

**AMENDMENT NO. 4  
TO SERVICES AGREEMENT  
BETWEEN STAFF CARE, INC AND  
NATIVIDAD MEDICAL CENTER  
FOR  
LOCUM TENENS REFERRAL SERVICES**

This Amendment No. 4 to the Services Agreement ("Agreement") which was effective on August 1, 2015 is entered into by and between the County of Monterey, on behalf of Natividad Medical Center (hereinafter "NMC"), and **Staff Care, Inc.** (hereinafter "CONTRACTOR"); (collectively, the County, NMC and CONTRACTOR are referred to as the "Parties"), with respect to the following:

**RECITALS**

**WHEREAS**, the County of Monterey on behalf of Natividad Medical Center and Staff Care, Inc. entered into an Agreement for locum tenens referral services pursuant to Request for Proposal (RFP) #9600-61 with a one year term ending on July 31, 2016 and with a total aggregate amount not to exceed \$2,000,000 annually for all Agreements awarded per RFP #9600-61; and

**WHEREAS**, the Parties amended the Agreement on August 1, 2016 via Amendment No. 1 to extend the term for an additional one (1) year period through July 31, 2017 with revisions to the locum tenens referral rates in the original Agreement per "Exhibit A – Rate Sheet as per Amendment No. 1" attached to Amendment No. 1, and with no cost increase to the total aggregate amount not to exceed \$2,000,000 for all Agreements awarded per RFP #9600-61; and

**WHEREAS**, the Parties amended the Agreement on August 1, 2017 via Amendment No. 2 to extend the term for an additional one (1) year period through July 31, 2018 with revisions to the locum tenens referral rates in Agreement per "Exhibit A – Rate Sheet as per Amendment No. 2" with an increase of \$2,000,000 to the total aggregate amount for all Agreements awarded per RFP #9600-61 for a revised total aggregate amount not to exceed \$4,000,000 for all Agreements awarded per RFP #9600-61; and

**WHEREAS**, the Parties amended the Agreement on August 1, 2018 via Amendment No. 3 to extend the term for an additional one (1) year period through July 31, 2019 with revisions to the locum tenens referral rates in Agreement per "Exhibit A – Rate Sheet as per Amendment No.3" with an increase of \$2,000,000 to the total aggregate amount for all Agreements awarded per RFP #9600-61 for a revised total aggregate amount not to exceed \$6,000,000 for all Agreements awarded per RFP #9600-61; and

**WHEREAS**, the Parties currently wish to amend the Agreement via Amendment No. 4 to extend the term for an additional one (1) year period through July 31, 2020 to allow for services to continue for a revised full Agreement term of August 1, 2015 through July 31, 2020 and to update the locum tenens referral rates in the Agreement attached hereto as "Exhibit A – Rate Sheet as per Amendment No. 4", effective August 1, 2019, with an increase of \$2,000,000 to the total aggregate amount for all Agreements awarded per RFP #9600-61 for a revised total aggregate amount not to exceed \$8,000,000 for all Agreements awarded per RFP# 9600-61.

## AGREEMENT

NOW, THEREFORE, the Parties agree to amend the Agreement as follows:

The Agreement is hereby renewed on the terms and conditions as set forth in the Original Agreement and in Amendment No. 1, Amendment, No. 2, and Amendment No. 3 incorporated herein by this reference, except as specifically set forth below.

1. Section 1.15 paragraph titled, "Term" shall be amended to the following:  
***"The term of this AGREEMENT is from August 1, 2015 through July 31, 2020 unless sooner terminated pursuant to the terms of this AGREEMENT with the option to extend for one (1) additional one (1) year period."***
2. "Exhibit A – Rate Sheet as per Amendment No. 3" attached to the Agreement shall be replaced with the revised "Exhibit A – Rate Sheet as per Amendment No. 4" attached hereto this Amendment No. 4 which shall be effective beginning on August 1, 2019.
3. Except as provided herein, all remaining terms, conditions and provisions of the Original Agreement are unchanged and unaffected by this Amendment No. 4 and shall continue in full force and effect as set forth in the Agreement and in Amendment No. 1, Amendment No. 2, and Amendment No. 3.
4. A copy of this Amendment No. 4 shall be attached to the Original Agreement.
5. This Amendment No. 4 shall be effective on August 1, 2019.

