

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	909-387-5779
Contractor	Inland Empire Health Plan
Contractor Representative	Leeanna Campa Jenkins
Telephone Number	_____
Contract Term	July 1, 2025 - June 30, 2026
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 Letter of Agreement with Inland Empire Health Plan, allowing the San Bernardino County Fire Protection District to receive reimbursement from Inland Empire Health Plan for the cost of providing emergency medical ground transport services to members enrolled with Inland Empire Health Plan, for the period of July 1, 2025, through June 30, 2026.

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

▶ _____
Rick Luczak, Deputy County Counsel

▶ _____

▶ _____

Date _____

Date _____

Date _____