

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

<b>Department Contract Representative</b>	<u>Dan Munsey</u>
<b>Telephone Number</b>	<u>387-5779</u>
<b>Contractor</b>	<u>Inland Empire Health Plan</u>
<b>Contractor Representative</b>	<u></u>
<b>Telephone Number</b>	<u></u>
<b>Contract Term</b>	<u>July 1, 2021 to June 30, 2025</u>
<b>Original Contract Amount</b>	<u>N/A</u>
<b>Amendment Amount</b>	<u>N/A</u>
<b>Total Contract Amount</b>	<u></u>
<b>Cost Center</b>	<u></u>

**Briefly describe the general nature of the contract:**

*This is to approve a 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 retroactive period of July 1, 2021, through June 30, 2025.*

**FOR COUNTY USE ONLY**

Approved as to Legal Form



Scott Runyan, Principal Assistant County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance



Date \_\_\_\_\_

Reviewed/Approved by Department



Date \_\_\_\_\_