

**Natividad MEDICAL CENTER**  
**COUNTY OF MONTEREY AGREEMENT FOR SERVICES**  
**(MORE THAN \$100,000)**

This Agreement for Services (hereinafter "Agreement") is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter, "the County"), on behalf of Natividad Medical Center ("NMC"), a general acute care teaching hospital wholly owned and operated by the County, and Quest Diagnostics, Inc. (hereinafter "CONTRACTOR").

**RECITALS**

WHEREAS, NMC and CONTRACTOR entered into an agreement (hereinafter "2005 Agreement") with an effective date of July 1, 2005 for reference lab testing services and as per Amendment No. 10 the term of the 2005 Agreement was extended through June 30, 2017; and

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WHEREAS, NMC and CONTRACTOR agree to terminate the 2005 Agreement and replace it with this Agreement (hereinafter "Agreement") effective as of ~~June 14, 2017~~ July 1, 2017.

**AGREEMENT**

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

1. **GENERAL DESCRIPTION OF SERVICES TO BE PROVIDED.** NMC hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of the Agreement. The services are generally described as follows: Provide reference lab testing services.
2. **PAYMENTS BY NMC.** NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of \$3,000,000.
3. **TERM OF AGREEMENT.**

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3.1. The term of this Agreement is from ~~June 14, 2017 through June 13, 2021~~ July 1, 2017 through June 30, 2021 unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and NMC and with NMC signing last and CONTRACTOR may not commence work before NMC signs this Agreement.

3.2. NMC reserves the right to cancel this Agreement, or an extension of this Agreement, without cause, with a thirty (30) day written notice, or with cause immediately.

4. **ADDITIONAL PROVISIONS/EXHIBITS.** The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

**Exhibit A:** Scope of Services/Payment Provisions (plus Attachments A and B to Exhibit A)

**Exhibit B:** Addendum #1 (changes to Terms and Conditions of this Agreement)

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**5. PERFORMANCE STANDARDS.**

- 5.1. ~~CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of NMC, or immediate family of an employee of NMC. See attached Addendum~~
- 5.2. CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.3. CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use NMC premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

**6. PAYMENT CONDITIONS.**

- 6.1. ~~Prices shall remain firm for the term of the Agreement as per the attached Exhibit A. initial term of the Agreement and, thereafter, may be adjusted annually as provide in this paragraph. NMC does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement. See attached Addendum~~
- 6.2. Proposed negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety (90) days prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County (NMC) and the CONTRACTOR.
- 6.3. CONTRACTOR shall not receive reimbursement for travel expenses unless set forth in this Agreement, and then only in accordance with any applicable County policies.
- 6.4. Invoice amounts shall be billed directly to the ordering department.
- 6.5. CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. NMC shall certify the invoice, either in the requested amount or in such other amount as NMC approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

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**7. TERMINATION.**

~~7.1. During the term of this Agreement, NMC may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination. See attached Addendum~~

~~7.2. NMC may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If NMC terminates this Agreement for good cause, NMC may be relieved of the payment of any consideration to Contractor, and NMC may proceed with the work in any manner, which NMC deems proper. The cost to NMC shall be deducted from any sum due the CONTRACTOR under this Agreement. See attached Addendum~~

7.3 NMC's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for NMC's purchase of the indicated quantity of services, then NMC may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

**8. INDEMNIFICATION.**

~~8.1 CONTRACTOR shall indemnify, defend, and hold harmless the County of Monterey (hereinafter "County"), its officers, agents and employees from any and all claims, liability and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors. See attached Addendum~~

**9. INSURANCE.**

**9.1 Evidence of Coverage:**

~~Prior to commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.~~

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~~This verification of coverage shall be sent to NMC's Contracts/Purchasing Department, unless otherwise directed. The CONTRACTOR shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor. See attached Addendum~~

9.2 Qualifying Insurers: All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by NMC's Contracts/Purchasing Director.

9.3 Insurance Coverage Requirements: Without limiting Contractor's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial general liability insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

Exemption/Modification (Justification attached; subject to approval).

Business automobile liability insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

Exemption/Modification (Justification attached; subject to approval).

Workers' Compensation Insurance, If CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

Exemption/Modification (Justification attached; subject to approval).

Professional liability insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

Exemption/Modification (Justification attached; subject to approval).

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9.4 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to NMC and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

~~Each liability policy shall provide that NMC shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.~~

See attached Addendum


~~Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional insureds with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance. The required endorsement from for Commercial General Liability Additional Insured is ISO Form CG 20 10 11 85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement from for Automobile Additional Insured Endorsement is ISO Form CA 20 48 02 99.~~

See attached Addendum

Prior to the execution of this Agreement by NMC, CONTRACTOR shall file certificates of insurance with NMC's Contracts/Purchasing Department, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five (5) fifteen (15) calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by NMC, annual certificates to NMC's Contracts/Purchasing Department. If the certificate is not received by the expiration date, NMC shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles NMC, at its sole discretion, to terminate the Agreement immediately.

10. RECORDS AND CONFIDENTIALITY.

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- 10.1 Confidentiality. CONTRACTOR and its officers, employees, agents and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from NMC or prepared in connection with the performance of this Agreement, unless NMC specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to NMC any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out Contractor's obligations under this Agreement.
- 10.2 NMC Records. When this Agreement expires or terminates, CONTRACTOR shall return to NMC any NMC records which CONTRACTOR used or received from NMC to perform services under this Agreement.
- 10.3 Maintenance of Records. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- 10.4 Access to and Audit of Records. NMC shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of NMC or as part of any audit of NMC, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.5 ~~Royalties and Inventions~~. ~~NMC shall have a royalty free, exclusive and irrevocable license to reproduce, publish, and use, and authorize other to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC.~~ See attached Addendum
11. **NON-DISCRIMINATION**. During the performance of this Agreement, Contractor, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in Contractor's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, full comply with all federal, state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

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12. **COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANT.** If this Agreement has been or will be funded with monies received by NMC pursuant to a contract with the state or federal government in which NMC is the grantee, CONTRACTOR will comply with all the provisions of said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, NMC will deliver a copy of said contract to Contractor, at no cost to Contractor.

13. **INDEPENDENT CONTRACTOR.** In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent CONTRACTOR and not as an employee of NMC. No offer or obligation of permanent employment with NMC or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from NMC any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of Contractor's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold NMC and the County of Monterey harmless from any and all liability, which NMC may incur because of Contractor's failure to pay such taxes.

14. **NOTICES.** Notices required under this Agreement shall be delivered personally or by first-class, postage per-paid mail to NMC and Contractor's contract administrators at the addresses listed below

**NATIVIDAD MEDICAL CENTER:**

Natividad Medical Center  
Attn: Contracts Division  
Natividad Medical Center  
1441 Constitution Blvd  
Salinas, CA. 93906  
FAX: 831-757-2592

**CONTRACTOR:**

Name: Quest Diagnostics Nichols, Chantilly  
Attn: Hospital Sales Support  
Address: 14225 Newbrook Drive  
City, State, Zip: Chantilly, VA 20153  
FAX: 610.271.4411  
Email: Mailbox\_hospssupp@questdiagnostics.com

**15. MISCELLANEOUS PROVISIONS.**

15.1 **Conflict of Interest:** CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the professional services required to be rendered under this Agreement.

15.2 **Amendment:** This Agreement may be amended or modified only by an instrument in writing signed by NMC and the Contractor.

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- 15.3 Waiver: Any waiver of any terms and conditions of this Agreement must be in writing and signed by NMC and the Contractor. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.4 Contractor: The term "Contractor" as used in this Agreement includes Contractor's officers, agents, and employees acting on Contractor's behalf in the performance of this Agreement.
- 15.5 Disputes: CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.6 Assignment and Subcontracting: The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of NMC. None of the services covered by this Agreement shall be subcontracted without the prior written approval of NMC. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.7 Successors and Assigns: This Agreement and the rights, privileges, duties, and obligations of NMC and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.8 Compliance with Applicable Law: The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.9 Headings: The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 Time is of the Essence: Time is of the essence in each and all of the provisions of this Agreement
- 15.11 Governing Law: This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 Non-exclusive Agreement: This Agreement is non-exclusive and each of NMC and CONTRACTOR expressly reserves the right to contract with other entities for the same or similar services.
- 15.13 Construction of Agreement: NMC and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 Counterparts: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.



15.15 Integration: This Agreement, including the exhibits, represents the entire Agreement between NMC and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations representations, or agreements, either written or oral, between NMC and CONTRACTOR as of the effective date of this Agreement, which is the date that NMC signs the Agreement.

15.16 Interpretation of Conflicting Provisions: In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

**NATIVIDAD MEDICAL CENTER**

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

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

**APPROVED AS TO LEGAL PROVISIONS**

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

Date: May 24, 2017

**APPROVED AS TO FISCAL PROVISIONS**

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

Date: 5/23/17

**CONTRACTOR**

**Quest Diagnostics, Inc.**

Contractor's Business Name\*\*\* (see instructions)

\_\_\_\_\_  
Signature of Chair, President, or Vice-President

Katie Bishar, Vice President Esoteric Operations  
Name and Title

Date: 5/3/2017

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

Julia Wang, Vice President Regional Finance and Enterprise Commercial  
Name and Title

Date: 5/5/2017

**\*\*\*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 and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).


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## EXHIBIT A – SCOPE OF SERVICES/PAYMENT PROVISIONS

- I. Description of All Services to be Rendered by CONTRACTOR:**  
CONTRACTOR shall provide NMC with reference laboratory services. Specimens shall be collected at NMC by CONTRACTOR on a daily basis, excluding holidays. CONTRACTOR shall provide test results in a secure electronic manner via an already established system interface with NMC's MEDITECH system. CONTRACTOR shall provide monthly reports to NMC summarizing all activity for that previous month.
- II. CONTRACTOR Obligations:**  
a. CONTRACTOR shall comply with all state and federal laws, regulations and guidelines safety codes pertaining to working with lab specimens.
- III. NMC Obligations:**  
a. NMC shall comply with all state and federal laws, regulations and guidelines regarding packaging, labeling and reporting requirements of specimens.
- IV. Pricing/Fees:**  
a. **Pricing.** CONTRACTOR agrees to hold firm the attached pricing in Attachment A attached to this Exhibit A ("Attachment A"), which equals the MedAssets GPO pricing at the time this Agreement was established, effective throughout the full term of this Agreement and contingent upon the following:  
i. Throughout the Term of this Agreement, NMC agrees to ~~must~~ commit to using Quest as its primary reference laboratory, by purchasing a minimum of eighty percent (80%) of its total reference laboratory service purchases of NMC which are directly billed to NMC.  
ii. Pricing in Attachment A shall go into effect after an approximate \$100,000 cost savings has been obtained by NMC as described below in Section IV (b) below.
- b. **Temporary Fee Reduction.** CONTRACTOR agrees to reduce fees on selected tests as per Attachment B attached to this Exhibit A ("Attachment B") to facilitate a cost savings amount of approximately \$100,000 for NMC effective at the start of this Agreement.  
i. Savings amount shall be approximately \$100,000 or as close to that amount as the parties can reach by agreeing to do the following; once \$90,000 in savings has been reached via Attachment B billing, CONTRACTOR will promptly notify NMC which will initiate NMC to begin loading the new pricing in Attachment A into its systems for its billing purposes. Once NMC and CONTRACTOR have coordinated all tasks necessary to update their individual billing systems respectively with the Attachment A pricing, both parties shall select the soonest possible date to establish as the effective start date for the new pricing in Attachment A to go into effect for the remainder of the Agreement. Both parties

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- agree that the effective start date for the new pricing in Attachment A is not to exceed 60 days from CONTRACTOR notification of the \$90,000 threshold attainment.
- ii. Both parties agree that Attachment B pricing shall expire upon implementation of the new pricing in Attachment A as determined by both parties as per section IV (b) (i) above, at which point the pricing in Attachment A will become effective for the remainder of the four (4) year Agreement term.
    - i. CONTRACTOR will track attainment towards the \$100,000 cost savings amount and provide monthly updates to Natividad on the status.
  - iii. Both parties agree that Attachment B pricing is temporary and shall only remain in effect to extend a cost savings to NMC of as close to \$100,000 as timing and pending transactions allow for. Both parties agree that an exact \$100,000 savings is not likely to obtain due to the fact that it is not possible to predict how many lab requests will be pending at the time of transition between the pricing in Attachment B to the pricing in Attachment A.
  - iv. If NMC receives payment under Medicare, Medicaid or any other Federal health care program for any of the Laboratory Services under this Agreement, NMC agrees to disclose the discounts provided hereunder, to the extent applicable, in accordance with the requirements of the OIG Discount Safe Harbor (42 CFR 1001.952(h)).
- c. No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by County.
- d. Travel reimbursement is not permitted under this Agreement.