***The remainder of this page was intentionally left blank.***

***~ Signature page to follow ~***

IN WITNESS WHEREOF, the Parties hereto are in agreement with this Amendment No. 4 on the basis set forth in this document and have executed this Amendment No. 4 on the day and year set forth herein.

**NATIVIDAD MEDICAL CENTER**

By: [Signature]  
Gary R. Gray, DO, CEO

Date: 7/30/19

**APPROVED AS TO LEGAL PROVISIONS**

By: \_\_\_\_\_  
Monterey County Deputy County Counsel

Date: \_\_\_\_\_

**APPROVED AS TO FISCAL PROVISIONS**

By: \_\_\_\_\_  
Monterey County Deputy Auditor/Controller

Date: \_\_\_\_\_

**CONTRACTOR**

Staff Care, Inc.

**CONTRACTOR's Business Name**

\*\*\*See instructions below\*\*\*

By: [Signature]  
(Signature of: Chair, President, or Vice-President)

Bachel Stoll, SUP  
Name and Title

Date: 7/26/19

By: [Signature]  
(Signature of: Secretary, Asst. Secretary, CFO, Treasurer, or Asst. Treasurer)

Robert Romaine, Sec.  
Name and Title

Date: 7/26/19

**\*\*\*Instructions\*\*\***

If **CONTRACTOR** is a corporation; including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).

If **CONTRACTOR** is a partnership; the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (two signatures required).

If **CONTRACTOR** is contracting in an individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).

IN WITNESS WHEREOF, the Parties hereto are in agreement with this Amendment No. 4 on the basis set forth in this document and have executed this Amendment No. 4 on the day and year set forth herein.

**NATIVIDAD MEDICAL CENTER**

By: \_\_\_\_\_  
Gary R. Gray, DO, CEO

Date: \_\_\_\_\_

**APPROVED AS TO LEGAL PROVISIONS**

By: Steph Snelter  
Monterey County Deputy County Counsel

Date: 7/29/19

**APPROVED AS TO FISCAL PROVISIONS**

By: [Signature]  
Monterey County Deputy Auditor/Controller

Date: 7/29/19

**CONTRACTOR**

Staff Care, Inc.

**CONTRACTOR's Business Name**

\*\*\*See instructions below\*\*\*

By: \_\_\_\_\_  
(Signature of: Chair, President, or Vice-President)

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of: Secretary, Asst. Secretary, CFO,  
Treasurer, or Asst. Treasurer)

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_

**\*\*\*Instructions\*\*\***

**If CONTRACTOR** is a corporation; including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).

**If CONTRACTOR** is a partnership; the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (two signatures required).

**If CONTRACTOR** is contracting in an individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).



## RFP #9600-61 - Rate Sheet- EXHIBIT A per Amendment No. 4

## STAFF CARE, INC.

(rates proposed are all-inclusive of travel and administrative fees)

Bidders are required to complete this sheet and submit it with their proposals.

