

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



Contract Number

20-28 A-2

SAP Number

4400017485

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach
Telephone Number	(909) 580-6150
Contractor	Alcon Vision, LLC
Contractor Representative	Ann Pham
Telephone Number	(626) 676-0296
Contract Term	January 28, 2020 through April 27, 2025
Original Contract Amount	NTE \$2,750,000
Amendment Amount	N/A
Total Contract Amount	NTE \$2,750,000
Cost Center	

AMENDMENT NO. 2

Effective as of the date this Amendment is fully executed, the Product Pricing Agreement ("Agreement") between San Bernardino County on behalf of Arrowhead Regional Medical Center and Alcon Vision, LLC with an effective date of January 28, 2020 is amended as follows:

- Section 2 of the Agreement is deleted in its entirety and replaced with the following:

The Agreement is effective January 28, 2020 through April 27, 2025. Either party may terminate this Agreement at any time, with or without cause, upon 60 days' written notice. A party may immediately terminate this Agreement should the other party materially breach any of its terms.
- Full Force and Effect.** All other terms and conditions of the Agreement remain in full force and effect.
- Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement.

4. **Counterparts.** 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.

SAN BERNARDINO COUNTY on behalf of Arrowhead
Regional Medical Center

Dawn M. Rowe

Dawn M. Rowe, Chair, Board of Supervisors

Dated:

JAN 14 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By



Deputy

ALCON VISION, LLC

(Print or type name of corporation, company, contractor, etc.)

DocuSigned by:

By

Lindsay Robbins

Authorized signature - sign in blue ink)

Name Lindsay Robbins

(Print or type name of person signing contract)

Title Associate Director, NA Contracts

(Print or Type)

Dated: 01/06/2025

Address 6201 South Freeway

Fort Worth, TX 76134-2099 United States

FOR COUNTY USE ONLY

Approved as to Legal Form

Bonnie Uphold
Charles Phan, Supervising Deputy County
Counsel *BONNIE UPHOLD ON BEHALF OF*

Date

1/6/2025

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Andrew Goldfrach
Andrew Goldfrach, ARMC Chief Executive Officer

Date

1/7/2025