



Kevin Ruane
District One

January 10, 2022

(239) 533-8871

Cecil L. Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
County Hearing Examiner

Mr. Matthew Michaels
Change Healthcare Technology Enabled Services, LLC
5995 Windward Parkway
Alpharetta, GA 30005

Dear Mr. Michaels:

Enclosed is your executed copy of Change Order No. 1 for the contract
PB200090ANB Billing for Patient Accounts for Emergency Medical Services.

The new expiration date is 12/31/2022.

If you should have any questions, please give me a call.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

c: FinanceOnBase@leeclerk.org
Project File



Lee County Professional Service
Change Order/Supplemental Task Authorization

Date Nov 22, 2021

[Print Form](#)

Change Order Agreement #: CO1 Supplemental Task Authorization #: _____

A Change Order or Supplemental Task Authorization requires approval by the Department Director for expenditures under \$50,000 or approval by the County Manager for expenditures between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: ~~XXXXXXXXXX~~ **Matthew Michaels**

Contract Name: Billing of Patient Accounts for Emergency Medical Services

Project Name: _____

CONSULTANT: Change Healthcare Technology Enabled Services, LLC Project #: _____

Solicitation #: PB200090ANB Contract #: RMS159578


Lee County Project Manager: _____ Request Date: _____

Fiscal Staff: Jennifer Waters Account #: _____

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the CONSULTANT is authorized to and shall proceed with the following exhibits as applicable:

- CO-STA Exhibit A - SCOPE OF PROFESSIONAL SERVICE
- CO-STA Exhibit B - COMPENSATION & METHOD OF PAYMENT
- CO-STA Exhibit C - TIME & SCHEDULE OF PERFORMANCE
- CO-STA Exhibit D - CONSULTANTS ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

It is understood and agreed that the acceptance of this modification by the CONSULTANT constitutes an accord and satisfaction.



Consultant Signature (Print & Sign Name)
SUP & General Manager - Physician RCM

Dec. 16, 2021

Date Signed

matt.michaels@changehealthcare.com

Contact E-mail Address

(469) 371-1130

Contact Phone Number

Lee County Board of County Commissioners - Procurement Management

2115 Second Street - 1st Floor - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-8881



Print Form

Change Order Agreement #: CO1 Supplemental Task Authorization #: _____

Scope of Professional Services for:

Billing of Patient Accounts for Emergency Medical Services

Section 1.00 Changes to Professional Services

The 'Scope of Professional Services' as set forth in Exhibit 'A' of the Professional Services Agreement referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform the following professional services, tasks, or work as a supplement to, change to, the scope of services previously agreed to and authorized.

No changes in scope, this is for renewal of term 1/1/2022 - 12/31/2022.

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