

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR
COUNTY USE ONLY



Contract Number

19-414 A-2

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William Gilbert, Director</u>
Telephone Number	<u>909-580-6150</u>
Contractor	<u>AMN Workforce Solutions, LLC</u>
Contractor Representative	<u>Shane Plantz</u>
Telephone Number	<u>858-465-2182</u>
Contract Term	<u>July 1, 2019 – June 30, 2022</u>
Original Contract Amount	<u>\$2,400,000</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>\$2,400,000</u>
Cost Center	<u>8700 – Health Information Mgt.</u>

AMENDMENT NO. 2

This Amendment No. 2 (this "Amendment"), effective on October 6, 2020, is made by and between AMN Workforce Solutions, LLC ("AMN") and the County of San Bernardino ("County") on behalf of Arrowhead Regional Medical Center, and modifies the terms to the Agreement (the "Agreement") executed on June 25, 2019 by County and Peak Health Solutions, LLC (succeeded by AMN), as previously amended on January 7, 2020, as follows:

1. Attachment "A" to the Agreement is hereby deleted and replaced with Attachment "A" to this Amendment.
2. All other terms and conditions of the Agreement shall remain in full force and effect.
3. 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.

COUNTY OF SAN BERNARDINO

AMN WORKFORCE SOLUTIONS, LLC

►

Curt Hagman, Chairman, 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

By _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►

Charles Phan, Deputy County Counsel

►

►

Date _____

Date _____

Date _____

**Cost for AMN Workforce Solutions, LLC.
ATTACHMENT A
RATES**

HOURLY RATE (INCLUSIVE ALL FEES)	
DESCRIPTION	HOURLY RATE
Medical Coding	\$64.00
Clinical Documentation Improvement	\$95.00
Coding Leadership	\$90.00
Clinical Documentation Improvement Leadership	\$143.00