

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 5/20/26

Need Date: 5/29/26

**PROCESSING DEPARTMENT**

Department: Central Fiscal for EMS  
Dept Contact: Jeremy Apodaca / John [initials]  
Phone: x 5838 / x 6722  
Dept. Signature: Jeremy Apodaca  
Title: Agency CFO

Org Code: 1230100  
Funding Source: CSAs (ambulance fees, special tax)  
PL String: N/A  
Legistar #: TBD

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_ CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: Authorized official for medical billing programs

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

EMS and the CAO's office desire for the County to clarify the authorized official for medical billing programs to the CAO.

**COUNTY COUNSEL**

Approved  Disapproved  Date: 5/29/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.05.29 13:26:49 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

with edits as noted in email.

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

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

**COMMENTS**