



Contract Number _____

SAP Number _____

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-4189</u>
 Contractor	 <u>Inland Empire Health Plan</u>
Contractor Representative	<u>Rebecca Mayer</u>
Telephone Number	<u>(951) 335-3987</u>
Contract Term	<u>From Execution through January 31, 2025</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>9185764200</u>

Briefly describe the general nature of the contract: Affiliation Agreement with Inland Empire Health Plan for the reimbursement of monthly licensing fees for Safety Net Connect, Inc. for eConsult and Referral Management Software as a Service Platform, in the total amount of \$333,000, for the period beginning on the date of execution through January 31, 2025.

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, Hospital Director</p> <p>Date _____</p>
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