



**Contract Number**

20-895 A-1

**SAP Number**

## ARROWHEAD REGIONAL MEDICAL CENTER

<b>Department Contract Representative</b>	<u>William L. Gilbert, Hospital Director</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>Jeffrey N. Roberts, M.D., Inc.</u>
<b>Contractor Representative</b>	<u>Jeffrey Roberts, M.D.</u>
<b>Telephone Number</b>	
<b>Contract Term</b>	<u>January 1, 2021 through December 31, 2023</u>
<b>Original Contract Amount</b>	<u>\$1,629,000 (\$543,000 annually)</u>
<b>Amendment Amount</b>	<u>Variables</u>
<b>Total Contract Amount</b>	<u>\$1,629,000 (\$543,000 annually) plus variables</u>
<b>Cost Center</b>	

### AMENDMENT NO. 1

San Bernardino County (fka County of San Bernardino) and Jeffrey N. Roberts, M.D., Inc. hereby amend Contract No. 20-895 in the following manner, effective the date this Amendment is fully executed:

1. Add the following language at the end of Section 4.01 of the Contract:

The variable costs associated with this Contract is based on the volume of medical students from California University of Science and Medicine, St. George University, and Western University of Health Sciences that receive instruction from Corporation through a medical rotation at Arrowhead Regional Medical Center and the number of Patton patients treated by Corporation at Arrowhead Regional Medical Center, as set forth in the compensation chart of Section 4.01 of the Contract.

2. All references to "County of San Bernardino" in the Contract are amended to read as "San Bernardino County."
3. All other terms and conditions of the Contract remain in full force and effect.
4. 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.

SAN BERNARDINO COUNTY

►

\_\_\_\_\_  
Dawn Rowe, 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

JEFFREY N. ROBERTS, M.D., INC.

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

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name Jeffrey Roberts, M.D.  
\_\_\_\_\_  
(Print or type name of person signing contract)

Title President  
\_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

► \_\_\_\_\_  
Charles Phan, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

► \_\_\_\_\_  
William L. Gilbert, Hospital Director

Date \_\_\_\_\_