

Contract #:

TBD

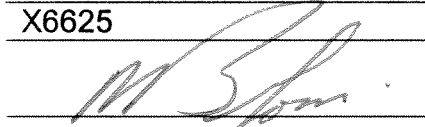
076-01211

CONTRACT ROUTING SHEET

Date Prepared: 05/24/11

Need Date: Please Rush - June 8, 2011

PROCESSING DEPARTMENT:

Department: Human Resources/Risk
Dept. Contact: Janet Parnell
Phone #: X6625
Department
Head Signature: 

CONTRACTOR:


Name: Kaiser Permanente
Address: _____
Phone: _____

2011 MAY 25 AM 11:01

CONTRACTING DEPARTMENT: Human Resources, Risk Management

Service Requested: Review medical coverage contract with Kaiser
Contract Term: 07/01/2011 - 12/31/2011 Contract Value: \$3,158,312
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: _____

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


Approved: Disapproved: _____ Date: 6/17/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please review and approve the Kaiser contract and letter authorizing the County to use Employee Benefits Specialists (EBS) as the administrative intermediary for billing and eligibility purposes.

The contract does not specify that payment go to EBS nor does it provide that Kaiser can divert payment to anyone else. The cover signed letter may be considered an amendment to the contract. @

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6-21-11 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: _____