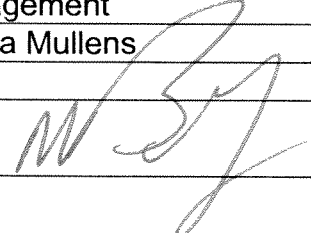


CONTRACT ROUTING SHEET

Date Prepared: 08/12/10

Need Date: 08/17/10

PROCESSING DEPARTMENT:

Department: Human Resources/Risk Management
Dept. Contact: Donna Mullens
Phone #: 6060
Department
Head Signature: 


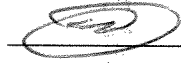
CONTRACTOR:

Name: American Specialty Health
Address: P.O. Box 509002
San Diego, CA
Phone: _____

CONTRACTING DEPARTMENT: Human Resources – Risk Management


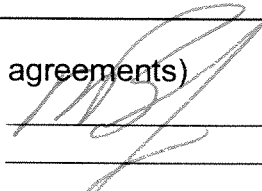
Service Requested: Chiropractic Services for PacificARE enrollees
Contract Term: One (1) year Contract Value: \$20,000
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Allyn Bulzomi, Director

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

Approved:  Disapproved: _____ Date: 8/26/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: _____ Date: 8/12/10 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: _____