**Briefly describe the general nature of the contract:** Amendment to correct the term of the Revenue Agreement with Network Providers, LLC, for the provision of medical services to California Department of Corrections and Rehabilitation inmates for the period of July 1, 2019 through June 30, 2024 per the Health Net Federal Services.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

  
Charles Phan, Deputy County Counsel

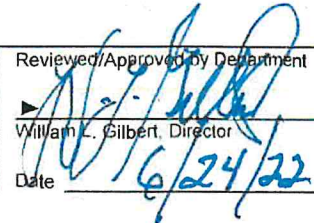
Date 6/24/2022

Reviewed for Contract Compliance



Date \_\_\_\_\_

Reviewed/Approved by Department

  
William L. Gilbert, Director

Date 6/24/22

**AMENDMENT NO. 1**  
**To The**  
**PROVIDER PARTICIPATION AGREEMENT**  
**FEE FOR SERVICE FACILITY**

The Provider Participation Agreement (“Agreement”) dated July 1, 2019 and, between **County of San Bernardino on behalf of Arrowhead Regional Medical Center (ARMC)** (“Provider”) and Network Providers, LLC, (“NPLLC”) is hereby amended effective **July 1, 2022**.

NPLLC and “Provider” hereby agree to amend the Agreement as follows:

1. **Section V. Term and Termination Subsection 5.1, Term** shall be deleted in its entirety and replaced with a new **Subsection 5.1** as follows:

**5.1 Term.** The term of this Agreement shall commence on effective date of this Agreement and shall continue through June 30, 2024. Either party may terminate this Agreement for any reason by providing at least one hundred eighty (180) days prior written notice to the other party, except as otherwise allowed under this Agreement.

2. The following sentence is added at the end of **Subsection 7.4, Confidentiality**:

Nothing in this Agreement prohibits the disclosure of any information or documents where such disclosure is required by law.

3. All references to “County of San Bernardino on behalf of Arrowhead Regional Medical Center” in the Agreement are amended to read as “San Bernardino County on behalf of Arrowhead Regional Medical Center”.

Except as so amended, all other provisions of the Agreement shall remain unchanged and in effect.

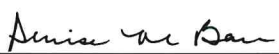
This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether 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.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment by their officers duly authorized to be effective on the date and year first written above.

**San Bernardino County on behalf  
of Arrowhead Regional Medical Center**

**Network Providers, LLC**

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

Dawn M. Rowe

~~Curt Hagman~~

Denise M. Barr

Print Name

Print Name

~~Chairman, Board of Supervisors~~

Sr. Director Correctional Healthcare Services Operations

  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**JUN 28 2022**

6/8/2022

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Tax Identification Number

\_\_\_\_\_  
NPI#