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**ATTACHMENT A TO EXHIBIT A**

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassess - July, 2016

HBOT 61224251

Total Dollar Savings: 10,812      \$840,128.88      \$990,110.36  
Percent Savings:                (\$250,018.52)      -25.74%

				12 Month Volume				
1	788	853X	Alpha-1-Antitrypsin (AAT) Phenotype	4	598.88	\$347.44		598.88
2	454	683	Cholinesterase Converting Enzyme (ACE)	16	\$13.85	\$221.60	*	\$13.85
3	206v1		Acetylcholine Receptor Binding Antibody	4	\$57.21	\$228.84	*	\$43.85
4	34459	34459	Acetylcholine Receptor Blocking Antibody	8	\$135.78	\$1,086.24	*	\$135.78
5	26474	26474	Acetylcholine Receptor Modulating Antibody	4	\$141.00	\$564.00	*	\$4.00
6	211v1		ACTH, Plasma	8	\$35.75	\$426.00	*	\$35.75
7	15043v1		Actin (Smooth Muscle) Antibody (IgG)	8	\$15.00	\$120.00	*	\$15.00
8	14531	14531	Acyclovir, Plasma	4	\$172.00	\$688.00	*	\$89.20
9	17696	17696	Adenosine Deaminase, Pleural Fluid	20	\$150.00	\$3,000.00	*	\$150.00
10	14532	14532	ADAMTS13 Activity with Reflex to Inhibitor	4	\$220.00	\$880.00	*	\$143.71
11	782	324X	Albumin, CSF	4	\$6.78	\$27.12	*	\$6.78
12	90418	90418	Alcohol Metabolites with Confirmation, Urine	4	\$60.00	\$240.00	*	\$60.00
13	19838	19938X	Alcohol, Ethyl, Random Urine (19938)	4	\$67.58	\$270.32	*	\$29.92
14	435	237	Alkaline Phosphatase, LCMS/MS	4	\$8.40	\$33.60	*	\$11.48
15	4069	17181	Alkaline Phosphatase, LCMS/MS	20	\$32.83	\$656.60	*	\$32.83
16	235L	235	Alpha-1-Antitrypsin Quantitation	4	\$20.75	\$83.00	*	\$20.75
17	401	787X	Amino Acid Analysis, LCMS, Plasma	8	\$80.00	\$640.00	*	\$80.00
18	317	36183X	Amino Acid Analysis, LCMS, Urine	4	\$447.34	\$1,789.36	*	\$447.34
19	13075	241Z	Amphetamine by GC/MS, Urine (241Z)	4	\$19.00	\$76.00	*	\$19.00
20	735	37521X	ANCHOICE(R) Panel 1 with Reflexes	36	\$121.35	\$4,368.60	*	\$96.73
21	735-2		ANA TITER & PATTERN	4	\$17.50	\$70.00	*	\$6.00
22	249-2	249-2	ANA, Titer & Pattern	76	\$6.00	\$456.00	*	\$6.00
23	249L	249	ANA IFA Screen with Reflex to Titer and Pattern, IFA	276	\$7.75	\$2,139.00	*	\$7.75
24	19946	19946X	ANCHOICE(R) Specific Antibodies Cascading Reflex	72	\$14.47	\$1,041.84	*	\$7.75
25	4868	70171X	ANCA Screen with Reflex to ANCA Titer	44	\$59.35	\$2,611.40	*	\$25.00
26	9838	70155X	ANCA Screen with MPO and PR3, with Reflex to ANCA Titer	12	\$259.35	\$3,112.20	*	\$100.00
27	9426	14800X	Anti-phospholipid Antibody Panel	20	\$180.00	\$3,600.00	*	\$180.00
28	216v1		Antithrombin III Activity	20	\$53.00	\$1,060.00	*	\$53.00
29	9519	17307X	Alpha-1 Antitrypsin (AAT) Quantitation and Mutation Analysis	4	\$285.75	\$1,143.00	*	\$285.75
30	587	5234	Apolipoprotein B	4	\$12.39	\$49.56	*	\$12.39
31	3106	265X	Antistreptolysin-O	8	\$8.00	\$64.00	*	\$8.00
32	3107	20341X	Aspergillus Antibodies, Serum (40155)	8	\$21.75	\$174.00	*	\$21.75
33	3637	37671X	Bartonella henselae Antibodies (IgG, IgM) with Reflex(es) to Titer (40771)	8	\$149.00	\$1,192.00	*	\$118.45
34	13059	17825X	Bordetella pertussis IgG and IgA Antibodies, MAID (42255)	4	\$175.00	\$700.00	*	\$175.00
35	740	85Z	Beta-2-Microglobulin, Serum	16	\$28.75	\$460.00	*	\$28.75
36	3438	34251X	Bartonella Species Antibody (IgG, IgM) with Reflex(es) to Titer (40581)	4	\$149.00	\$596.00	*	\$43.79
37	2240	3210X	Bicarbonates, Urine (0645U)	8	\$39.00	\$312.00	*	\$39.00
38	4634	19546	Bile Acids, Fractionated and Total, Pregnancy	108	\$120.81	\$13,047.48	*	\$57.90
39	4189	11274	BK Virus DNA, Quantitative Real-Time PCR, Plasma (47900)	4	\$234.40	\$937.60	*	\$234.40
40	18581	18581X	BK Virus DNA, Quantitative Real-Time PCR, Urine (47901)	4	\$105.00	\$420.00	*	\$105.00
41	91863	91863	BRC-Avenlage(TM), Comprehensive	8	\$2,150.00	\$17,200.00	*	\$2,150.00
42	91068	91068	Bruceella Antibodies (IgG, IgM), EIA with Reflex to Agglutination	4	\$168.00	\$672.00	*	\$168.00
43	1156v1		Chlamydia trachomatis RNA, TMA	8	\$35.00	\$280.00	*	\$35.00
44	781	297	C1 Inhibitor, Functional	4	\$59.62	\$238.48	*	\$21.78
45	351v1		Complement Component C3	20	\$7.51	\$150.20	*	\$7.51
46	352v1		Complement Component C4c	52	\$31.38	\$1,630.72	*	\$31.38
47	409	26256	CA 125	4	\$28.43	\$113.72	*	\$113.72
48	6304	5819X	CA 15-3	40	\$14.15	\$566.00	*	\$14.15
49	475	4658	CA 19-9	20	\$21.52	\$430.40	*	\$21.52
50	359	1635X	Calcium, 24-Hour Urine (w/ Creatinine)	24	\$8.18	\$196.32	*	\$8.18
51	426	1633X	Calcium, Random Urine (w/ Creatinine)	18	\$140.00	\$2,520.00	*	\$140.00
52	16796		Celastrol, Spot	4	\$63.42	\$253.68	*	\$63.42
53	7352	7352	Cardiolipin Antibodies (IgG, IgA, IgM)	4	\$137.98	\$551.92	*	\$137.98
54	989	70107X	Ceruloplasmin, LCMS/MS	4	\$137.98	\$551.92	*	\$137.98



**ATTACHMENT A TO EXHIBIT A**

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93908 - Medassess - July, 2016

HBOT 61224251

Confidential

Totals	10,812	\$840,128.88	\$590,110.38	(\$250,018.52)	-29.76%
Dollar Savings					
Percent Savings					

12 Month Volume	Current Price	Proposed Price	Savings	% Savings
12	\$47.55	\$570.60		
8	\$58.25	\$450.00		
35	\$54.50	\$2,106.00		
48	\$24.72	\$1,188.56		
4	\$28.66	\$118.64		
78	\$103.51	\$7,856.76		
8	\$175.51	\$1,404.08		
12	\$14.12	\$189.44		
48	\$350.00	\$28,400.00		
12	\$171.37	\$2,056.44		
28	\$120.00	\$3,360.00		
12	\$102.00	\$1,224.00		
12	\$10.78	\$129.12		
28	\$4.48	\$125.44		
12	\$55.00	\$660.00		
8	\$744.71	\$5,957.68		
8	\$273.00	\$2,184.00		
8	\$781.00	\$6,248.00		
28	\$1,100.00	\$30,800.00		
8	\$75.00	\$600.00		
8	\$21.70	\$173.60		
12	\$44.50	\$534.00		
4	\$78.00	\$312.00		
20	\$260.10	\$5,202.00		
4	\$2,167.75	\$8,671.00		
4	\$153.00	\$612.00		
20	\$12.00	\$240.00		
32	\$15.00	\$480.00		
4	\$47.00	\$188.00		
4	\$21.73	\$87.00		
104	\$15.78	\$1,643.04		
12	\$19.90	\$238.80		
24	\$22.25	\$534.00		
12	\$13.21	\$158.52		
12	\$9.20	\$110.40		
56	\$27.84	\$1,558.80		
4	\$36.60	\$146.40		
12	\$18.78	\$225.36		
4	\$345.00	\$1,380.00		
8	\$65.30	\$522.40		
16	\$15.75	\$252.00		
4	\$30.00	\$120.00		
16	\$8.98	\$143.68		
32	\$11.50	\$368.00		
12	\$55.00	\$660.00		
80	\$45.00	\$3,600.00		
4	\$80.02	\$320.08		
8	\$42.04	\$336.32		
4	\$44.00	\$176.00		
8	\$81.74	\$653.92		
48	\$218.40	\$10,483.20		
8	\$44.00	\$352.00		
4	\$113.83	\$455.32		
4	\$111.00	\$444.00		



**ATTACHMENT A TO EXHIBIT A**

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOT 61224251

Confidential

<b>Totals</b>		<b>10,812</b>	<b>\$840,128.88</b>	<b>\$580,110.34</b>
<b>Dollar Savings</b>				<b>(\$260,018.52)</b>
<b>Percent Savings</b>				<b>-29.74%</b>

109	9103	92589	Protein Electrophoresis Panel 2	12 Month Volume				
110	3677	15064	Endomyxial Antibody Screen (9SA) with Reflex to Titer	32	\$138.59	\$4,434.88	\$39.09	\$2,170.88
111	1035	34278X	Entamoeba Histolytica IgG, ELISA (40105)	20	\$21.50	\$430.00	\$21.50	\$430.00
112	6186	15082	Enterovirus RNA, Qualitative Real-Time PCR (47300)	8	\$28.45	\$227.60	\$28.45	\$227.60
113	13328	70185X	Enterovirus/Parvovirus RNA, Qualitative Real-Time PCR (47440)	20	\$341.00	\$6,820.00	\$341.00	\$6,820.00
114	427L	427	Encephalitis (EPO)	4	\$380.00	\$1,520.00	\$380.00	\$1,520.00
115	36189	36189	Estradiol, Free, LC/MS/MS	12	\$50.00	\$600.00	\$50.00	\$600.00
116	17900	17900	Factor V (Leiden) Mutation Analysis	173	\$173.00	\$29,841.00	\$173.00	\$29,841.00
117	11327-2	11327-2	Factor V (Leiden) Mutation Analysis	20	\$90.00	\$1,800.00	\$90.00	\$1,800.00
118	3688	344	Factor V Activity, Clotting	4	\$192.18	\$768.72	\$192.18	\$768.72
119	3600	347	Factor VIII Activity, Clotting	4	\$116.30	\$465.20	\$116.30	\$465.20
120	12406	11254X	Fabry Acid Profile, Essential (C12-C22), Serum (FAPEP)	4	\$74.00	\$296.00	\$74.00	\$296.00
121	3146	3997	Fecal Fat, Qualitative	4	\$410.52	\$1,642.08	\$410.52	\$1,642.08
122	92497	92497	FISH, Myeloma, 17p, on 14q32 with Reflex	12	\$20.70	\$248.40	\$20.70	\$248.40
123	92496-1	92496-1	FISH, Myeloma, IGH Panel (MAFB, MAF, FGFR3, CCND1)	4	\$2,278.84	\$9,115.36	\$2,278.84	\$9,115.36
124	8058	14605X	FISH, Prader Willi	4	\$1,470.84	\$5,883.36	\$1,470.84	\$5,883.36
125	8058	12070X	FISH, CMT1/LAL, for Refl Translocation 9,22	4	\$300.00	\$1,200.00	\$300.00	\$1,200.00
126	5069v1		Food Allergy Profile	4	\$300.00	\$1,200.00	\$300.00	\$1,200.00
127	90394	90394	Free Thyroxine Index (FTI)	12	\$120.84	\$1,450.08	\$120.84	\$1,450.08
128	36176	36176	FSH and LH, Pediatrics	4	\$14.12	\$56.48	\$14.12	\$56.48
129	470v1		FSH (Follicle Stimulating Hormone)	8	\$113.33	\$906.64	\$113.33	\$906.64
130	4112v1		FT4/BS	72	\$22.22	\$1,599.84	\$22.22	\$1,599.84
131	500L	500	Glucose-6-Phosphate Dehydrogenase, (G-6-PD), Qualitative	8	\$11.00	\$88.00	\$11.00	\$88.00
132	3557L	3557X	Gabapentin	48	\$19.00	\$912.00	\$19.00	\$912.00
133	34878		Glutamic Acid Decarboxylase-65 Antibody	4	\$84.88	\$339.52	\$84.88	\$339.52
134	9058		GAD65, IA-2, and Insulin Autoantibody	4	\$45.55	\$182.20	\$45.55	\$182.20
135	9058v1		GAD65, IA-2, and Insulin Autoantibody	12	\$45.00	\$540.00	\$45.00	\$540.00
136	476L	476	Gastrin	12	\$450.00	\$5,400.00	\$450.00	\$5,400.00
137	724	257X	Glomerular Basement Membrane Antibody (IgG)	100	\$15.10	\$1,510.00	\$15.10	\$1,510.00
138	11250v1		Facial Globulin by Immunochromatography	8	\$135.78	\$1,086.24	\$135.78	\$1,086.24
139	521v1		Growth Hormone (GH)	100	\$60.00	\$6,000.00	\$60.00	\$6,000.00
140	34838v1		Helicobacter pylori Antigen, EIA, Stool	8	\$21.10	\$168.80	\$21.10	\$168.80
141	14839v1		Helicobacter pylori, Urea Breath Test	104	\$88.98	\$9,253.92	\$88.98	\$9,253.92
142	92491v1		Helicobacter pylori, Urea Breath Test, Pediatric	348	\$180.00	\$62,640.00	\$180.00	\$62,640.00
143	902v1		Hemoglobin	84	\$100.00	\$8,400.00	\$100.00	\$8,400.00
144	8475v0		Hepatitis B Surface Antibody Immunity, Quantitative	48	\$10.30	\$494.40	\$10.30	\$494.40
145	495v1		Hepatitis B Surface Antigen with Reflex to Confirmation	72	\$10.86	\$781.92	\$10.86	\$781.92
146	EP10624		Hepatitis B Surface Antigen	8	\$11.30	\$90.40	\$11.30	\$90.40
147	8359v1		Hepatitis B Virus DNA, Quantitative, Real-Time PCR	4	\$11.30	\$45.20	\$11.30	\$45.20
148	472	8396	HCG, Total, Quantitative	12	\$220.00	\$2,640.00	\$220.00	\$2,640.00
149	10051v1		Hepatitis C Viral RNA, Quantitative Real-Time PCR w/Ref to Qualitative TMA	16	\$23.26	\$372.16	\$23.26	\$372.16
150	3781v1		Hepatitis C Viral RNA Genotype, LIPA/R	16	\$291.12	\$4,657.92	\$291.12	\$4,657.92
151	35845v1		Hepatitis C Viral RNA, Quantitative, Real-Time PCR	24	\$173.00	\$4,152.00	\$173.00	\$4,152.00
152	EP10734		Hepatitis C Viral RNA, Quantitative Real-Time PCR	256	\$398.00	\$101,888.00	\$398.00	\$101,888.00
153	37273v1		Hepatitis C Viral RNA, Qualitative TMA	4	\$286.52	\$1,146.08	\$286.52	\$1,146.08
154	7053	7655	Heavy Metals Panel, Blood	9	\$221.00	\$1,989.00	\$221.00	\$1,989.00
155	6565	35489	Hemoglobinopathy Evaluation	4	\$90.28	\$361.12	\$90.28	\$361.12
156	4848v2		Hepatitis B Core Antibody (IgM)	12	\$15.62	\$187.44	\$15.62	\$187.44
157	489v3		Hepatitis B Surface Antibody, Qualitative	20	\$13.00	\$260.00	\$13.00	\$260.00
158	EP10719		Hepatitis B Surface Antibody Immunity (Quant) w/ Reflex to Surface Antigen	8	\$8.00	\$64.00	\$8.00	\$64.00
159	414v1		Hepatitis B Surface Antibody Immunity (Quant) w/ Reflex to Surface Antigen	296	\$10.88	\$3,221.28	\$10.88	\$3,221.28
160	508v1		Hepatitis A Antibody, Total	8	\$124.00	\$992.00	\$124.00	\$992.00
161	512v1		Hepatitis A IgM	28	\$11.00	\$308.00	\$11.00	\$308.00
162	556v1		Hepatitis Bc Antibody	4	\$15.93	\$63.72	\$15.93	\$63.72



