

AGREEMENT AMENDMENT BOARD REPORT FOR PRE-APPROVAL

Vendor Name: N/A

Title/Brief Description of Document: Collections and Min. Balance Write-Off P&P

Originating Dept: 4000-8096

Dept Contact WITH Phone #: Stephanie Shonley, x 1313

This Agreement or Amendment requires Board Approval: Yes No

This Agreement requires an MYA: Yes No

AGREEMENT TYPE

RQNSA – Standard Agreement	RQNS – Non-Standard Agreement
RQNIT – ITD Standard Agreement	RQNIN – ITD Non-Standard Agreement
RQNPB – Pre-Board Standard Agreement	Non-Standard Board Agreement (Not to be tracked within RQN)
Insurance & Endorsement Current	<input type="checkbox"/> VDR & Non-Resident State Forms Verified

ROUTING AND APPROVALS*

Each Approving Authority is requested to forward the Service Contract to the next Approving Authority in the order listed herein. Thank you.

	Approving Authority:	Approval Initials	Comments:	Date Reviewed
1st	ITD(for all ITD related contracts)			
2nd	County Counsel (required)	<i>SV</i>	<i>approved</i>	<i>12/3/14</i>
3rd	Risk Management (non-standard insurance and/or indemnity provisions)			
4th	Auditor-Controller (required)			
5th	Contracts/Purchasing (required)		Please call Stephanie Shonley, x1313 when ready for pick-up. Do NOT interoffice.	
	Return to Originating Department Instructions			

* In the event that one of the approving authorities has an issue with the document and will not sign, the document shall be returned immediately to the originating department's key contact person identified herein along with a brief written explanation regarding the issue. Once that issue is corrected, the originating department shall restart the routing process again from the beginning by resubmitting the document through the approval process. The original Routing Form should be included for reference.

APPROVED AS TO FORM AND LEGALITY:

Steph Shonley
 DEPUTY COUNTY COUNSEL
 COUNTY OF MONTEREY

MYA #: 4000-1028

**HEALTH DEPARTMENT
BOARD REPORT AUTHORIZATION - ROUTING FORM**

Date:	December ¹⁶ 7, 2014	Consent	X
Contact Person:	Stephanie Shonley	Scheduled	
Phone:	1313	Noticed	
Bureau:	Clinic Services	Time needed:	
Subject:	Approve the Health Department's Clinic Services Bureau, Billing and Collection of Self-Pay Account Policy and Procedure, which, among other things, would authorize the Clinic Services Bureau Chief ("Bureau Chief") or the MCHD-CSB Finance Manager II, with the written concurrence of the Bureau Chief, to compromise patient debts and write off outstanding, self-pay guarantor accounts receivable in the amount up to two-thousand dollars (\$2,000).		

APPROVED BY	Yes/No	By	Date	Comments
Director of Health		<i>arm</i>	12/2/14	
Assistant Director of Health		<i>arm</i>	12/2/14	
Bureau Finance Manager				
Health Human Resources (if applicable)				
Health Information Technology (if applicable)				