



John E. Manning  
*District One*

September 30, 2019

(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. Mauricio Chavez  
Change Healthcare Technology Enabled Services, LLC  
5995 Windward Parkway  
Alpharetta, GA 30005

Dear Mr. Chavez:

Enclosed is your executed copy of Change Order No. 4 for the contract RFP140350 Ground Medical Transport Billing Services C6918.

The new expiration date is 3/27/2020.

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](mailto:FinanceOnBase@leeclerk.org)  
Project File



Lee County Professional Service/Service Provider Agreement  
Change Order/Supplemental Task Authorization

Date March 13, 2019

**Print Form**

Change Order     Supplemental Task Authorization    Number: 4

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: Mauricio Chavez

Contract Name: Ground Medical Transport Billing

Project Name:

Consultant: Change Healthcare Technology Enabled Services, LLC    Project #: N/A

Solicitation #: RFP140350    Contract #: 6918    Account #: N/A

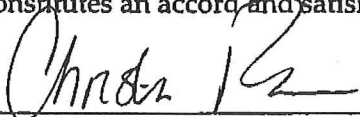
Lee County Project Manager: N/A    Request Date: March 13, 2019

Fiscal Staff: Joan LaGuardia

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

- 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/PROVIDERS ASSOCIATED SUB-CONSULTANT(S)/SUB-CONTRACTORS
- CO-STA Exhibit E - PROJECT GUIDELINES AND CRITERIA

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

    signature  
Name of Consultant/Provider (Print Name)

9/20/19  
Date Accepted

Mauricio.Chavez@ChangeHealthcare.com  
Contact E-mail Address

305.229.4302  
Contact Phone Number

Lee County Board of County Commissioners - Procurement Management  
1825 Hendry Street - Fort Myers, FL 33901  
PO Box 398 - Fort Myers, FL 33902-0398  
Phone: (239) 533-5450



Date March 13, 2019

**Print Form**

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Choose one of the following:

Change Order Agreement #: 4

Supplemental Task Authorization #: \_\_\_\_\_

Scope of Professional Services for:

Ground Medical Transport Billing Services

**Section 1.00 Changes to Professional Services**

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

No changes in scope, this is for extension of term 09/28/2019 - 03/27/2020.

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