**ATTACHMENT A TO EXHIBIT A**  
 Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - MedAssets - July, 2016

HBOT 61224251

Confidential

Totals  
 Dollar Savings  
 Percent Savings

10,812

\$440,128.88

\$580,110.38  
 (\$250,018.52)  
 -28.78%

Item #	Code	Description	12 Month Volume	Current Price	Proposed Price	Savings	Total Savings
183	555v1	Hepatitis Bc Antigen	12	\$7.88	\$94.58	\$86.70	\$86.70
184	8472v1	Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR	24	\$11.50	\$276.00	\$264.50	\$264.50
185	34290	34290	4	\$59.00	\$236.00	\$177.00	\$177.00
186	3596-2	3596-2	8	\$42.04	\$336.32	\$86.28	\$86.28
187	81212	81212	8	\$25.00	\$196.00	\$171.00	\$171.00
188	9424	9424	12	\$384.00	\$4,608.00	\$4,224.00	\$4,224.00
189	34849v1	HV-1 Genotype	4	\$400.00	\$1,600.00	\$1,200.00	\$1,200.00
170	8182v1	HV-1 Genotype (RTI, PI, Integrase Inhibitors)	4	\$400.00	\$1,600.00	\$1,200.00	\$1,200.00
171	40985v1	HV-1 RNA, Quantitative, Real-Time PCR	52	\$880.00	\$45,760.00	\$44,880.00	\$44,880.00
172	16185v1	HV-1 RNA, Qualitative T4A	454	\$258.00	\$117,180.00	\$116,722.00	\$116,722.00
173	93170	93170	16	\$250.00	\$4,000.00	\$3,750.00	\$3,750.00
174	19774	19774	56	\$30.00	\$1,680.00	\$1,644.00	\$1,644.00
175	828v1	828v1	16	\$17.00	\$272.00	\$255.00	\$255.00
176	31789	31789	8	\$255.00	\$2,040.00	\$1,785.00	\$1,785.00
177	8292	8292	32	\$32.00	\$1,024.00	\$982.00	\$982.00
178	10124v2	10124v2	8	\$255.00	\$2,040.00	\$1,785.00	\$1,785.00
179	34257	34257	8	\$28.50	\$228.00	\$209.50	\$209.50
180	8542v1	8542v1	26	\$241.00	\$6,266.00	\$6,025.00	\$6,025.00
181	90851	90851	4	\$62.52	\$250.08	\$187.56	\$187.56
182	90849	90849	8	\$50.23	\$401.84	\$351.61	\$351.61
183	19502	19502	4	\$10.25	\$41.00	\$30.75	\$30.75
184	8447v1	8447v1	20	\$325.00	\$6,500.00	\$6,175.00	\$6,175.00
185	2822v1	2822v1	16	\$25.00	\$400.00	\$384.00	\$384.00
186	2849v1	2849v1	16	\$28.71	\$459.36	\$430.65	\$430.65
187	1748v1	1748v1	8	\$26.71	\$213.68	\$186.97	\$186.97
188	38175	38175	8	\$128.50	\$1,028.00	\$909.50	\$909.50
189	37053	37053	16	\$80.52	\$1,288.32	\$1,207.80	\$1,207.80
190	3488	3488	4	\$156.00	\$624.00	\$568.00	\$568.00
191	539L	539L	4	\$9.35	\$37.40	\$28.05	\$28.05
192	34458	34458	20	\$25.25	\$505.00	\$479.75	\$479.75
193	18293v1	18293v1	4	\$156.00	\$624.00	\$568.00	\$568.00
194	771	771	4	\$9.35	\$37.40	\$28.05	\$28.05
195	780	780	28	\$25.80	\$722.40	\$696.60	\$696.60
196	543L	543L	4	\$196.75	\$787.00	\$590.25	\$590.25
197	3852	3852	4	\$14.82	\$59.28	\$44.46	\$44.46
198	3647-2	3647-2	4	\$5.35	\$21.40	\$16.05	\$16.05
199	210v1	210v1	32	\$38.59	\$1,234.88	\$1,196.29	\$1,196.29
200	542v1	542v1	12	\$38.59	\$463.08	\$424.49	\$424.49
201	7083	7083	12	\$38.59	\$463.08	\$424.49	\$424.49
202	18503	18503	12	\$11.05	\$132.60	\$121.55	\$121.55
203	561v1	561v1	4	\$459.33	\$1,837.32	\$1,378.00	\$1,378.00
204	38741	38741	80	\$12.40	\$992.00	\$903.60	\$903.60
205	34973	34973	8	\$23.40	\$235.20	\$211.80	\$211.80
206	723	723	4	\$78.50	\$314.00	\$235.50	\$235.50
207	723-3	723-3	4	\$66.16	\$264.64	\$198.48	\$198.48
208	3787	3787	4	\$91.00	\$364.00	\$323.00	\$323.00
209	16282	16282	12	\$240.00	\$2,880.00	\$2,640.00	\$2,640.00
210	10188L	10188L	4	\$95.00	\$380.00	\$340.00	\$340.00
211	22060	22060	4	\$88.50	\$354.00	\$315.50	\$315.50
212	8789	8789	32	\$19.47	\$623.04	\$583.57	\$583.57
213	599v1	599v1	4	\$10.07	\$40.28	\$30.21	\$30.21
214	11673F	11673F	712	\$5.82	\$4,143.84	\$3,983.02	\$3,983.02
215	35080-2	35080-2	240	\$21.90	\$5,256.00	\$4,936.10	\$4,936.10
216	35060-4	35060-4	4	\$37.95	\$151.80	\$113.85	\$113.85



**ATTACHMENT A TO EXHIBIT A**

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medasseta - July, 2016

HBOT 61224251

Confidential

Totals  
Dollar Savings 10,512 \$846,128.68 \$590,110.38  
Percent Savings (8150,018.52) -29.76%

Item #	Code	Description	12 Month Volume	Current Price	Proposed Price	Dollar Savings	Percent Savings
217	35080-1	Leukemia/Lymphoma Evaluation	12	\$700.00	\$8,400.00	\$408.84	\$4,907.28
218	15142v1	Lidocaine	24	\$65.25	\$1,566.00	\$65.25	\$1,566.00
219	815v1	LH	60	\$24.72	\$1,483.20	\$8.80	\$528.00
220	445	Lipoprotein Electrophoresis	4	\$66.00	\$272.00	\$40.89	\$163.98
221	10527	Liver Cytolol (LC-1) Autoantibodies (5322)	4	\$138.00	\$552.00	\$138.00	\$552.00
222	82888	Liver Fibrosis, FibroTest/ActTest Panel	72	\$288.75	\$20,790.00	\$275.00	\$19,800.00
223	3392	Liver Kidney Microsome (LKM-1) Antibody (IgG)	4	\$60.00	\$240.00	\$18.09	\$64.38
224	14530v1	Lp-PLA2 (Lipoprotein-Associated Phospholipase A2)	4	\$50.00	\$200.00	\$50.00	\$200.00
225	8328	Lupus (12) Panel	12	\$128.57	\$1,542.84	\$130.50	\$1,566.00
226	7078	Lupus Anticoagulant Evaluation with Reflex	40	\$42.04	\$1,681.60	\$42.04	\$1,681.60
227	8593v1	Lyme Disease Antibodies (IgG, IgM) Immunoblot	4	\$52.05	\$208.20	\$32.60	\$130.40
228	8648v1	Lyme Disease Antibody with Reflex to Biot (IgG, IgM)	8	\$6.10	\$48.80	\$6.10	\$48.80
229	15777	Lyme Disease (Borrelia spp) DNA Qualitative Real-Time PCR, Blood	8	\$225.00	\$1,800.00	\$225.00	\$1,800.00
230	933	Lymphocyte Subset Panel 4	52	\$148.18	\$7,705.36	\$45.38	\$2,368.72
231	781	Lymphocyte Subset Panel 5	348	\$24.00	\$8,352.00	\$24.00	\$8,352.00
232	21130v1	Mycoplasma pneumoniae Antibody (IgM)	4	\$38.28	\$153.12	\$18.00	\$64.80
233	10083	Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA	4	\$105.00	\$420.00	\$105.00	\$420.00
234	394	Magnesium, 24-Hour Urine (with Creatinine)	4	\$15.64	\$62.56	\$15.64	\$62.56
235	951v1	Manganese	4	\$62.84	\$251.36	\$15.84	\$62.56
236	13078	Maruans by GC/MS, Urine (131077)	4	\$29.71	\$118.84	\$17.53	\$68.12
237	3584	Metanephrines, Fractionated, LC/MS/MS, 24-Hour Urine	4	\$17.00	\$68.00	\$17.00	\$68.00
238	3587	Metanephrines, Fractionated, LC/MS/MS, Random Urine	4	\$27.05	\$108.20	\$27.05	\$108.20
239	13078	Methadone by GC/MS, Urine (2087)	4	\$100.00	\$400.00	\$64.83	\$259.32
240	34878v1	Methylmalonic Acid	20	\$61.80	\$1,236.00	\$61.80	\$1,236.00
241	15281v1	Microalbumin, 24-Hour Urine (with Creatinine)	28	\$9.00	\$252.00	\$7.18	\$201.12
242	2501	Mitochondrial Antibody with Reflex to Titar	16	\$12.25	\$196.00	\$7.18	\$201.12
243	8624v1	Mumps Virus Antibody (IgG)	180	\$22.85	\$4,113.00	\$12.25	\$196.00
244	36584	Mumps Virus Antibodies (IgG, IgM)	8	\$58.87	\$471.00	\$32.55	\$1,110.60
245	10962v1	Mycophenolic Acid	12	\$92.55	\$1,110.60	\$12.25	\$196.00
246	660v1	Mycoglobin, Serum	8	\$31.36	\$250.88	\$31.36	\$250.88
247	661v2	Mycoglobin, Urine	4	\$26.25	\$105.00	\$15.00	\$60.00
248	11362L	Neisseria gonorrhoeae RNA, TMA	12	\$30.00	\$360.00	\$30.00	\$360.00
249	13130F	Norovirus RNA, Qualitative Real-Time PCR (19098)	4	\$215.00	\$860.00	\$104.22	\$356.88
250	881L	Ova and Parasites, Concentrate and Permanent Smear	148	\$8.37	\$1,238.76	\$8.37	\$1,238.76
251	790	Oligodendrocyte (Olig), CSF	8	\$28.89	\$231.12	\$28.89	\$231.12
252	13246	Opiates, Expanded by GC/MS (U) (15475)	8	\$98.45	\$787.60	\$98.45	\$787.60
253	90561	Organic Acids, Full Panel, Quantitative, Urine	4	\$388.78	\$1,555.04	\$388.78	\$1,555.04
254	80498	Organic Acids, Qualitative, Urine	4	\$320.78	\$1,283.04	\$320.78	\$1,283.04
255	12392	Oxobutanoate Metabolite, Serum/Plasma (36637)	12	\$71.00	\$852.00	\$71.00	\$852.00
256	4181	Pancreatic Elastase-1	4	\$224.00	\$896.00	\$32.00	\$128.00
257	8648v1	Parvovirus B19 Antibodies (IgG, IgM)	18	\$32.38	\$582.84	\$32.38	\$582.84
258	3927	Parvovirus B19 DNA, Qualitative Real-Time PCR (43010)	8	\$125.33	\$1,002.64	\$125.33	\$1,002.64
259	94335	Parvovirus (P683)	12	\$60.28	\$723.36	\$60.28	\$723.36
260	23692	Phenylethylamine (PEA)	12	\$18.00	\$216.00	\$18.00	\$216.00
261	4055	Phosphate, 24-Hour Urine (with Creatinine)	4	\$10.51	\$42.04	\$10.51	\$42.04
262	6054	Porphobilinogen, Quantitative, Random Urine	4	\$34.45	\$137.80	\$34.45	\$137.80
263	4224	Porphyria, Total, Plasma	4	\$137.80	\$551.20	\$137.80	\$551.20
264	14521	Potassium without Creatinine, Random Urine (6311UR)	4	\$78.00	\$312.00	\$78.00	\$312.00
265	18648	Plasma Renin Activity, LC/MS/MS	4	\$10.78	\$43.12	\$10.78	\$43.12
266	3947R	Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum	20	\$34.83	\$696.60	\$34.83	\$696.60
267	17183	Prostate-Specific Antigen (PSA)	16	\$22.22	\$355.52	\$22.22	\$355.52
268	1777v1	Protein C Activity	16	\$35.00	\$560.00	\$35.00	\$560.00
269	8845	PROTEIN C & PROTEIN S, FUNCTIONAL	20	\$84.00	\$1,680.00	\$77.00	\$1,540.00
270	3921	Protein, Total and Protein Electrophoresis	52	\$10.50	\$546.00	\$10.50	\$546.00





