

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,

Kímberly Urban

Kimberly Urban Contracts Analyst Procurement Management Division

c: FinanceOnBase@leeclerk.org Project File

e Cou	nty			vice/Service Provider Agreement upplemental Task Authorization
Date March 13	, 2019			Print Form
X	Change Order	Supplemental Ta	ask Authorization	Number: 4
expenditures ur	der \$50,000 or appro	val by the Count	y Manager for expen	oval by the Department Director for aditures between \$50,000.01 and \$100,000 penditures over \$100,000
Primary Contact:	Mauricio Chavez	a a	-	
Contract Name:	Ground Medical Tr	ansport Billing		
Project Name:				
Consultant:	Change Healthcare	Technology Enab	oled Services, LLC	Project #: N/A
Solicitation #:	RFP140350	Contract #:	6918	Account #: N/A
Lee County Proje	ct Manager: N/A			Request Date: March 13, 2019
Fiscal Staff:	Joan LaGuardia	an a succession of the second seco		
Consultant / Prov • CO-STA Exhib • CO-STA Exhib • CO-STA Exhib • CO-STA Exhib	ider is authorized to it A - SCOPE OF PR( it B - COMPENSATI it C - TIME & SCHE	and shall proceed OFESSIONAL SE ON & METHOD DULE OF PERFO TS/PROVIDERS	d with the following RVICE OF PAYMENT DRMANCE ASSOCIATED SUB-	task Authorization by both parties the exhibits: CONSULTANT(S)/SUB-CONTRACTORS
	and agreed that the cord and satisfaction	•	AI	y the CONSULTANT/PROVIDER $2\omega//9$
Name of Cor	nsultant/Provider (	Print Name)		Date Accepted
State of the state	changeHealthcare.com ntact E-mail Addre	255	305.229.4302	2 Contact Phone Number
an manage and an	Lee County Boar	d of County Con	missioners - Procu	rement Management

1825 Hendry Street - Fort Myers, FL 33901 PO Box 398 - Fort Myers, FL 33902-0398 **Phone:** (239) 533-5450

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		CO-STA	E	Exhibit A
Scope	of	Professiona	ıl	Services

Date March 13, 2019		Print Form Page A 1 of 1
Choose one of the following:		0
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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Si Lee County	CO-STA Exhibit C Time & Schedule of Performance
Date March 13, 2019	Print Form
Choose one of the following:	
Change Order Agreement #:4	Supplemental Task Authorization #:
Time & Schedule of Performance for:	
Ground Medical Transport Billing Services	

## Section 1.00 Changes for this Change Order or Supplemental Task Authorization Agreement

The time and schedule of completion for the various phases or tasks required to provide and perform the services, tasks or work set forth in this Change Order of Supplemental Task Authorization Agreement, Exhibit 'CO/STA-A', entitled 'Scope of Professional Services' attached hereto is as follows:

Task/ Phase Number as Indicated in Exhibit A	Name/Title of Phase/Task	Number of Calendar Days for Completion of Each Phase/Task	Cumulative Number of Calendar Days for Completion from Date of Notice to Proceed for this CO/STA
7	Renewal of Annual Contract		
	Original Term: 09/28/14 - 09/27/17		
	Renewal Number 1 Term: 09/28/17 - 09/27/18	Annual 2012	
	Renewal Number 2 Term: 09/28/18 - 09/27/19	Contrast of the second s	
	Extension of Term: 09/28/19 - 03/27/20	annonengegangen generation bedrauen meter an annonen annonen annonen annonen annonen annonen annonen annonen a	Restanting second 22.5 Charge of the second s
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	CO-STA Exhibit C
Time & Sc	hedule of Performance

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Change Order Agreement #: 4

Supplemental Task Authorization #:

Time & Schedule of Performance for:

Ground Medical Transport Billing Services

## Section 2.00 Summary of the Impact of Change(s) in Professional Services on the Overall Project Time and Schedule of Performance

Pursuant to and in consideration of the changed in the Scope of Professional Services in this Change Order or Supplemental Task Authorization Agreement, Exhibit 'CO/STA-A' the time and schedule the County and the Consultant, or Service Provider, has previously agreed to for all of the work to be done under this Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

Task/ Phase Number as Indicated in Exhibit A & Exhibit CO/STA-A	Name/Title of Phase/Task	Number of Calendar Days for Completion of Each Phase/Task	Cumulative Number of Calendar Days for Completion from Date of Notice to Proceed
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