

Internal Contract No: 354-158-M-E2011
Purchasing Contract No: 140-S1211
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 7-21-11

Need Date: Please rush

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department [Signature]

Head Signature: [Signature]

Neda West, Director

CONTRACTOR:

Name: Clinicians Telemed Medical Group, Inc.

Address: 1801 16th Street, Suite B
Bakersfield, CA 93301

Phone: 661-326-8060

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: Healthcare consultative, diagnostic and treatment planning services

Contract Term: 8/1/11 to 6/30/12 Contract Value: \$260,000

Compliance with Human Resources requirements? Yes No

Compliance verified by: Chris Little

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

Approved: Disapproved: Date: 7/27/11 By: [Signature]

Approved: Disapproved: Date: By:

2011 JUL 28 PM 8:07
FLORENCE COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 7/27/11 By: [Signature]

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: _____

[Signature] 7/20/11
Program Mgr/Date

[Signature] 7/21/11
Finance/Date