

**AMENDMENT NO. 1
TO SERVICES AGREEMENT
BETWEEN STAFF CARE, INC AND
NATIVIDAD MEDICAL CENTER
FOR
LOCUM TENENS REFERRAL SERVICES**

This Amendment No. 1 to the Services Agreement ("Agreement"), which was effective on August 1, 2015, is entered into by and between the County of Monterey (hereinafter "County"), 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 Parties entered into an Agreement for Locum Tenens Referral Services pursuant to RFP #9600-61 with a one (1) year term ending July 31, 2016 with an option to extend for four (4) additional one (1) year periods, in which the Monterey County Board of Supervisors approved a total aggregate amount not to exceed \$2,000,000 annually for all Agreements awarded per RFP #9600-61 for Locum Tenens Referral Services; and

WHEREAS, NMC and CONTRACTOR currently wish to amend the Agreement to extend the term for an additional one (1) year period through July 31, 2017 to allow for services to continue, and to update the locum tenens referral rates in the original Agreement as per "Exhibit A – Rate Sheet as per Amendment No. 1", effective August 1, 2016 as attached hereto, with no cost increase to the total aggregate amount of \$2,000,000 annually 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 incorporated herein by this reference, except as specifically set forth below.

1. Section 1.15, "TERM OF AGREEMENT" shall be amended to the following:
"The term of this AGREEMENT is August 1, 2015 to July 31, 2017 unless sooner terminated pursuant to the terms of this AGREEMENT with the option to extend for three (3) additional one (1) year periods."
2. "EXHIBIT A – Rate Sheet" attached to the Agreement shall be replaced with the revised "Exhibit A Rate Sheet" attached hereto this Amendment No. 1 which shall be effective starting on August 1, 2016.
3. Except as provided herein, all remaining terms, conditions and provisions of the Original Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the Agreement.
4. A copy of this Amendment No. 1 shall be attached to the Original Agreement.
5. This Amendment No. 1 shall be effective on August 1, 2016.

IN WITNESS WHEREOF, the Parties hereto are in agreement with this Amendment No. 1 on the basis set forth in this document and have executed this Amendment No. 1 on the day and year set forth herein.

NATIVIDAD MEDICAL CENTER

By: _____

Gary R. Gray, DO, CEO

Date: _____

8/1/16

APPROVED AS TO LEGAL PROVISIONS

By: _____

Monterey County Deputy County Counsel

Date: _____

7/29/2016

APPROVED AS TO FISCAL PROVISIONS

By: _____

Monterey County Deputy Auditor/Controller

Date: _____

7-29-16

CONTRACTOR

Staff Care, Inc.

CONTRACTOR's Business Name

See instructions below

By: _____

(Signature of: Chair, President, or Vice-President)

Bonnie Britton, SVP

Name and Title

Date: _____

7/11/16

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 EXHIBIT A

NEW RATE SHEET FOR SPECIALTY SERVICES

(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)	Permanent Placement Fee
Anesthesiology	\$ 261.00	\$2,088.00	\$ 380.00	\$2,048.00	\$40,000.00
Cardiology	\$ 261.00	\$2,088.00	\$ 350.00	\$2,050.00	\$40,000.00
Cardiology, Interventional	\$ 382.00	\$3,056.00	\$ 395.00	\$3,000.00	\$40,000.00
Cardiology, Invasive	\$ 306.00	\$2,448.00	\$ 390.00	\$3,000.00	\$40,000.00
Critical Care/ ICU (9 hour day)	\$ 280.00	\$2,240.00			\$40,000.00
Critical Care Surgery (24 hour in-house)	\$ 423.00	\$3,384.00	\$ 450.00	\$3,300.00	\$45,000.00
Certified Registered Nurse Anesthetist (CRNA)	\$ 152.00	\$1,216.00	\$ 225.00	\$1,192.00	\$40,000.00
Dermatology	\$ 319.00	\$2,552.00	\$ 350.00	\$2,400.00	\$45,000.00
Emergency Medicine	\$ 326.00	\$2,608.00			\$40,000.00
Family Practice , Ambulatory Care					
Family Practice	\$ 158.00	\$1,264.00	\$ 240.00	\$1,350.00	\$35,000.00
Family Practice with OB					
Gastroenterology	\$ 306.00	\$2,448.00	\$ 370.00	\$2,400.00	\$40,000.00
Surgery (General)	\$ 253.00	\$2,024.00	\$ 325.00	\$1,900.00	\$45,000.00
Hematology/Oncology	\$ 261.00	\$2,088.00	\$ 300.00	\$1,950.00	\$40,000.00
Hospitalist - Primary Care	\$ 229.00	\$1,832.00	\$ 305.00	\$1,900.00	\$40,000.00
Internal Medicine	\$ 158.00	\$1,264.00	\$ 240.00	\$1,350.00	\$35,000.00
Infectious Disease	\$ 222.00	\$1,776.00	\$ 300.00	\$1,700.00	\$40,000.00
Neonatology	\$ 331.00	\$2,648.00	\$ 350.00	\$2,700.00	\$40,000.00
Nephrology	\$ 223.00	\$1,784.00	\$ 300.00	\$1,750.00	\$40,000.00
Neurological Surgery	\$ 478.00	\$3,824.00	\$ 550.00	\$3,750.00	\$45,000.00
Neurology	\$ 248.00	\$1,984.00	\$ 345.00	\$1,900.00	\$40,000.00
Nurse Practitioner - Adult	\$ 127.00	\$1,016.00	\$ 200.00	\$1,025.00	\$25,000.00
Nurse Practitioner - Neonatal					
Obstetrics and Gynecology (9 hour day)	\$ 253.00	\$2,024.00	\$ 285.00	\$1,850.00	\$45,000.00
Occupational Medicine	\$ 163.00	\$1,304.00			\$35,000.00
Ophthalmology (Surgery)	\$ 211.00	\$1,688.00	\$ 285.00	\$1,600.00	\$45,000.00
Orthopedic Surgery	\$ 280.00	\$2,240.00	\$ 365.00	\$2,200.00	\$45,000.00
Otolaryngology (ENT)	\$ 267.00	\$2,136.00	\$ 305.00	\$2,000.00	\$45,000.00
Pathology	\$ 153.00	\$1,224.00	\$ 275.00	\$1,200.00	\$40,000.00
Pediatric Outpatient	\$ 161.00	\$1,288.00	\$ 240.00	\$1,350.00	\$35,000.00
Pediatric Hospitalist	\$ 219.00	\$1,752.00	\$ 300.00	\$1,900.00	\$40,000.00
Physical Medicine and Rehabilitation					
Physician Assistant	\$ 127.00	\$1,016.00	\$ 200.00	\$1,025.00	\$25,000.00
Pulmonology Outpatient	\$ 248.00	\$1,240.00	\$ 310.00	\$1,950.00	\$40,000.00
Radiology Diagnostic					
Radiology Interventional	\$ 331.00	\$2,648.00	\$ 400.00	\$2,600.00	\$40,000.00
Urology	\$ 293.00	\$2,344.00	\$ 320.00	\$2,300.00	\$45,000.00
Vascular Surgery	\$ 331.00	\$2,648.00	\$ 350.00	\$2,500.00	\$45,000.00
Rate Adjustments:					
Annual rate increases shall not exceed 2% per contract year.					