

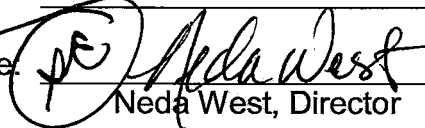
Internal Contract No: 534-PHD0606, A-3  
Purchasing Contract No: 230-S0711  
Index Code: 408220

# CONTRACT ROUTING SHEET

Date Prepared: March 5<sup>19</sup>, 2010

Need Date: 4/2/10

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature:   
Neda West, Director

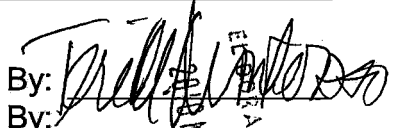
## CONTRACTOR:

Name: Wittman Enterprises, LLC  
Address: 21 Blue Sky Court  
Sacramento, CA 95828  
Phone: 916-669-4608

## CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: Ambulance Billing  
Contract Term: 7/1/06 - 6/30/11 Contract Value: 4.75% of collections  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved:  Date: 3/30/10 By:   
Approved:  Disapproved:  Date:  By:


*Please attach updated insurance cert. - Thanks!*

*Done  
4/1/10  
P*

ELIANTO COUNTY COUNSEL  
APR 22 PM 3:34

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

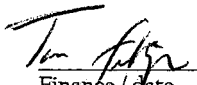
Approved:  Disapproved:  Date: 3/30/10 By:   
Approved:  Disapproved:  Date:  By:

RISK MANAGEMENT DEPT  
APR 30 AM 11:55

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

MS 3-10-10  
Program Mgr / date

  
Finance / date 3/2/10