



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>California Physicians' Service dba Blue Shield of California</u>
Contractor Representative	<u>Ruben Gonzalez, Network Management Director</u>
Telephone Number	<u>(323) 889-5229</u>
Contract Term	<u>April 1, 2017 to June 30, 2020</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u></u>

Briefly describe the general nature of the contract: Amendment No. 2 to the Fee for Service Hospital Agreement (Agreement No. 17-144) with California Physicians' Service dba Blue Shield of California for inpatient and outpatient services that extends the term of the agreement by three months, for a new total contract period of April 1, 2017 to June 30, 2020.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Scott Runyan, County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
William L. Gilbert, Director

Date _____