**ATTACHMENT A TO EXHIBIT A**  
 Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - Medassess - July, 2016

HBOT 61224251

Confidential

Totals	10,812	\$640,128.88	\$980,110.38
Dollar Savings			(\$250,018.82)
Percent Savings			-29.74%

Item #	Code	Description	12 Month Volume	Current Price	Proposed Price	Current Total	Proposed Total	Savings
271	1779v1	Protein S Activity	12	\$42.00	\$504.00	\$504.00	\$42.00	\$504.00
272	10170v1	Protein S Antigen, Free	4	\$600.00	\$2400.00	\$2400.00	\$600.00	\$1800.00
273	9010	Protein Electrophoresis and Total Protein, Random Urine	4	\$150.00	\$600.00	\$600.00	\$150.00	\$450.00
274	8958	Protein Electrophoresis Panel 1	36	\$26.00	\$936.00	\$936.00	\$26.00	\$910.00
275	17709	Prothrombin (Factor II) 2021GG-A Mutation Analysis	20	\$127.14	\$2,542.80	\$2,542.80	\$127.14	\$2,415.66
276	11327-4	Prothrombin (Factor II) 2021GG-A Mutation Analysis	16	\$135.00	\$2,160.00	\$2,160.00	\$135.00	\$2,025.00
277	6783	PSA, Total	4	\$158.58	\$634.34	\$634.34	\$158.58	\$475.76
278	6894	PSA, Free and Total	4	\$25.58	\$102.32	\$102.32	\$25.58	\$76.74
279	26736v1	PTH, Intact (ICMA) and Ionized Calcium	36	\$32.73	\$1,178.28	\$1,178.28	\$32.73	\$1,145.55
280	8837v1	PTH-Related Protein (PTHrP)	24	\$32.97	\$791.28	\$791.28	\$32.97	\$758.31
281	4866	Pyruvate Kinase, Erythrocytes (PK)	240	\$70.75	\$16,980.00	\$16,980.00	\$70.75	\$16,909.25
282	11728	Q Fever (Coxiella burnetii) Antibodies (IgG, IgM) with Reflex to Titers	4	\$172.33	\$689.32	\$689.32	\$172.33	\$516.99
283	3707v1	QuantiferON(R) TB Gold, (Draw Site incubated)	4	\$127.85	\$511.40	\$511.40	\$127.85	\$383.55
284	16603v2	Quetiapine, Serum/Plasma	4	\$63.50	\$254.00	\$254.00	\$63.50	\$190.50
285	35289	Rheumatoid Arthritis Diagnostic Panel, Comprehensive	1072	\$42.00	\$45,024.00	\$45,024.00	\$42.00	\$44,604.00
286	19878	Rheumatoid Factor Screen with Reflex to Titer, Synovial Fluid	8	\$73.00	\$584.00	\$584.00	\$73.00	\$511.00
287	3354	Rheumatoid Factor Screen with Reflex to Titer, Synovial Fluid	16	\$216.78	\$3,468.48	\$3,468.48	\$216.78	\$3,251.70
288	19887-1	Rheumatoid Factor Screen with Reflex to Titer, Synovial Fluid	4	\$27.96	\$111.84	\$111.84	\$27.96	\$83.88
289	37873v1	Rubella Antibodies (IgG, IgM) Diagnostic	12	\$30.00	\$360.00	\$360.00	\$30.00	\$330.00
290	4422L	Rubella Antibody (IgM)	32	\$56.56	\$1,811.92	\$1,811.92	\$56.56	\$1,755.36
291	3097	Salmonella, Total Antibody, EIA (40450)	8	\$38.59	\$308.72	\$308.72	\$38.59	\$270.13
292	4942	Scl-70 Antibody	8	\$93.00	\$744.00	\$744.00	\$93.00	\$651.00
293	729-1	Scl-70 Antibody	4	\$12.00	\$48.00	\$48.00	\$12.00	\$36.00
294	6528	Sickle Cell Screen	4	\$55.00	\$220.00	\$220.00	\$55.00	\$165.00
295	39712v1	Sjogren's LC/MS/MS	4	\$8.18	\$32.72	\$32.72	\$8.18	\$24.54
296	7832	Sjogren's Antibodies (SS-A, SS-B)	24	\$123.00	\$2,952.00	\$2,952.00	\$123.00	\$2,829.00
297	3262	Sjogren's Antibody (SS-A)	8	\$17.50	\$140.00	\$140.00	\$17.50	\$122.50
298	3282-1	Sjogren's Antibody (SS-A)	4	\$48.17	\$192.68	\$192.68	\$48.17	\$144.51
299	3241	Sjogren's Antibody (SS-B)	4	\$54.00	\$216.00	\$216.00	\$54.00	\$162.00
300	3241-1	Sjogren's Antibody (SS-B)	4	\$45.17	\$180.68	\$180.68	\$45.17	\$135.51
301	765	Sjogren's and Scl-70 Antibodies	4	\$54.00	\$216.00	\$216.00	\$54.00	\$162.00
302	3218	Sjogren's and Scl-70 Antibodies	12	\$18.00	\$216.00	\$216.00	\$18.00	\$198.00
303	3218-1	Sjogren's and Scl-70 Antibodies	20	\$9.00	\$180.00	\$180.00	\$9.00	\$171.00
304	3222-1	Sjogren's and Scl-70 Antibodies	12	\$54.00	\$648.00	\$648.00	\$54.00	\$594.00
305	14827v1	Serotonin Release Assay, Unfractionated Heparin	12	\$54.00	\$648.00	\$648.00	\$54.00	\$594.00
306	12820	ssDNA (Single Stranded DNA) IgG Antibody (45872)	8	\$26.00	\$208.00	\$208.00	\$26.00	\$182.00
307	13360	Stone Analysis (4181)	4	\$130.25	\$521.00	\$521.00	\$130.25	\$390.75
308	30115v1	Subacute Cutaneous Lupus Test (210)	4	\$56.39	\$225.56	\$225.56	\$56.39	\$169.17
309	653v2	Tetanus Toxoid Antibody, Pertussis Agglutination	4	\$450.00	\$1,800.00	\$1,800.00	\$450.00	\$1,350.00
310	90827	Typhoid fever Antibody, Total	80	\$17.30	\$1,384.00	\$1,384.00	\$17.30	\$1,366.70
311	859v1	Typhoid fever Antibody, Total	8	\$90.93	\$727.44	\$727.44	\$90.93	\$636.51
312	17733	T4, Total (Thyroxine)	40	\$12.15	\$486.00	\$486.00	\$12.15	\$473.85
313	70007v1	Tasminc, Highly Sensitive LC/MS/MS	148	\$7.08	\$1,047.84	\$1,047.84	\$7.08	\$1,040.76
314	518	TBSG (Thyroxine Binding Globulin)	120	\$45.00	\$5,400.00	\$5,400.00	\$45.00	\$5,355.00
315	36170v1	Testosterone, Free (Dialysis) and Total (LC/MS/MS)	24	\$30.83	\$740.32	\$740.32	\$30.83	\$709.49
316	16983v1	Testosterone, Total, LC/MS/MS	88	\$60.00	\$5,280.00	\$5,280.00	\$60.00	\$5,220.00
317	404	Thyroglobulin Antibodies	38	\$43.01	\$1,634.38	\$1,634.38	\$43.01	\$1,591.37
318	406	Thyroglobulin Panel	4	\$9.49	\$37.96	\$37.96	\$9.49	\$28.47
319	15102	Thyroid Cauding Reflex	8	\$22.75	\$182.00	\$182.00	\$22.75	\$159.25
320	265	Thyroid Peroxidase Antibodies	16	\$24.20	\$387.20	\$387.20	\$24.20	\$363.00
321	120	Thyroid Peroxidase and Thyroglobulin Antibodies	28	\$11.75	\$329.00	\$329.00	\$11.75	\$317.25
322	6813	Tissue Transglutaminase Antibody (IgA)	8	\$21.00	\$168.00	\$168.00	\$21.00	\$147.00
323	30865v1	Topenate	40	\$75.00	\$3,000.00	\$3,000.00	\$75.00	\$2,925.00
324	6444v1	Torch Panel, Acute	8	\$27.00	\$216.00	\$216.00	\$27.00	\$189.00



**ATTACHMENT A TO EXHIBIT A**

Quest Diagnostics Incorporated - SJC

Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOY 61224251

Confidential

Totals	10,812	\$840,128.88	\$590,110.34
Dollar Savings			(\$250,018.53)
Percent Savings			-28.76%

			12 Month Volume					
325	8636v2	Toxoplasma Antibodies (IgG, IgM)	48	\$17.50	\$840.00	*	\$17.50	\$840.00
326	891v2	Transferrin	56	\$10.50	\$588.00	*	\$10.00	\$560.00
327	11681F	17088X Treponema pallidum Antibody, IFA (CSP) (83495)	4	\$20.78	\$83.12	*	\$20.78	\$83.12
328	34484v1	Trypsin	4	\$69.87	\$279.48	*	\$69.87	\$279.48
329	36577	36577 TSH Antibody	8	\$118.00	\$944.00	*	\$118.00	\$944.00
330	19537	19537 TSH with HAMA Treatment	36	\$48.40	\$1,742.40	*	\$48.40	\$1,742.40
331	30551	30551 TSI (Thyroid Stimulating Immunoglobulin)	24	\$37.20	\$1,372.80	*	\$37.20	\$1,372.80
332	11073v1	30551 TSI (Thyroid Stimulating Immunoglobulin)	12	\$182.24	\$2,186.88	*	\$200.88	\$2,412.96
333	19955-5	19955-5 Tissue Transglutaminase Antibody (IgG, IgA)	4	\$68.00	\$272.00	*	\$62.00	\$248.00
334	1737L	1737X Urea Nitrogen, Random Urine	4	\$10.78	\$43.12	*	\$10.78	\$43.12
335	4705	1744X Uric Acid, Random Urine (w/ Creatinine)	4	\$15.90	\$63.60	*	\$10.51	\$42.04
336	4128v1	VDRL, CSF	12	\$9.00	\$108.00	*	\$9.00	\$108.00
337	30509v1	VDRL, Serum	4	\$18.50	\$74.00	*	\$10.50	\$42.00
338	921L	921 Vitamin A (Retinol)	4	\$28.00	\$112.00	*	\$14.88	\$59.52
339	9042v1	921 Vitamin B1 (Thiamine), Blood LC/MS/MS	112	\$36.93	\$4,136.16	*	\$25.00	\$2,800.00
340	926L	926 Vitamin B6, Plasma	8	\$187.11	\$1,496.88	*	\$187.11	\$1,496.88
341	929v1	929 Vitamin C, LC/MS/MS	4	\$41.85	\$167.40	*	\$41.85	\$167.40
342	16558v1	929 Vitamin D, 1,25-Dihydroxy, LC/MS/MS	264	\$26.50	\$6,996.00	*	\$20.00	\$5,280.00
343	931L	931 Vitamin E (Tocopherol)	4	\$22.22	\$88.88	*	\$22.22	\$88.88
344	9501	19790X Von Willebrand Comprehensive Panel	12	\$598.83	\$7,186.00	*	\$301.00	\$3,612.00
345	19574	19574 Voncenzole, HPLC	4	\$178.00	\$712.00	*	\$178.00	\$712.00
346	9457	15540X von Willebrand Comprehensive Panel 2	4	\$818.83	\$3,275.32	*	\$521.00	\$2,084.00
347	34128	34128 Varicella-Zoster Virus Antibodies (IgG, IgM)	8	\$221.48	\$1,771.84	*	\$221.48	\$1,771.84
348	3688	36522X Varicella Zoster Virus (VZV) DNA, Qualitative Real-Time PCR (45020)	124	\$30.00	\$3,720.00	*	\$30.00	\$3,720.00
349	36597v1	36597 West Nile Virus Antibodies (IgG, IgM), CSF	8	\$112.00	\$896.00	*	\$112.00	\$896.00
350	36596v1	36596 West Nile Virus Antibodies (IgG, IgM), Serum	4	\$112.00	\$448.00	*	\$112.00	\$448.00
351	16328	16328 XSense(R), Fragile X with Reflex and Chromosome Analysis, Blood	8	\$804.00	\$6,432.00	*	\$347.21	\$2,777.68
352	16313	16313 XSense(R), Fragile X with Reflex	8	\$268.00	\$2,144.00	*	\$122.21	\$977.68
353	945v1	945 Zinc	4	\$15.76	\$63.04	*	\$10.88	\$43.52
354	37852	37852 Zonisamide	8	\$99.00	\$792.00	*	\$99.00	\$792.00

Tests marked with \*\*\* denotes a special priced test. All other discountable tests are discounted at \_\_\_% off of Quest Diagnostics' List Fee Schedule.

