



Contract Number

20-29 A-1

SAP Number

4400013657

Arrowhead Regional Medical Center

Department Contract Representative William L. Gilbert, Director
Telephone Number (909) 580-6150

Contractor Aureus Radiology, LLC.
Contractor Representative Walter Reed
Telephone Number 402-891-1118
Contract Term January 28, 2020- June 30, 2023
Original Contract Amount \$600,000
Amendment Amount _____
Total Contract Amount _____
Cost Center 7670- Medical Imaging

AMENDMENT NO. 1

The COUNTY OF SAN BERNARDINO ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER and AUREUS RADIOLOGY, LLC agree to amend the terms of the Agreement, with an effective date of January 28, 2020 (the "Agreement"), as follows, effective as of the last date this Amendment is executed by the parties:

- 1. Section 26 of the Agreement is deleted in its entirety and replaced with the following:

26. Term

This Agreement is valid through June 30, 2023. In accordance with Joint Commission standards, contractual relationships should be reviewed at least annually and when there are significant changes to ensure that those relationships are within law and regulation and determine if conflicts of interest exist. Renewal will be subject to mutual approval. Either party may terminate this Agreement by notifying the other party not less than 30 days prior to the termination date.

- 2. All other terms and conditions of the Agreement shall 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 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.

COUNTY OF SAN BERNARDINO

► _____
 _____, Chair, Board of Supervisors

Dated: _____
 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
 of the County of San Bernardino

By _____
 Deputy

Aureus Radiology, LLC

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

By ► **Kristi Morford**
Digitally signed by Kristi Morford
 DN: cn=Kristi Morford, o, ou,
 email=corplegal@ca-industries.com, c=US
 Date: 2020.12.15.16:54:46 -0800
 (Authorized signature - sign in blue ink)

Name Kristi Morford
 (Print or type name of person signing contract)

Title Authorized Signer
 (Print or Type)

Dated: 12.15.20

Address 13609 California St
Omaha, NE 68154

FOR COUNTY USE ONLY

Approved as to Legal Form
 ► _____
 Charles Phan, Deputy County Counsel
 Date 12/15/2020

Reviewed for Contract Compliance
 ► _____
 Date _____

Reviewed/Approved by Department
 ► _____
 William L. Gilbert, Director
 Date 12/17/2020