



**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>                           |
| <br><b>Contractor</b>                     | <br><u>WISE Healthcare, Inc.</u>                |
| <b>Contractor Representative</b>          | <u>Sajid Ahmed</u>                              |
| <b>Telephone Number</b>                   | <u>(415) 377-9514</u>                           |
| <b>Contract Term</b>                      | <u>March 1, 2022, through February 28, 2027</u> |
| <b>Original Contract Amount</b>           | <u>NTE \$3,145,500</u>                          |
| <b>Amendment Amount</b>                   | <u></u>                                         |
| <b>Total Contract Amount</b>              | <u>NTE \$3,145,500</u>                          |
| <b>Cost Center</b>                        | <u>9185764200</u>                               |

**Briefly describe the general nature of the contract:** An Agreement with WISE Healthcare, Inc. for support and project management for eConsult and eReferral services and related interface implementation, in the amount not to exceed \$3,145,500 for the period of March 1, 2022, through February 28, 2027.

**FOR COUNTY USE ONLY**

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