Certain high cost of performance assays and tests referred to other laboratories are non-discountable.

Tests in this bid are converted to the best of our ability; however, some prices may need to be adjusted upon receipt of additional test utilization, information, test components or other data.

In the event any reference laboratory, to which Quest Diagnostics refers testing, increases its charges to Quest Diagnostics at any time during the Initial Term or any Renewal Term of this Agreement, Quest Diagnostics shall have the right to increase its charges to Client for any such tests in an amount that is commensurate with the increase by the reference laboratory. Handling fee will be added for tests sent to other reference laboratories.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Reflex testing, if performed, is an additional charge.

Signed Pricing received five business days before the last day of current invoice period is implemented the first day of the invoice period in which it is received, otherwise the pricing will be implemented the first day of the next invoice period.

Account Information: Enter all account numbers here with their BU

I agree with all pricing and terms listed above.



**ATTACHMENT A TO EXHIBIT A**

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOT 61224251

Confidential

Totals	10,812	\$840,128.88
Dollar Savings		\$890,110.38
Percent Savings		(\$250,018.52)
		-29.78%

\$890,110.38  
(\$250,018.52)  
-29.78%

Enter Client name here (Representative) - Print Name

12 Month  
Volume

Enter Client name here (Representative) - Signature

Date

Please send completed forms with signature and all pages to:  
Email: [Mailbox\\_hospitalsupp@questdiagnostics.com](mailto:Mailbox_hospitalsupp@questdiagnostics.com)  
Fax: 610.271.4411

Prepared by XX for XX



**ATTACHMENT B TO EXHIBIT A (discounted pricing)**

HBOT 61224251

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Mediasets - July, 2016

Totals	10,812	\$640,128.68	\$390,128.30
Dollar Savings			(\$450,002.88)
Percent Savings			-33.94%

				12 Month Volume					
1	758	853X	Alpha-1-Antitrypsin (AAT) Phenotype	4	\$98.88	\$387.44	*	\$70.00	\$280.00
2	454	643	Angiotensin Converting Enzyme (ACE)	16	\$13.85	\$221.60	*	\$3.00	\$48.00
3	206v1		Acetylcholine Receptor Binding Antibody	4	\$57.21	\$228.84	*	\$30.00	\$120.00
4	34459	34459	Acetylcholine Receptor Blocking Antibody	8	\$135.78	\$1,086.24	*	\$46.32	\$370.56
5	26474	26474	Acetylcholine Receptor Modulating Antibody	8	\$141.00	\$564.00	*	\$58.94	\$227.76
6	211v1		ACTH, Plasma	4	\$24.00	\$96.00	*	\$10.00	\$40.00
7	15043v1		Actin (Smooth Muscle) Antibody (pG)	12	\$36.75	\$441.00	*	\$10.00	\$120.00
8	14531	14531	Acyclovir, Plasma	8	\$15.00	\$120.00	*	\$7.20	\$57.60
9	17696	17696	Adenosine Deaminase, Pleural Fluid	4	\$172.00	\$688.00	*	\$48.16	\$192.64
10	14532	14532	ADAMTS-13 Activity with Reflex to Inhibitor	20	\$150.00	\$3,000.00	*	\$20.00	\$400.00
11	782	224X	Albumin, CSF	4	\$220.00	\$880.00	*	\$123.85	\$495.40
12	90418	90418	Alcohol Metabolites with Confirmation, Urine	4	\$6.78	\$27.12	*	\$4.78	\$19.12
13	19938	19938X	Alcohol, Ethyl, Random Urine (19938)	4	\$50.00	\$200.00	*	\$50.00	\$200.00
14	495	227	Alkalase	4	\$67.58	\$270.32	*	\$18.30	\$73.20
15	4089	17161	Aldosterone, LC/MS/MS	4	\$8.40	\$33.60	*	\$5.79	\$23.16
16	235L	235	Alpha-1-Antitrypsin Quantitation	20	\$32.93	\$658.60	*	\$18.00	\$360.00
17	401	787X	Amino Acid Analysis, LC/MS, Plasma	8	\$20.75	\$166.00	*	\$20.75	\$166.00
18	317	36183X	Amino Acid Analysis, LC/MS, Urine	8	\$80.00	\$640.00	*	\$72.38	\$579.04
19	13075	2412	Ampicillamine by GC/MS, Urine (2412)	4	\$447.34	\$1,789.36	*	\$61.00	\$244.00
20	735	37521X	ANAcidolase Panel 1 with Reflexes	4	\$19.00	\$76.00	*	\$19.00	\$76.00
21	735-2		ANA TITER & PATTERN	4	\$121.35	\$485.40	*	\$62.80	\$251.20
22	249-2	249-2	ANA, Titer & Pattern	36	\$17.50	\$630.00	*	\$8.00	\$288.00
23	249L	249	ANA IFA Screen with Reflex to Titer and Pattern, IFA	76	\$8.00	\$608.00	*	\$8.00	\$608.00
24	19946	19946X	ANAcidolase(R) Specific Antibodies Cascading Reflex	276	\$7.75	\$2,139.00	*	\$6.50	\$1,794.00
25	4988	70171X	ANCA Screen with Reflex to ANCA Titer	44	\$14.47	\$634.48	*	\$8.50	\$372.00
26	9838	70155X	ANCA Screen with IgG and PR3, with Reflex to ANCA Titer	44	\$58.35	\$2,566.40	*	\$15.00	\$660.00
27	9426	14890X	Anti-phospholipid Antibody Panel	12	\$258.35	\$3,100.20	*	\$38.00	\$456.00
28	218v1		Antithrombin III Activity	20	\$180.00	\$3,600.00	*	\$78.00	\$1,560.00
29	9519	17397X	Alpha-1 Antitrypsin (AAT) Quantitation and Mutation Analysis	20	\$33.00	\$660.00	*	\$9.00	\$180.00
30	587	5274	Apolipoprotein B	4	\$285.75	\$1,143.00	*	\$235.75	\$943.00
31	3106	245X	Antistreptolysin-O	4	\$12.39	\$49.56	*	\$12.39	\$49.56
32	3107	20341X	Aspergillus Antibodies, Serum (40155)	6	\$8.00	\$48.00	*	\$8.00	\$48.00
33	3637	37871X	Bartonella henselae Antibodies (IgG, IgM) with Reflex(es) to Titer (40771)	8	\$21.75	\$174.00	*	\$15.98	\$127.84
34	13059	17255X	Bartonella pertussis (IgG and IgA Antibodies, MAID (42255)	8	\$149.00	\$1,192.00	*	\$20.81	\$166.48
35	740	652	Beta-2-Microglobulin, Serum	4	\$175.00	\$700.00	*	\$66.78	\$267.12
36	3438	34251X	Borrelia Species Antibody (IgG, IgM) with Reflex(es) to Titer (40881)	16	\$25.75	\$412.00	*	\$17.00	\$272.00
37	2240	3210X	Bicarbonate, Urine (0845U)	4	\$149.00	\$596.00	*	\$24.13	\$96.52
38	4834	19546	Bile Acids, Fractionated and Total, Pregnancy	8	\$38.00	\$304.00	*	\$38.00	\$304.00
39	4169	11274	BK Virus DNA, Quantitative Real-Time PCR, Plasma (47900)	108	\$120.61	\$13,025.88	*	\$20.00	\$2,160.00
40	16581	16581X	BK Virus DNA, Quantitative Real-Time PCR, Urine (47861)	4	\$234.40	\$937.60	*	\$82.03	\$328.12
41	81983	91863	BRCaVariant(TM), Comprehensive	4	\$234.40	\$937.60	*	\$82.03	\$328.12
42	91088	91058	Brucella Antibodies (IgG, IgM), EIA with Reflex to Agglutination	8	\$2,150.00	\$17,200.00	*	\$2,150.00	\$17,200.00
43	11361v1		Chlamydia trachomatis RNA, TMA	4	\$108.00	\$432.00	*	\$18.84	\$75.36
44	761	297	CI Inhibitor, Functional	8	\$35.00	\$280.00	*	\$15.00	\$120.00
45	351v1		Complement Component C3	4	\$58.82	\$235.28	*	\$18.52	\$74.08
46	353v1		Complement Component C4c	20	\$7.51	\$150.20	*	\$5.00	\$100.00
47	409	25356	CA 125	20	\$7.51	\$150.20	*	\$5.00	\$100.00
48	6304	5819X	CA 15-3	32	\$31.36	\$1,003.52	*	\$10.00	\$320.00
49	475	4698	CA 19-9	4	\$28.43	\$113.72	*	\$9.90	\$39.60
50	358	1635X	Calcium, 24-Hour Urine (w/ Creatinine)	40	\$14.15	\$566.00	*	\$9.00	\$360.00
51	4282	1633X	Calcium, Random Urine (w/ Creatinine)	20	\$21.62	\$432.40	*	\$7.00	\$140.00
52	16796		Calcitriol, Spot	24	\$8.16	\$195.84	*	\$7.00	\$168.00
53	7352	7352	Cardiolipin Antibodies (IgG, IgA, IgM)	4	\$140.00	\$560.00	*	\$62.73	\$250.92
54	989	70107X	Carnitine, LC/MS/MS	16	\$63.42	\$1,014.72	*	\$27.00	\$432.00
				4	\$137.98	\$551.92	*	\$39.92	\$159.68



**ATTACHMENT B TO EXHIBIT A (discounted pricing)**  
 Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOT 6123251

mPdennat

<b>Totals</b>							
<b>Dollar Savings</b>			10,812		\$840,128.88		\$390,128.20
<b>Percent Savings</b>							(\$450,602.68)
							-31.56%

