



Contract Number

20-896 A-1

SAP Number

ARROWHEAD REGIONAL MEDICAL CENTER

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Department Contract Representative	<u>William L. Gilbert, Hospital Director</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Kris J. Storkersen, M.D., Inc.</u>
Contractor Representative	<u>Kris Storkersen</u>
Telephone Number	
Contract Term	<u>January 1, 2021 through December 31, 2023</u>
Original Contract Amount	<u>\$1,230,150 (\$410,050 per annum)</u>
Amendment Amount	<u>Variables</u>
Total Contract Amount	<u>\$1,230,150 (\$410,050 per annum) plus variables</u>
Cost Center	<u>9186104200</u>

AMENDMENT NO. 1

San Bernardino County (fka County of San Bernardino) and Kris J. Storkersen, M.D., Inc. hereby amend Contract No. 20-896 ("Contract") 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 rotation in ophthalmology at Arrowhead Regional Medical Center, the number of Patton and Sheriff's patients treated by Corporation, and the volume of E-Consults with IEHP, 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

KRIS J. STORKERSEN, M.D., INC.

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

By ►

(Authorized signature - sign in blue ink)

Name Kris J. Storkersen, 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 _____