SPECIALTY	HOURLY	DAILY (8 hr day unless otherwise specified)	HOLIDAY/ OVERTIME HOURLY (additional hours not included in daily rate)	24 HOUR CALL (includes 8 hours of patient care unless otherwise specified)	Permanent Placement Fee
Anesthesiology	\$ 271.00	\$ 2,168.00	\$ 394.00	\$ 2,129.00	\$ 40,000.00
Cardiology	\$ 271.00	\$ 2,168.00	\$ 364.00	\$ 2,132.00	\$ 40,000.00
Cardiology, Interventional	\$ 396.00	\$ 3,168.00	\$ 409.00	\$ 3,121.00	\$ 40,000.00
Cardiology, Invasive	\$ 318.00	\$ 2,544.00	\$ 404.00	\$ 3,121.00	\$ 40,000.00
Critical Care/ ICU (9 hour day)	\$ 290.00	\$ 2,610.00	N/A	N/A	\$ 40,000.00
Critical Care Surgery (24 hour in-house)	N/A	N/A	N/A	\$ 5,306.00	\$ 45,000.00
Certified Registered Nurse Anesthetist (CRNA)	\$ 158.00	\$ 1,264.00	\$ 233.00	\$ 1,239.00	\$ 40,000.00
Dermatology	\$ 331.00	\$ 2,648.00	\$ 364.00	\$ 2,496.00	\$ 45,000.00
Emergency Medicine	\$ 338.00	\$ 2,704.00	N/A	N/A	\$ 40,000.00
Family Practice , Ambulatory Care	N/A	N/A	N/A	N/A	N/A
Family Practice	\$ 164.00	\$ 1,312.00	\$ 248.00	\$ 1,404.00	\$ 35,000.00
Family Practice with OB	N/A	N/A	N/A	N/A	N/A
Gastroenterology	\$ 318.00	\$ 2,544.00	\$ 384.00	\$ 2,496.00	\$ 40,000.00
Surgery (General)	\$ 263.00	\$ 2,104.00	\$ 337.00	\$ 1,976.00	\$ 45,000.00
Hematology/Oncology	\$ 271.00	\$ 2,168.00	\$ 312.00	\$ 2,028.00	\$ 40,000.00
Hospitalist - Primary Care	\$ 237.00	\$ 1,896.00	\$ 317.00	\$ 2,028.00	\$ 40,000.00
Internal Medicine	\$ 164.00	\$ 1,312.00	\$ 248.00	\$ 1,404.00	\$ 35,000.00
Infectious Disease	\$ 230.00	\$ 1,840.00	\$ 312.00	\$ 1,768.00	\$ 40,000.00
Neonatology	\$ 343.00	\$ 2,744.00	\$ 364.00	\$ 2,809.00	\$ 40,000.00
Nephrology	\$ 231.00	\$ 1,848.00	\$ 312.00	\$ 1,820.00	\$ 40,000.00
Neurological Surgery (includes 12 hours pt care)	\$ 496.00	\$ 3,968.00	\$ 572.00	\$ 3,901.00	\$ 45,000.00
Neurology	\$ 257.00	\$ 2,056.00	\$ 358.00	\$ 1,976.00	\$ 40,000.00
Nurse Practitioner - Adult	\$ 131.00	\$ 1,048.00	\$ 208.00	\$ 1,065.00	\$ 25,000.00
Nurse Practitioner - Neonatal	N/A	N/A	N/A	N/A	N/A
Obstetrics and Gynecology	\$ 263.00	N/A	\$ 295.00	N/A	\$ 45,000.00
Occupational Medicine	\$ 169.00	\$ 1,352.00	N/A	N/A	\$ 35,000.00
Ophthalmology (Surgery)	\$ 219.00	\$ 1,752.00	\$ 294.00	\$ 1,664.00	\$ 45,000.00
Orthopedic Surgery	\$ 290.00	\$ 2,320.00	\$ 379.00	\$ 2,288.00	\$ 45,000.00
Otolaryngology (ENT)	\$ 277.00	\$ 2,216.00	\$ 317.00	\$ 2,080.00	\$ 45,000.00
Pathology	\$ 159.00	\$ 1,272.00	\$ 285.00	\$ 1,248.00	\$ 40,000.00
Pediatric Outpatient	\$ 166.00	\$ 1,328.00	\$ 248.00	\$ 1,404.00	\$ 35,000.00
Pediatric Hospitalist	\$ 227.00	\$ 1,816.00	\$ 312.00	\$ 1,976.00	\$ 40,000.00
PMR (*night call rate)	\$ 275.00	N/A	N/A	*\$415.00	\$ 35,000.00
Physician Assistant	\$ 131.00	\$ 1,048.00	\$ 208.00	\$ 1,065.00	\$ 25,000.00
Pulmonology Outpatient	\$ 257.00	N/A	\$ 322.00	N/A	\$ 40,000.00
Radiology Diagnostic	N/A	N/A	N/A	N/A	N/A
Radiology Interventional	\$ 343.00	\$ 2,744.00	\$ 416.00	\$ 2,705.00	\$ 40,000.00
Urology	\$ 303.00	\$ 2,424.00	\$ 332.00	\$ 2,392.00	\$ 45,000.00
Vascular Surgery	\$ 343.00	\$ 2,696.00	\$ 364.00	\$ 2,601.00	\$ 45,000.00
Critical Care NP	\$ 168.00	N/A	\$ 251.00	N/A	\$ 25,000.00
Rate Adjustments:					
Annual rate increases shall not exceed 2% per contract year.					