

AGREEMENT
between
COUNTY OF SANTA BARBARA
and
CENTRAL COAST INPATIENT CONSULTANTS, INC
for
HOSPITALIST COVERAGE
FOURTH AMENDMENT
Effective January 1, 2014

THIS IS THE FOURTH AMENDMENT (hereafter referred to as **Fourth Amendment**) to the Agreement for Hospitalist Services (hereafter **Agreement**), by and between the County of Santa Barbara (COUNTY) and Central Coast Inpatient Consultants, Inc. (CONTRACTOR), for the provision of hospitalist services at the Marian Medical Center, Santa Maria, California.

WHEREAS, the Agreement is effective through December 31, 2013; and

WHEREAS, the parties desire to amend the Agreement to extend the term and adjust compensation; and

WHEREAS, this Fourth Amendment incorporates the terms and conditions set forth in the Agreement, First, Second and Third Amendment, approved by the County of Santa Barbara.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **Definitions.** Capitalized terms used in this Fourth Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.
2. **Amendments.**
 - a. The Agreement is amended as follows:
 4. **TERM.** CONTRACTOR shall commence performance on July 1, 2013, and shall continue to provide services pursuant to this Agreement until, ~~December 31, 2013~~ **March 31, 2014** unless terminated sooner as provided herein.
 - b. EXHIBIT B PAYMENT ARRANGEMENTS Section A is amended as follows:
 - A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed ~~\$78,000~~ **\$117,000** for the period July 1, 2013 through ~~December 31, 2013~~ **March 31, 2014**.

COUNTY shall pay CONTRACTOR at the rate of \$13,000 per month.

4. **Counterparts.** This Third Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

Fourth Amendment to Agreement for Hospitalist Services between the **County of Santa Barbara** and **Central Coast Inpatient Consultants, Inc.**

IN WITNESS WHEREOF, the parties have executed and ratified this Fourth Amendment to be effective January 1, 2014.

COUNTY OF SANTA BARBARA

Chair, Board of Supervisors

Date: _____

ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

By: _____
Deputy Clerk

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED:
TAKASHI WADA, MD, MPH
DIRECTOR/HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO, ARM, AIC
RISK MANAGER

By: _____
Director

By: _____
Risk Manager

Fourth Amendment to Agreement for Hospitalist Services between the **County of Santa Barbara** and **Central Coast Inpatient Consultants, Inc.**

IN WITNESS WHEREOF, the parties have executed and ratified this Fourth Amendment to be effective January 1, 2014.

CONTRACTOR

CENTRAL COAST INPATIENT CONSULTANTS, INC.

By: _____
J. Kelly Newlander, MD, President

Date: _____

Contract Summary

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY 2013-14
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	041
D3.	Requisition Number	
D4.	Department Name	Public Health
D5.	Contact Person	Dan Reid
D6.	Telephone.....	681-5173

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Hospitalist Services
K3.	Original Contract Amount	\$325,000
K4.	Contract Begin Date	6-1-09
K5.	Original Contract End Date.....	6-30-11
K6.	Amendment History (leave blank if no prior amendments)	A01; Extend term; replace exhibit; A02; Extended term, added performance objectives; A03 extends term through 12/31/2013, adds Compliance clause. A04 extends the term through 3/31/2014
K7.	Department Project Number	

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount	\$117,000
F3.	Fund Number.....	0042
F4.	Department Number	041
F5.	Division Number (if applicable)	12
F6.	Account Number	7467
F7.	Cost Center number (if applicable)	1606
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name	Central Coast Inpatient
V3.	Mailing Address	1400 E. Church St.
V4.	City State (two-letter) Zip (include +4 if known)	Santa Maria, CA 93454
V5.	Telephone Number	739-3215
V7.	Contact Person	J. Kelly Newlander, MD, President
V8.	Workers Comp Insurance Expiration Date	n/a
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Profl)	n/a
V10.	Professional License Number.....	n/a Med Mal provided by County
V11.	Verified by (name of county staff)	Rose Davis

V12 Company Type (Check one) ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☒ Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____