55	584	314X	Catecholamines, Fractionated, Plasma	12 Month Volume				
56	5244v1		Catecholamines, Fractionated, Random Urine	12	\$47.58	\$370.90	*	\$24.59
57	6546	11173	Cyclic Cofructinated Peptide (CCP) Antibody (IgG)	8	\$56.25	\$450.00	*	\$24.82
58	4480	978	CEA	36	\$56.50	\$2,106.00	*	\$134.95
59	17421	17421	CEA, Postnatal Fluid	48	\$24.72	\$1,186.56	*	\$7.00
60	19955	19955	Celiac Disease Comprehensive Panel	4	\$29.66	\$118.64	*	\$7.00
61	15981	15981	Celiac Disease Comprehensive Panel, Infant	76	\$103.51	\$7,868.78	*	\$8.26
62	326v1		Ceruloplasmin	8	\$175.51	\$1,404.08	*	\$15.35
63	82058	82068	CF Advantage(R) Cystic Fibrosis Expanded Screen	12	\$14.12	\$169.44	*	\$10.00
64	5084v1		Childhood Allergy (Food and Environmental) Profile	48	\$450.00	\$21,600.00	*	\$150.00
65	18506v1		Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Rectal	12	\$171.37	\$2,056.44	*	\$107.05
66	70051v1		Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Throat	28	\$120.00	\$3,360.00	*	\$30.00
67	14529	14529X	Chloride without Creatinine, Random Urine (5303UR)	12	\$102.00	\$1,224.00	*	\$30.00
68	17584	17586X	Cholesterol, Plasma, Fast	12	\$10.78	\$129.36	*	\$5.00
69	3968-1		Chromatin (Nucleosomes) Antibody	28	\$4.48	\$125.44	*	\$5.00
70	5022	14600X	Chromosome Analysis, Hematologic Malignancy	12	\$55.00	\$660.00	*	\$4.00
71	5010	14598	Chromosome Analysis, Blood	8	\$744.71	\$5,957.68	*	\$120.00
72	6011	14596X	Chromosome Analysis, High Resolution	12	\$225.00	\$2,700.00	*	\$33.95
73	16478	16478	Chromosomal Microarray, Postnatal, CierSure(R) Oligo-SNP	8	\$781.00	\$6,248.00	*	\$225.00
74	1789v1		Cleopazine	28	\$1,100.00	\$30,800.00	*	\$300.00
75	403v2		Cytomegalovirus Antibody (IgG)	8	\$75.00	\$600.00	*	\$278.15
76	8732v2		Cytomegalovirus Antibodies (IgG, IgM)	8	\$21.70	\$173.60	*	\$7.00
77	2627v1		Cytomegalovirus, Conventional and Rapid Culture	12	\$46.50	\$558.00	*	\$274.72
78	3243	10600X	Cytomegalovirus DNA, Quantitative Real-Time PCR (45050)	4	\$79.00	\$316.00	*	\$117.22
79	3223	10501X	Cytomegalovirus DNA, Qualitative Real-Time PCR (45000)	20	\$269.10	\$5,382.00	*	\$38.50
80	11741F	11748X	Coccidioides Ab, ID (CS7) (60290)	4	\$216.75	\$867.00	*	\$87.50
81	3117	906	Coccidioides Antibody, Complement Fixation, Serum (40280)	4	\$151.00	\$604.00	*	\$83.00
82	3123	906X	Coccidioides Antibody, Immunodiffusion, Serum (40280)	20	\$12.00	\$240.00	*	\$21.63
83	19983	19983	Coccidioides Antibodies to TP and F Antigens, ID	32	\$15.00	\$480.00	*	\$12.00
84	618v1		Complement, Total (CHE50)	4	\$47.00	\$188.00	*	\$10.00
85	363v2		Copper	4	\$21.75	\$87.00	*	\$42.73
86	365v1		Copper, 24-Hour Urine	104	\$15.76	\$1,639.04	*	\$9.00
87	372L	372	C-Peptide	12	\$19.90	\$238.80	*	\$10.90
88	3984	3652	Cryoglobulin (% Cryocrit), Serum	24	\$22.25	\$534.00	*	\$19.90
89	37358	37358	Cryoglobulin Screen with Reflex to Cryoglobulin Profile, Serum	12	\$13.21	\$158.52	*	\$9.00
90	11196v1		Cryptococcal Antigen, Latex Screen with Reflex to Titer	12	\$9.20	\$110.40	*	\$6.00
91	609v1		Culture, Viral, Body Fluids, Tissues	56	\$27.84	\$1,551.84	*	\$9.20
92	5817v1		Cytomegalovirus A, Trough, Blood	8	\$36.90	\$295.20	*	\$27.84
93	10490	10490	Cytochrome P450 CYP2D6 Genotype	4	\$18.74	\$74.96	*	\$36.60
94	11661F	34279X	Cytotoxic IgG Antibody, Western Blot (Serum) (40352)	4	\$345.00	\$1,380.00	*	\$118.78
95	332	402	DHEA Sulfate	8	\$65.30	\$522.40	*	\$199.76
96	418	1894	DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS	16	\$15.75	\$252.00	*	\$53.38
97	4102	8293	Direct LDL	4	\$32.00	\$128.00	*	\$5.00
98	833	285	DNA (ds) Antibody	16	\$9.06	\$144.96	*	\$14.40
99	833-1		DNA (ds) Antibody	32	\$11.50	\$368.00	*	\$8.96
100	12903	454X	Drug Screen Panel 5, Meconium (45489)	12	\$55.00	\$660.00	*	\$4.00
101	12673	38088X	Drug of Abuse Screen, Serum (3126)	80	\$55.00	\$4,400.00	*	\$46.00
102	3586-4	3586-4	gRVVT Confirm	4	\$86.00	\$344.00	*	\$35.00
103	11719F	34964X	Enterococcus histolytica Antigen, EIA (50105)	8	\$42.94	\$343.52	*	\$49.25
104	6421v2		Epstein-Barr Virus Antibody Panel	8	\$44.00	\$352.00	*	\$12.60
105	3057	10106X	Epstein-Barr Virus DNA, Quantitative Real-Time PCR (68453)	8	\$81.74	\$653.92	*	\$32.81
106	1005F	38015X	Epstein-Barr Virus Viral Capsid Antigen (VCA) Antibody (IgA) (40480)	48	\$118.40	\$5,683.20	*	\$131.24
107	91307	91307	Echinococcus Antibody (IgG), EIA with Reflex to Western Blot	8	\$44.00	\$352.00	*	\$78.50
108	8886	31595X	Electrolytes, Feces (4845)	4	\$113.83	\$455.32	*	\$282.48
				4	\$111.00	\$444.00	*	\$35.00
								\$51.77



**ATTACHMENT B to EXHIBIT A (discounted pricing)**  
 Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - Medassess - July, 2016

HBOT 61224251

Confidential

<b>Total</b>	<b>10,812</b>	<b>\$840,126.88</b>	<b>\$390,126.20</b>
<b>Dollar Savings</b>			<b>(\$450,002.68)</b>
<b>Percent Savings</b>			<b>-52.36%</b>

12 Month Volume	Current Price	Discounted Price	Current Price	Discounted Price
32	\$138.59	\$4,434.88	\$45.00	\$1,440.00
20	\$21.50	\$430.00	\$18.00	\$360.00
8	\$26.45	\$211.60	\$18.34	\$146.72
20	\$341.00	\$6,820.00	\$86.85	\$1,737.00
4	\$360.00	\$1,440.00	\$87.82	\$351.28
12	\$50.00	\$600.00	\$15.20	\$182.40
28	\$173.00	\$4,844.00	\$30.00	\$840.00
20	\$80.00	\$1,600.00	\$38.60	\$772.00
4	\$192.18	\$768.72	\$68.92	\$275.68
4	\$116.30	\$465.20	\$38.60	\$154.40
4	\$74.00	\$296.00	\$27.02	\$108.08
12	\$410.52	\$1,642.08	\$410.52	\$1,642.08
4	\$20.70	\$82.80	\$18.00	\$72.00
4	\$2,278.84	\$9,115.36	\$1,815.35	\$7,261.40
4	\$1,470.84	\$5,883.36	\$1,470.84	\$5,883.36
4	\$360.00	\$1,440.00	\$222.85	\$891.80
4	\$350.00	\$1,400.00	\$255.00	\$1,020.00
12	\$120.84	\$1,450.08	\$90.00	\$1,080.00
4	\$14.12	\$56.48	\$12.06	\$48.24
8	\$119.33	\$954.64	\$14.90	\$119.20
72	\$22.22	\$1,599.84	\$7.43	\$535.44
8	\$11.00	\$88.00	\$10.00	\$80.00
48	\$19.00	\$912.00	\$5.81	\$278.88
4	\$84.85	\$339.40	\$24.13	\$96.52
4	\$48.95	\$195.80	\$31.58	\$126.32
12	\$450.00	\$5,400.00	\$31.00	\$372.00
12	\$450.00	\$5,400.00	\$31.00	\$372.00
100	\$15.10	\$1,510.00	\$7.00	\$700.00
8	\$155.78	\$1,246.24	\$24.13	\$193.04
100	\$86.00	\$8,600.00	\$10.00	\$1,000.00
8	\$21.10	\$168.80	\$11.00	\$88.00
104	\$86.98	\$9,045.92	\$48.54	\$5,048.16
348	\$160.00	\$55,680.00	\$35.00	\$12,240.00
84	\$160.00	\$13,440.00	\$35.00	\$2,940.00
48	\$10.30	\$494.40	\$7.20	\$345.60
72	\$10.88	\$783.36	\$5.00	\$360.00
8	\$11.30	\$90.40	\$6.42	\$51.36
4	\$11.30	\$45.20	\$6.42	\$25.68
12	\$220.00	\$2,640.00	\$68.42	\$821.04
18	\$23.28	\$379.08	\$14.00	\$252.00
8	\$261.12	\$2,088.96	\$37.90	\$303.20
24	\$173.00	\$4,152.00	\$57.90	\$1,389.60
256	\$98.00	\$25,248.00	\$15.00	\$3,840.00
4	\$289.52	\$1,158.08	\$57.90	\$231.60
8	\$221.00	\$1,768.00	\$70.00	\$560.00
4	\$60.28	\$241.12	\$15.62	\$62.48
20	\$15.82	\$316.40	\$15.62	\$312.40
12	\$13.00	\$156.00	\$7.72	\$92.64
8	\$8.00	\$64.00	\$4.00	\$32.00
208	\$10.88	\$2,262.40	\$5.00	\$1,040.00
8	\$124.00	\$992.00	\$60.00	\$480.00
28	\$11.00	\$308.00	\$6.00	\$168.00
4	\$16.93	\$67.72	\$8.00	\$32.00
4	\$7.88	\$31.52	\$7.72	\$30.88



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 Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - Medasseta - July, 2016

HBOT 61224251

Confidential

<b>Total</b>	<b>Dollar Savings</b>	<b>Percent Savings</b>	<b>10,812</b>	<b>\$440,128.88</b>	<b>\$380,128.20</b>	<b>(\$450,002.68)</b>	<b>-51.56%</b>
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Item #	Code	Description	12 Month Volume	Current Price	Proposed Price	Savings	Total Savings
163	8472v1	Hepatitis Bn Antigen	12	\$7.88	\$84.56	\$76.68	\$92.64
164	8472v1	Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR	24	\$11.00	\$276.00	\$265.00	\$120.00
165	34290	Hexagonal Phase Confirm	4	\$59.00	\$236.00	\$177.00	\$193.92
166	3586-2	Hexagonal Phase Confirm	4	\$42.04	\$336.32	\$294.28	\$388.00
167	91212	Helicobacter Galactosemannan Antigen, Urine	8	\$25.00	\$196.00	\$171.00	\$185.04
168	9424	Helicobacter Thrombocytopenia Panel	12	\$364.00	\$4368.00	\$4004.00	\$5372.32
169	34949v1	HIV-1 Genotype	4	\$400.00	\$1600.00	\$1200.00	\$1584.00
170	31892v1	HIV-1 RNA, Quantitative, Real-Time PCR	52	\$380.00	\$19760.00	\$19380.00	\$25400.00
171	40985v1	HIV-1 RNA, Qualitative TMA	454	\$205.00	\$92920.00	\$92465.00	\$119800.00
172	16185v1	HIV 1/2 Ab Differentiation (Supplemental Use Only) with Reflex	16	\$250.00	\$4000.00	\$3750.00	\$4900.00
173	93170	HIV 1/2 Ab Differentiation (Supplemental Use Only) with Reflex	56	\$30.00	\$1680.00	\$1650.00	\$2156.00
174	18774	HLA-B*5701 Typing (18774)	8	\$170.00	\$1360.00	\$1290.00	\$1688.00
175	529v1	HLA-B*5701 Typing (18774)	16	\$32.00	\$512.00	\$480.00	\$624.00
176	31789	Human Platelet Antigen 1 Genotype	8	\$235.00	\$1880.00	\$1645.00	\$2156.00
177	6292	Human Platelet Antigen 1 Genotype	8	\$235.00	\$1880.00	\$1645.00	\$2156.00
178	10124v2	hs-CRP	8	\$28.50	\$228.00	\$209.50	\$275.20
179	34257	Herpes Simplex Virus, Type 1 & 2 DNA, Real-Time PCR (43200)	8	\$28.50	\$228.00	\$209.50	\$275.20
180	8542v1	Herpes Simplex Virus 1/2 (HSV) Type-Specific Antibodies, CSF (80585)	36	\$241.00	\$8676.00	\$8435.00	\$11064.00
181	90851	Herpes Simplex Virus 1/2 Antibody (IgM), IFA with Reflex to Titer, CSF	4	\$62.52	\$250.08	\$187.56	\$243.36
182	90849	Herpes Simplex Virus 1/2 Antibody (IgM), IFA with Reflex to Titer, Serum	8	\$50.25	\$402.00	\$351.75	\$458.40
183	18502	Herpes Simplex Virus, Type 1 & 2 DNA, Quantitative Real-Time PCR (43220)	4	\$10.25	\$41.00	\$30.75	\$39.60
184	8447v1	Herpes Simplex Virus 1/2 (HSV), Type-Specific Antibodies (HerpeSelect(R))	20	\$325.00	\$6500.00	\$6175.00	\$8020.00
185	2892v1	Herpes Simplex Virus Culture	16	\$13.00	\$208.00	\$195.00	\$253.60
186	2892v1	Herpes Simplex Virus Culture with Reflex to Typing	16	\$26.71	\$427.36	\$400.65	\$520.80
187	17455v1	Herpes Simplex Virus/Varicella Zoster Virus Rapid Culture	8	\$25.71	\$205.68	\$179.97	\$233.92
188	36175	HTLV-III Antibody w/Reflex to Confirmation Assay	8	\$128.80	\$1030.40	\$901.60	\$1168.00
189	37053	Hu Antibody Screen with Reflex to Tier and Western Blot	16	\$60.00	\$960.00	\$800.00	\$1040.00
190	3498	Hypersensitivity Pneumonia Screen	4	\$156.00	\$624.00	\$468.00	\$608.00
191	539	IgA	4	\$9.35	\$37.40	\$28.05	\$36.00
192	34458	IgG Binding Protein-3 (IGFBP-3)	20	\$25.25	\$505.00	\$479.75	\$616.00
193	16293v1	IgG, CSF	28	\$25.60	\$716.80	\$691.20	\$896.00
194	771	IgG, Serum	4	\$196.75	\$787.00	\$590.25	\$760.00
195	780	Immunofluorescence, Serum	4	\$14.62	\$58.48	\$43.86	\$56.00
196	543L	Immunofluorescence, Urine	32	\$3.35	\$107.20	\$103.85	\$132.80
197	3952	Immunoglobulin E	12	\$38.58	\$463.00	\$424.42	\$548.80
198	3947-2	Immunoglobulin E	12	\$38.58	\$463.00	\$424.42	\$548.80
199	213v1	Influenza A	12	\$11.05	\$132.60	\$121.55	\$156.00
200	542v1	Influenza B	32	\$28.05	\$901.60	\$873.55	\$1128.00
201	7083	Inflammatory Bowel Disease Differentiation Panel	4	\$459.35	\$1837.40	\$1378.05	\$1792.00
202	18503	Inflammatory Bowel Disease Differentiation Panel	4	\$12.40	\$49.60	\$37.20	\$47.36
203	561v1	Interleukin-6	8	\$23.40	\$201.60	\$178.20	\$228.00
204	36741	Interleukin-6	4	\$78.50	\$314.00	\$235.50	\$300.00
205	34973	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
206	723	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
207	723-3	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
208	3787	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
209	16282	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
210	10158L	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
211	22080	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
212	5753	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
213	589v1	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
214	11873F	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
215	35080-2	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00
216	35080-4	Interleukin-6	4	\$98.18	\$392.72	\$294.54	\$378.00

