

CONTRACT ROUTING SHEET

Contract #: Resolution
MEDICARE BILLING

Date Prepared: 11-4-11

Need Date: 11-8-11

PROCESSING DEPARTMENT:

Department: Health & Human Svcs /
CAO
Dept. Contact: Sharon Lawrence / Terri K.
Phone #: xt. 6262 / xt. 5571
Department
Head Signature: *[Signature]* for Daniel
Nielson

CONTRACTOR:

Name: N/A
Address:
Phone:

CONTRACTING DEPARTMENT:

Service Requested: Review resolution. Related documents provided for reference only.
Contract Term: Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 11/9/11 By: *[Signature]*
Approved: Disapproved: Date: By:

*See changes as marked
Changes made 11/9/11*

EL DORADO COUNTY COUNSEL
2011 NOV -4 AM 10:06

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By: