

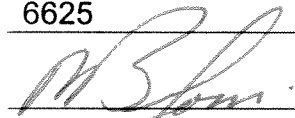
CONTRACT ROUTING SHEET

#103-51210

Date Prepared: June 8, 2011

Need Date: ASAP June 20, 2011

PROCESSING DEPARTMENT:

Department: Human Resources/Risk Management
Dept. Contact: Janet Parnell
Phone #: 6625
Department Head Signature: 

CONTRACTOR:

Name: American Specialty Health
Address: PO Box 509002
San Diego, CA 92150-9002
Phone: _____



CONTRACTING DEPARTMENT: Human Resources / Risk Management

Service Requested: Chiropractic Services for Pacificare enrollees

Contract Term: July 1, 2011 – December 31, 2012 Contract Value: \$22,000

Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Allyn Bulzomi, Director

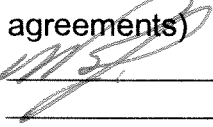
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____ Disapproved: ✓ Date: 6/20/11 By: 
Approved: ✓ Disapproved: _____ Date: 6/24/11 By: 

- ① Agreement does not set forth County Administrator as required by Charter provision 602.
- ② There should be a section in the Agreement which sets forth how notice will be given to the parties.
- ③ The contract does not set forth how often premium is to be paid. States it could be 1 month, 3 months, 6 months etc.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/18/11 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: _____