Quest Diagnostics Agreement  
 Term: 6/14/17-6/13/21  
 NTE: \$3,000,000



**ATTACHMENT B TO EXHIBIT A (discounted pricing)**

Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Nativity Medical Center, SALINAS, CA 93906 - Medassess - July, 2016

HB0Y 6124251

Confidential

Totals	10,812	\$640,128.88	\$310,128.20
Dollar Savings			(\$450,002.68)
Percent Savings			-51.54%

			12 Month Volume				
217	35060-1	Leukemia/Lymphoma Evaluation		\$700.00	\$8,400.00	*	\$175.00
218	16142v1	Levetiracetam	12	\$65.25	\$1,564.00	*	\$13.00
219	619v1	LH	24	\$24.72	\$1,483.20	*	\$7.45
220	446	Lipoprotein Electrophoresis	60	\$368.00	\$22,080.00	*	\$368.00
221	10527	Liver Cytosol (LC-1) Autoantibodies (8922)	4	\$138.00	\$552.00	*	\$140.50
222	92668	Liver Fibrosis, Fibro Test-ActiTest Panel	4	\$208.75	\$835.00	*	\$208.75
223	3582	Liver Kidney Lipasease (LKA-1) Antibody (IgG)	72	\$260.00	\$18,720.00	*	\$260.00
224	14330v1	Lo-PLA2 (Lipoprotein-Associated Phospholipase A2)	4	\$60.00	\$240.00	*	\$15.00
225	8328	Lupus (12) Panel	12	\$50.00	\$600.00	*	\$50.00
226	7079	Lupus Anticoagulant Evaluation with Reflex	12	\$128.57	\$1,542.84	*	\$128.57
227	8583v1	Lyme Disease Antibodies (IgG, IgM) Immunoblot	40	\$42.04	\$1,681.60	*	\$42.04
228	6646v1	Lyme Disease Antibody with Reflex to Blot (IgG, IgM)	4	\$52.05	\$208.20	*	\$52.05
229	15777	Lyme Disease (Borrelia spp) DNA Qualitative Real-Time PCR, Blood	8	\$6.10	\$48.80	*	\$6.10
230	833	Lymphocyte Subset Panel 4	9	\$225.00	\$2,025.00	*	\$225.00
231	781	Lymphocyte Subset Panel 5	52	\$148.18	\$7,705.36	*	\$148.18
232	21130v1	Mycoplasma pneumoniae Antibody (IgM)	348	\$24.00	\$8,352.00	*	\$24.00
233	10083	Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG EIA	4	\$38.38	\$153.52	*	\$38.38
234	394	Magnesium, 24-Hour Urine (with Creatinine)	4	\$103.00	\$412.00	*	\$103.00
235	651v1	Manganese	4	\$15.64	\$62.56	*	\$15.64
236	13076	Marijuana by GC/MS, Urine (131077)	4	\$62.64	\$250.56	*	\$62.64
237	3584	Metanephries, Fractionated, LC/MS/MS, 24-Hour Urine	4	\$26.71	\$106.84	*	\$26.71
238	3587	Metanephries, Fractionated, LC/MS/MS, Random Urine	4	\$17.00	\$68.00	*	\$17.00
239	13078	Methadone by GC/MS, Urine (2087)	4	\$27.05	\$108.20	*	\$27.05
240	34879v1	Methylmalonic Acid	4	\$100.00	\$400.00	*	\$100.00
241	15281v1	Microalbumin, 24-Hour Urine (with Creatinine)	20	\$61.80	\$1,236.00	*	\$61.80
242	259v1	Mitochondrial Antibody with Reflex to Titer	28	\$9.00	\$252.00	*	\$9.00
243	8624v1	Mumps Virus Antibody (IgG)	16	\$12.25	\$196.00	*	\$12.25
244	36564	Mumps Virus Antibodies (IgG, IgM)	180	\$23.85	\$4,293.00	*	\$23.85
245	10682v1	Mycophenolic Acid	8	\$58.87	\$470.96	*	\$58.87
246	660v1	Myoglobin, Serum	12	\$32.55	\$390.60	*	\$32.55
247	66192	Myoglobin, Urine	8	\$31.38	\$251.04	*	\$31.38
248	11342L	Neisseria gonorrhoeae RNA, TMA	4	\$26.25	\$105.00	*	\$26.25
249	13130P	Norovirus RNA, Qualitative Real-Time PCR (19098)	12	\$30.00	\$360.00	*	\$30.00
250	681L	Ova and Parasites, Concentrate and Permanent Smear	4	\$215.00	\$860.00	*	\$215.00
251	790	Oxycodone Base (IgG), CSF	148	\$8.37	\$1,238.76	*	\$8.37
252	13246	Oxalate, Expanded by GC/MS (U) (15475)	8	\$28.89	\$231.12	*	\$28.89
253	80561	Oxalic Acid, Full Panel, Quantitative, Urine	8	\$36.45	\$291.60	*	\$36.45
254	80408	Oxalic Acid, Qualitative, Urine	4	\$380.76	\$1,523.04	*	\$380.76
255	12982	Oxcarbazepine Metabolite, Serum/Plasma (36637)	4	\$320.76	\$1,283.04	*	\$320.76
256	4191	Paracetamol, Urine	12	\$17.00	\$204.00	*	\$17.00
257	8848v1	Parvovirus B19 Antibodies (IgG, IgM)	4	\$224.00	\$896.00	*	\$224.00
258	3927	Parvovirus B19 DNA, Qualitative Real-Time PCR (43010)	16	\$32.30	\$516.80	*	\$32.30
259	84335	Penicillins (8852)	8	\$125.33	\$1,002.64	*	\$125.33
260	23692	Phenoin, Free (23692)	12	\$60.29	\$723.48	*	\$60.29
261	4055	Phosphate, 24-Hour Urine (with Creatinine)	12	\$18.00	\$216.00	*	\$18.00
262	8054	Phosphatase, Quantitative, Random Urine	4	\$10.51	\$42.04	*	\$10.51
263	4224	Porphyrins, Total, Plasma	4	\$34.45	\$137.80	*	\$34.45
264	14521	Potassium without Creatinine, Random Urine (S311UR)	4	\$78.00	\$312.00	*	\$78.00
265	16846	Plasma Renin Activity, LC/MS/MS	4	\$10.78	\$43.12	*	\$10.78
266	3647R	Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum	20	\$34.63	\$692.60	*	\$34.63
267	17183	Progesterone, LC/MS/MS	16	\$27.10	\$433.60	*	\$27.10
268	1771v1	Protein C Activity	12	\$22.22	\$266.64	*	\$22.22
269	8645	PROTEIN C & PROTEIN S, FUNCTIONAL	16	\$35.00	\$560.00	*	\$35.00
270	1921	PROTEIN, Total and Protein Electrophoresis	20	\$84.00	\$1,680.00	*	\$84.00





**ATTACHMENT B TO EXHIBIT A (discounted pricing)**  
 Quest Diagnostics Incorporated - SJC  
 Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassett - July, 2016

HBOT #1224251

Confidential

Totals  
 Dollar Savings  
 Percent Savings

10,812

\$840,128.88

\$390,128.20  
 (\$450,002.68)  
 -43.54%

Item #	Code	Description	12 Month Volume	Current Price	Discounted Price	Savings	Total Savings
271	1778v1	Protein S Activity	12	\$42.00	\$504.00	\$15.00	\$180.00
272	10170v1	Protein S Antigen, Free	4	\$150.00	\$600.00	\$21.23	\$84.92
273	9010	5575 Protein Electrophoresis and Total Protein, Random Urine	38	\$28.00	\$1,064.00	\$33.00	\$1,254.00
274	8958	36840 Protein Electrophoresis Panel 1	20	\$127.14	\$2,542.80	\$73.05	\$1,481.00
275	17909	17509 Prothrombin (Factor II) 20210G-A Mutation Analysis	4	\$158.56	\$634.24	\$22.68	\$92.88
276	11327-4	11327-4 Prothrombin (Factor II) 20210G-A Mutation Analysis	4	\$25.58	\$102.32	\$8.00	\$90.72
277	8783	5363 PSA, Total	36	\$32.73	\$1,178.28	\$8.00	\$32.00
278	6894	31248 PSA, Free and Total	28	\$82.87	\$2,320.36	\$8.00	\$8.00
279	26726v1	PTH, Intact and Ionized Calcium	240	\$70.75	\$16,980.00	\$20.00	\$5,000.00
280	8837v1	PTH-Related Protein (PTH-RP)	4	\$172.33	\$689.32	\$12.50	\$3,000.00
281	4868	34478Z PTH-Intact and Calcium	4	\$127.85	\$511.40	\$28.55	\$115.80
282	11728	38953X O Fever (C-reactive protein) Antibodies (IgG, IgM) with Reflex to Titers	4	\$95.00	\$380.00	\$18.50	\$310.00
283	37071v1	37071v1 QuantiferON-TB Gold (Draw Site Incubated)	1072	\$40.00	\$42,880.00	\$177.85	\$13.84
284	16002v2	35299 Quetiapine, Serum/Plasma	8	\$73.00	\$584.00	\$40.00	\$42,880.00
285	35299	35299 Quetiapine, Serum/Plasma	16	\$216.79	\$3,468.64	\$58.45	\$144.00
286	19078	19078X Rheumatoid Arthritis Diagnostic Panel, Comprehensive	4	\$27.96	\$111.84	\$18.30	\$211.84
287	3154	15384 Rheumatoid Factor Screen with Reflex to Titer, Synovial Fluid	4	\$12.00	\$48.00	\$6.30	\$60.40
288	19887-1	RNP Antibody	12	\$32.96	\$395.52	\$27.98	\$111.84
289	37673v1	Rubella Antibodies (IgG, IgM) Diagnostic	52	\$30.58	\$1,589.16	\$18.30	\$231.84
290	44221	4422X Rubella Antibody (IgM)	8	\$38.59	\$308.72	\$18.30	\$459.00
291	3087	10582 Salmonella, Total Antibody, EIA (40450)	4	\$45.00	\$180.00	\$18.30	\$60.40
292	4942	4942 Scl-70 Antibody	4	\$212.00	\$848.00	\$34.98	\$279.84
293	728-1	Scl-70 Antibody	4	\$55.00	\$220.00	\$12.00	\$48.00
294	6528	825 Sickle Cell Screen	4	\$8.18	\$32.72	\$8.18	\$32.72
295	30712v1	30712v1 Sickle Cell Screen	24	\$123.00	\$2,952.00	\$19.00	\$458.00
296	7832	7832 Sigastra's Antibodies (SS-A, SS-B)	4	\$17.50	\$70.00	\$12.00	\$48.00
297	3262	38568 Sigastra's Antibody (SS-A)	4	\$45.17	\$180.68	\$12.00	\$98.00
298	3262-1	38568 Sigastra's Antibody (SS-A)	4	\$84.00	\$336.00	\$8.00	\$34.00
299	3241	38568 Sigastra's Antibody (SS-B)	4	\$45.17	\$180.68	\$8.00	\$34.00
300	3241-1	38568 Sigastra's Antibody (SS-B)	4	\$45.00	\$180.00	\$8.00	\$34.00
301	765	7448 Sm and Sm/RNP Antibodies	12	\$18.00	\$216.00	\$8.00	\$24.00
302	3218	37923 Sm Antibody	20	\$9.00	\$180.00	\$12.21	\$148.52
303	3218-1	Sm Antibody	12	\$52.00	\$624.00	\$5.00	\$100.00
304	3222-1	Sm/RNP Antibody	12	\$54.00	\$648.00	\$5.00	\$80.00
305	14827v1	14827v1 Serotonin Release Assay, Unfractionated Heparin	8	\$280.00	\$2,240.00	\$7.21	\$98.52
306	12920	14857 serDNA (Single Stranded DNA) IgG Antibody (459T2)	4	\$130.25	\$521.00	\$48.25	\$388.00
307	13360	30260X Stone Analysis (4161)	4	\$56.39	\$225.56	\$28.25	\$105.00
308	30175v1	30175v1 Stone Analysis (4161)	4	\$500.00	\$2,000.00	\$495.00	\$44.32
309	653v2	653v2 Trypanosoma cruzi Antibody, Total	80	\$17.30	\$1,384.00	\$17.30	\$1,038.00
310	90827	90827 Trypanosoma cruzi Antibody, Total	8	\$80.95	\$647.60	\$8.00	\$842.00
311	859v1	859v1 T4, Total (Thyroxine)	40	\$12.15	\$486.00	\$6.00	\$240.00
312	17733	17733 Thyroxine, Highly Sensitive, LC/MS/MS	148	\$7.08	\$1,047.84	\$5.00	\$240.00
313	70007v1	70007v1 Thyroxine, Total, LC/MS/MS	120	\$45.00	\$5,400.00	\$5.00	\$740.00
314	518	870X Testosterone, Free (Dialysis) and Total (LC/MS/MS)	24	\$30.93	\$742.32	\$11.00	\$1,320.00
315	30170v1	30170v1 Testosterone, Total, LC/MS/MS	68	\$80.00	\$5,440.00	\$15.00	\$300.00
316	15983v1	15983v1 Thyroglobulin Antibodies	36	\$43.01	\$1,548.36	\$15.44	\$1,048.82
317	404	267 Thyroglobulin Panel	4	\$5.40	\$21.60	\$8.00	\$28.00
318	408	30278 Thyroid Cascading Reflex	8	\$22.75	\$182.00	\$9.40	\$37.80
319	15102	15102 Thyroid Peroxidase Antibodies	16	\$24.20	\$387.20	\$17.82	\$142.56
320	285	5881 Thyroid Peroxidase and Thyroglobulin Antibodies	26	\$11.75	\$305.50	\$7.72	\$123.52
321	120	7280 Tissue Transglutaminase Antibody (IgA)	8	\$21.00	\$168.00	\$5.00	\$140.00
322	8813	8821 Tissue Transglutaminase Antibody (IgA)	40	\$75.00	\$3,000.00	\$14.40	\$116.20
323	30965v1	30965v1 Torch Panel, Acute	8	\$27.00	\$216.00	\$6.00	\$240.00
324	8444v1	8444v1 Torch Panel, Acute	4	\$167.89	\$671.56	\$48.27	\$188.00



