

Purchasing Detail for Record #: CN18158

Order #: CN18158

Replacement# OR Req#: 1422

Vendor: PUEBLO RADIOLOGY MED GRP INC
2320 BATH STREET STE 208
SANTA BARBARA
CA
93105
Ph: 805-8868297
Contact: BRIAN JENKINS

TaxID: Not Viewable

Order Date: 7/1/2015

Contract Term: 6/30/2017

Purchasing Contact: MARK (805-568-2692)

--BILLING-- **Fund:** 0042 **Dept:** 041 **LIAcct:** 7460 **Prog:** 1712 **Org:** **Proj:**

SIGNED

Bill To

COST ANALYST
300 N SAN ANTONIO RD
GENERAL ACCOUNTING
SANTA BARBARA, CA
93110

Ship To

RADIOLOGY SUPERVISOR
315 CAMINO DEL REMEDIO
SANTA BARBARA, CA
93110

Detail Line 1

Description: Pueblo Radiology Medical Group - Vendor #22571 - X-Ray Imaging

Renewal of SERVICE CONTRACT

SPECIAL NOTICE TO SUPPLIER : THIS CONTRACT REPLACES YOUR PREVIOUS YEAR CONTRACT #CN16875 WHICH EXPIRES ON JUNE 30TH, 2015. YOU MUST SIGN & RETURN THIS REPLACEMENT CONTRACT, AND YOU MUST REFERENCE THE NEW NUMBER ON ALL INVOICES & CORRESPONDENCE RELATED TO THE DESCRIBED WORK EFFECTIVE JULY 1, 2015.

GENERAL: Provide radiology services for the Public Health Department patients as outlined in replacement Exhibit A-Scope of Work dated 7-1-15.

CONTRACT PERIOD: July 1, 2015 through June 30, 2017.

LIMITATIONS: Total expenditure for the period shall not exceed \$100,000.00 per Exhibit A. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS (ver. 08/24/2004) as previously submitted.

Insurance documents already on file in Purchasing Division.

Pursuant to change order dated 1-22-14, A replacement EXHIBIT B-HIPAA dated May 1, 2013 now applies.

COMPLIANCE: By entering into this Agreement, CONTRACTOR attests that they have reviewed the Public Health Department's (PHD) Compliance Plan and neither CONTRACTOR, their staff, nor their Subcontractors are excluded or debarred from participation in state or federal contracting and/or billing for eligible Medicare or Medicaid (Medi-Cal in California) services.

CONTRACTOR shall conduct regular and frequent reviews of all their staff and Subcontractors who provide services to PHD under this Agreement, against the Centers for Medicare & Medicaid Services (CMS) Exclusions List and all other applicable lists. CONTRACTOR shall immediately notify COUNTY of any exclusions or debarments, and for the purposes of this Agreement. CONTRACTOR shall cease use of any staff or Subcontractors that become excluded or debarred from federal or state program participation.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM 304, Santa Barbara, CA 93101.

Accepted By: (X) _____

Print Name/Title: _____ Date: _____

Applicable License # (Medical/Contractor/Etc): _____

Value: \$100,000.00

Tax: \$0.00

Sub-Total: \$100,000.00

Grand Total: \$100,000.00