


CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: ~~03-19-2019~~ 03-26-2019

Need Date: 04-10-2019

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Zhana Mc Cullough
Phone: 7154
Department Head Signature: 
Don Semon, Director

CONTRACTOR:

Name: Advanced Data Processing, Inc.
Address: 401 N. Michigan Avenue, Suite 2700
Chicago, IL 60611
Phone: _____
Org Code: 5450


Auditor/Controller Notified

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Amendment 1 – ambulance billing services.

Contract Term: 07/01/2016 – 06/30/2020 Contract Value: \$640,000/year (estimated)


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

Approved: Disapproved: _____ Date: 4/1/19 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL:

Compliance with Human Resources requirements? Yes No: _____
Compliance verified by:  4/4/19

RISK MANAGEMENT: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: _____ Date: 4/4/19 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

PM4:23 HR/RM APR 2 19

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL EL DORADO COUNTY COUNSEL
2019 MAR 26 PM 1:17
2019 MAR 27 AM 11:11

PLEASE EMAIL HHSA-CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!