



Contract Number _____

SAP Number _____

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Careport Health, LLC</u>
Contractor Representative	<u>Chris Sojka</u>
Telephone Number	<u>(913) 378-8610</u>
Contract Term	<u>July 1, 2024 – June 30, 2029</u>
Original Contract Amount	<u>\$0</u>
Amendment Amount	<u> </u>
Total Contract Amount	<u>\$0</u>
Cost Center	<u> </u>

Briefly describe the general nature of the contract: Non-Financial Order Form with Careport Health, LLC, an affiliate of WellSky Corporation, subject to the terms of the Agreement with WellSky Corporation for the patient placement referral system, for the contract period of July 1, 2024 through June 30, 2029.

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>► _____</p> <p>Bonnie Uphold, 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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