



**Contract Number**

23-1140 A-1

**SAP Number**

## Arrowhead Regional Medical Center

**Department Contract Representative  
Telephone Number**

William L. Gilbert  
(909)580-6150

**Contractor  
Contractor Representative  
Telephone Number  
Contract Term  
Original Contract Amount  
Amendment Amount  
Total Contract Amount  
Cost Center**

St. Mary Medical Center, LLC  
  
10/24/2023 – 10/23/2028  
Non-Financial  
  
911004200

### Amendment No. 1

**WHEREAS**, San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("Medical Center") and St. Mary Medical Center, LLC ("Facility") entered into a Transfer Agreement, fully executed on October 24, 2023 ("Transfer Agreement"), for the transfer of patients who need a higher level of care not available from Facility;

**WHEREAS**, the parties desire to amend the Transfer Agreement to clarify that Facility may transfer patients who have a need for trauma services to the Medical Center under the Transfer Agreement; and

**NOW, THEREFORE**, effective as of the date this Amendment No 1 is fully executed, the Transfer Agreement is amended as follows:

1. Section 1(A) of the Transfer Agreement is deleted in its entirety and replaced with the following:

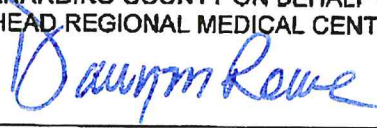
- I. TRANSFER ARRANGEMENTS

- A. Prior to transferring a patient who needs a higher level, including trauma services, from Facility to Medical Center, a physician at the Facility shall determine and document that the patient is appropriate for transfer in accordance with all applicable Federal and State laws and

regulations, the Healthcare Facilities accreditation Program (HFAP), and any other applicable bodies as well as with applicable requirements of the Facility's transfer policy.

2. All other terms and conditions of the Transfer Agreement remain in full force and effect.
3. 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 mail 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 Rowe, Chair, Board of Supervisors

Dated: MAR 12 2024

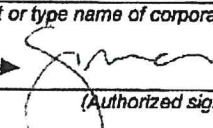
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

  
Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By   
Deputy

ST. MARY MEDICAL CENTER, LLC

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

By   
(Authorized signature - sign in blue ink)

Name RANDALL CASTILLO  
(Print or type name of person signing contract)

Title CHIEF EXECUTIVE OFFICER  
(Print or Type)

Dated: 2-29-24

Address 18300 US 18  
APPLE VALLEY CA 92307

FOR COUNTY USE ONLY  
Approved as to Legal Form

  
Charles Phan, Deputy County Counsel

Date 3/5/2024

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

  
William L. Gilbert, Hospital Director

Date 3/4/24