

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



Contract Number

SAP Number

San Bernardino County Fire Protection District

Department Contract Representative Dan Munsey
Telephone Number 387-5779

Contractor Kaiser Foundation Health Plan, Inc.
Contractor Representative Lynn Pham
Telephone Number _____
Contract Term _____
Original Contract Amount _____
Amendment Amount _____
Total Contract Amount _____
Cost Center _____
Grant Number (if applicable) _____

Briefly describe the general nature of the contract:

This is to approve Health Plan-Provider Revenue Agreement with Kaiser Foundation Health Plan, Inc. for the California Department of Health Care Services' Intergovernmental Transfer Program, allowing San Bernardino County Fire Protection District to receive reimbursement from Kaiser Foundation Health Plan, Inc. for the cost of providing emergency medical ground transport services to members enrolled with Kaiser Foundation Health Plan, Inc., effective the date the agreement is executed by both parties, through June 30, 2030.

FOR COUNTY USE ONLY

Approved as to Legal Form



Rick Luczak, Deputy County Counsel

Date _____

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department



Date _____