


Contract #: 125-50911

CONTRACT ROUTING SHEET

Date Prepared: 6/4/08

Need Date: 6/10/08 or ASAP

PROCESSING DEPARTMENT:

Department: HR/Risk Management
Dept. Contact: Larry Costello
Phone #: 6625
Department
Head Signature: 


CONTRACTOR:

Name: Blue Shield
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: HR/Risk Management

Service Requested: Review of Medical Coverage Contract – Blue Shield TPA
Contract Term: One Year Contract Value: \$600,000
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 6/16/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Yes to form
① *Non-standard indemnity - we indemnify Blue Shield under the Business Associates Agreement*
② *Approval subject to adding Contract Administration as required by Chapter 5602*
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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 6/4/08 By: L. Costello
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: _____