

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/04/2023

Need Date: 01/19/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: Recover Medical Group

Dept. Contact: Consie Mote

Address: 120 Birmingham Drive, Suite 240A

Phone: x7118

Cardiff-by-the-Sea, CA 92007

Department Head Signature: Yvette Wencke Digitally signed by Yvette Wencke
Date: 2022.12.30 08:03:11 -08'00'

Phone: _____

Yvette Wencke
Administrative Analyst Supervisor

Org Code: 5320200

Project #
(if applicable): _____

Funding Source: DMC-ODS

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal review of DMC-ODS contract with new vendor.

Description: Drug Medi-Cal Organized Delivery System Services (DMC-ODS)

Contract Term: 2 years Contract Value: \$ 300,000.00

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

Approved: Disapproved: Date: 01/27/2023 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2023.01.27 09:54:22
-08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!