**ATTACHMENT B TO EXHIBIT A (discounted pricing)**

HBOT 61224251

Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93905 - Medassets - July, 2016

Confidential

<b>Totals</b>	<b>Dollar Savings</b>	<b>10,812</b>	<b>\$640,128.88</b>	<b>\$390,128.20</b>
<b>Percent Savings</b>				<b>(1450,002.48)</b>
				<b>-43.94%</b>

				12 Month Volume					
325	8536v2		Tenoplasma Antibodies (IgG, IgM)	48	\$17.50	\$840.00	*	\$17.50	\$840.00
326	861v2		Transferrin	58	\$10.50	\$588.00	*	\$7.00	\$392.00
327	11881P	17088X	Treponema pallidum Antibody, IFA (CSF) (83486)	4	\$20.76	\$83.04	*	\$20.76	\$83.04
328	34484v1		Tryptase	4	\$69.97	\$279.88	*	\$47.29	\$189.16
329	36577	36577	TSH Antibody	8	\$118.00	\$944.00	*	\$9.88	\$37.78
330	19537	19537	TSH with HAMA Treatment	30	\$48.40	\$1,452.00	*	\$19.82	\$237.84
331	30551	30551	TSI (Thyroid Stimulating Immunoglobulin)	24	\$57.20	\$1,372.80	*	\$9.91	\$39.64
332	11073v1		Tissue Transglutaminase Antibody (IgG, IgA)	12	\$162.24	\$1,946.88	*	\$9.91	\$39.64
333	19655-S	19655-S	Tissue Transglutaminase Antibody (IgG)	4	\$68.00	\$272.00	*	\$9.91	\$39.64
334	1737L	1737X	Urea Nitrogen, Random Urine	4	\$10.76	\$43.04	*	\$7.28	\$29.04
335	4705	1744X	Uric Acid, Random Urine (w/ Creatinine)	2	\$15.90	\$31.80	*	\$8.38	\$33.52
336	4128v1		VDRL, CSF	12	\$9.00	\$108.00	*	\$7.81	\$30.84
337	30509v1		VDRL, Serum	4	\$10.50	\$42.00	*	\$14.00	\$56.00
338	921L	921	Vitamin A (Retinol)	4	\$26.00	\$104.00	*	\$20.00	\$80.00
339	5042v1		Vitamin B1 (Thiamine), Blood LC/MS/MS	112	\$30.93	\$3,464.16	*	\$25.00	\$2,800.00
340	926L	928	Vitamin B6, Plasma	4	\$41.83	\$167.32	*	\$23.97	\$95.88
341	929v1		Vitamin C, LC/MS/MS	264	\$26.50	\$6,996.00	*	\$15.44	\$4,078.16
342	16542v1		Vitamin D, 1,25-Dihydroxy, LC/MS/MS	4	\$22.22	\$88.88	*	\$14.00	\$56.00
343	931L	931	Vitamin E (Tocopherol)	12	\$596.83	\$7,161.96	*	\$136.22	\$1,634.64
344	8601	19790X	Von Willebrand Comprehensive Panel	4	\$178.00	\$712.00	*	\$72.38	\$289.52
345	19574	19574	Voriconazole, HPLC	4	\$516.83	\$2,067.32	*	\$181.22	\$724.88
346	9457	1540X	Von Willebrand Comprehensive Panel 2	124	\$30.00	\$3,720.00	*	\$14.00	\$1,736.00
347	34128	34128	Varicella-Zoster Virus Antibodies (IgG, IgM)	8	\$221.42	\$1,771.36	*	\$99.50	\$772.00
348	3888	34052X	Varicella Zoster Virus (VZV) DNA, Qualitative Real-Time PCR (45020)	4	\$112.00	\$448.00	*	\$50.91	\$203.64
349	36987v1		West Nile Virus Antibodies (IgG, IgM), CSF	4	\$112.00	\$448.00	*	\$33.78	\$135.12
350	36558v1		West Nile Virus Antibodies (IgG, IgM), Serum	8	\$904.00	\$7,232.00	*	\$321.50	\$2,572.00
351	16326	16326	XSense(R), Fragile X with Reflex and Chromosome Analysis, Blood	8	\$269.00	\$2,152.00	*	\$96.50	\$772.00
352	16313	16313	XSense(R), Fragile X with Reflex	4	\$15.76	\$63.04	*	\$9.24	\$36.96
353	945v1		Zinc	4	\$99.00	\$396.00	*	\$35.69	\$285.32
354	37852	37852	Zonisamide	8	\$99.00	\$792.00	*	\$35.69	\$285.32

Tests marked with \*\*\* denotes a special priced test. All other discountable tests are discounted at \_\_\_% off of Quest Diagnostics' List Fee Schedule.

Certain high cost of performance assays and tests referred to other laboratories are non-discountable.

Tests in this bid are converted to the best of our ability; however, some prices may need to be adjusted upon receipt of additional test utilization, information, test components or other data.

In the event any reference laboratory, to which Quest Diagnostics refers testing, increases its charges to Quest Diagnostics at any time during the Initial Term or any Renewal Term of this Agreement, Quest Diagnostics shall have the right to increase its charges to Client for any such tests in an amount that is commensurate with the increase by the reference laboratory. Handling fee will be added for tests sent to other reference laboratories.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Reflex testing, if performed, is an additional charge.

Signed Pricing received five business days before the last day of current invoice period is implemented the first day of the invoice period in which it is received, otherwise the pricing will be implemented the first day of the next invoice period.

Account Information: Enter all account numbers here with their BU

I agree with all pricing and terms listed above.



**ATTACHMENT B TO EXHIBIT A (discounted pricing)**  
Quest Diagnostics Incorporated - SJC  
Pricing Evaluation and Proposal for Natlidad Medical Center, SALINAS, CA 93906 - Medasseta - July, 2016

HBOT 61232351

~~Confidential~~

Totals	10,812	\$840,128.88	\$390,128.20
Dollar Savings			(\$450,002.68)
Percent Savings			-53.56%

12 Month  
Volume

Enter Client name here (Representative) - Print Name

Enter Client name here (Representative) - Signature

Date

Please send completed forms with signature and all pages to:  
Email: [Mailbox\\_hospitalsup@questdiagnostics.com](mailto:Mailbox_hospitalsup@questdiagnostics.com)  
Fax: 810.271.4411

Prepared by XX for XX:

**ADDENDUM NO. 1**

**TO AGREEMENT BY AND BETWEEN QUEST DIAGNOSTICS, INC AND  
THE COUNTY OF MONTEREY ON BEHALF OF NATIVIDAD MEDICAL CENTER  
FOR REFERENCE LABORATORY TESTING SERVICES**

This Addendum No. 1 amends, modifies, and supplements the County of Monterey Agreement for Services (hereinafter "Agreement") by and between Quest Diagnostics, Inc. (hereinafter "CONTRACTOR") and the County of Monterey, on behalf of Natividad Medical Center (hereinafter "NMC"). This Addendum #1 has the full force and effect as if set forth within the Terms. To the extent that any of the terms or conditions contained in this Addendum #1 may contradict or conflict with any of the terms and conditions of the Agreement, it is expressly understood and agreed that the terms and conditions of this Addendum #1 shall take precedence and supersede the attached Agreement.

NOW, THEREFORE, NMC and CONTRACTOR agree that the Agreement terms and conditions shall be amended, modified, and supplemented as follows:

1. **Agreement paragraph 5.1 under Section for "Performance Standards", shall be amended to:**  
 5.1 CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement.
2. **Agreement paragraph 6.1 under Section "Payment Terms" shall be amended to:**  
 6.1 Prices shall remain firm for the term of the Agreement as per the attached Exhibit A.
3. **Agreement paragraph 7.1 under Section for "Termination", shall be omitted in its entirety.**
4. **Agreement paragraph 7.2 under Section for "Termination", shall be amended to:**  
**Mutual Good Cause Termination**  
 7.2 Either party may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of a party to perform the required services at the time and in the manner provided under this Agreement. Upon termination of this Agreement for good cause, neither party shall have any further obligation with the exception of obligations accruing prior to the date of termination, such as payment for Laboratory Services rendered prior to the termination of this Agreement at the rates set forth in this Agreement; payment of Laboratory Services rendered after the termination of the Agreement shall be at Quest Diagnostics' billed charges; and obligations, promises,

OT-DS  
KB [Signature]

covenants contained in this Agreement that expressly survive the termination of this Agreement.

5. **Agreement paragraph 8.1 under Section for "INDEMNIFICATION", shall be amended to:**

**8.1 Mutual Indemnification**

CONTRACTOR shall indemnify, defend, and hold harmless NMC, its officers, agents and employees from any claim, liability, loss, injury or damage rising out of, or in connection with, performance of this Agreement by CONTRACTOR and/or its agents, members, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by NMC. It is the intent of the Parties to this Agreement to provide the broadest possible indemnification for NMC. CONTRACTOR shall reimburse NMC for all costs, attorneys' fees, expenses and liabilities incurred by NMC with respect to any litigation in which CONTRACTOR is obligated to indemnify, defend and hold harmless NMC under this Agreement.

NMC shall indemnify, defend, and hold harmless CONTRACTOR, its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, performance of this Agreement by NMC and/or its agents, members, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by CONTRACTOR. It is the intent of the Parties to this Agreement to provide the broadest possible coverage for CONTRACTOR.

6. **Paragraphs 9.1 and 9.4 under Section for "INSURANCE", shall be amended to:**

**Paragraph 9.1 Evidence of Coverage shall be amended to:**

Prior to the Commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" evidencing that coverage as required herein has been obtained. Blanket additional insured endorsements for the General Liability and Automobile shall accompany the certificate. This evidence of coverage shall be sent to NMC's Contracts/Purchasing Department unless otherwise directed. The CONTRACTOR shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. The approval of insurance shall neither relieve nor decrease the liability of the Contractor.

**Section 9.4 , Paragraph 2 shall be amended to:**

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with policy provisions. Quest Diagnostics will endeavor to provide NMC thirty day advance notice of any cancellation or non-renewal of each policy. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement.

**Section 9.4, Paragraph 3 shall be amended to:**

**Commercial general liability and automobile liability policies shall include on the "Certificate of Insurance" the County of Monterey, its officers, agents, and employees as Additional insureds** with respect to liability arising out of the Contractor's work, including ongoing and completed operations, **and shall further provide that such insurance is primary to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance.** Contractor will provide NMC with blanket additional insured endorsements for the general liability and automobile liability policies.

**Section 9.4, Paragraph 4 shall be amended to:**

Change "five (5) calendar days" to "fifteen (15) calendar days."

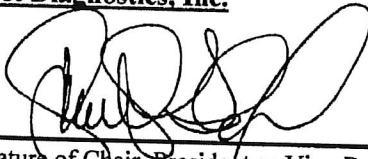


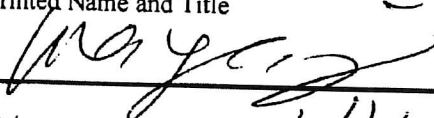
**7. Paragraph 10.5 under Section for "RECORDS AND CONFIDENTIALITY", shall be amended to:**

**10.5 Royalties and Inventions.** NMC shall have a license to all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC.

*Signature page to follow.*

 DS  
KB

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

<p><b><u>Natividad Medical Center</u></b></p>	<p><b><u>Quest Diagnostics, Inc.</u></b></p>
<p>Gary R. Gray, DO, CEO</p>	<p> Signature of Chair, President or Vice-President</p>
<p>Date <u>May 24, 2017</u></p>	<p>Katie Bishar, Vice President Esoteric Operations Printed Name and Title <u>5/3/2017</u> Date</p>
<p><b><u>Approved as to Legal Provisions:</u></b></p> <p></p>	<p>Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer</p>
<p>Monterey County Deputy County Counsel</p>	<p>Julia Wang, Vice President Regional Finance and Enterprise Commercial</p>
<p>Date</p>	<p>Printed Name and Title</p>
<p><b><u>Approved as to Fiscal provisions:</u></b></p> <p></p>	<p> Date <u>5/5/2017</u></p>
<p>Monterey County Chief-Deputy Auditor-Controller</p>	<p><b><u>Signature Instructions</u></b></p>
<p>Date <u>5-25-17</u></p>	<p>For 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).</p>
<p>Date</p>	

DS  
  
