

AMENDMENT TO THE AGREEMENT WITH  
RASHMI GARG, M.D.

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and Rashmi Garg, M.D. (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on September 11, 2001, the parties hereto entered into an agreement (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Paragraph 2, Payments, of the Original Agreement is hereby amended to read as follows:

“A. Maximum Amount. In full consideration of Contractor’s performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed TWO HUNDRED FORTY THOUSAND FIVE HUNDRED FORTY-EIGHT DOLLARS (\$240,548).”

2. SCHEDULE B, PAYMENTS, A. Maximum Obligation, Paragraph 3. of the Original Agreement is hereby amended to read as follows:

“ 3. County shall pay Contractor at a rate of NINETY-FIVE DOLLARS AND SEVENTY-EIGHT CENTS (\$95.78) per hour for an average of twenty-six (26) hours per week, not to exceed ONE HUNDRED TWENTY-NINE THOUSAND FOUR HUNDRED NINETY-FIVE DOLLARS for the period July 1, 2002 through June 30, 2003.

Notwithstanding the method of payment set forth herein, in no event shall County pay

or be obligated to pay Contractor more than the sum of TWO HUNDRED FORTY THOUSAND FIVE HUNDRED FORTY-EIGHT DOLLARS (\$240,548) for services provided under Schedule A of this Agreement.”

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement with Rashmi Garg, M.D., be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

RASHMI GARG, M.D.

By: \_\_\_\_\_  
Jerry Hill, President  
Board of Supervisors, San Mateo County

By: Rashmi Garg M.D.

Date: \_\_\_\_\_

Date: 9/9/2002

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: August 1, 2000

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: Mary Vozikes, Mental Health Services/PONY #MLH 322

CONTRACTOR: Rashmi Garg, M.D.

DO THEY TRAVEL: No

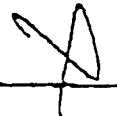
PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: No

DUTIES (SPECIFIC): See attached

COVERAGE:

Comprehensive General Liability:	\$0
Motor Vehicle Liability:	\$0
Professional Liability:	\$1,000,000
Worker's Compensation:	\$No

APPROVE 

WAIVE \_\_\_\_\_

MODIFY \_\_\_\_\_

REMARKS/COMMENTS:

  
SIGNATURE

# Medical Insurance Exchange of California

6250 CLAREMONT AVENUE, DAKOTA AND, CALIFORNIA 94818-1924 TELEPHONE (510) 428-9411 FROM OUTSIDE CALIFORNIA (800) 227-4527

## CERTIFICATE OF INSURANCE

As requested, we are pleased to certify that Professional Liability Insurance on a "claims made" basis is in effect for the insured named herein, subject to the provision of the policy designated.

**RASHMI GARG, M.D.**

POLICYHOLDER:

POLICY NUMBER: **DR11-00737I**

ORIGINAL EFFECTIVE DATE: **APRIL 06, 1999**  
 RETROACTIVE DATE: **APRIL 06, 1999**  
 POLICY EFFECTIVE DATE: **FEBRUARY 01, 2002**  
 POLICY EXPIRATION DATE: **FEBRUARY 01, 2003**  
 SPECIALITY: **PSYCHIATRY**  
 SUB-SPECIALITY: **PSYCHIATRY, CHILD**

LIMITS OF LIABILITY: **OF AT LEAST**

EACH CLAIM	<b>\$1,000,000</b>	Any one claim or suit or maximum for the results of one injury.
ANNUAL AGGREGATE	<b>\$3,000,000</b>	Aggregate annual maximum for the results of all claims.

1. This Certificate is not an insurance policy and does not amend or alter the coverage afforded by the policy listed on the Certificate
2. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the Certificate is issued, the insurance afforded by the policy listed on the Certificate is subject to all terms of such policy.

Countersigned: Medical Underwriters of California  
Attorney-in-Fact

This certificate issued to:

**RASHMI GARG, M.D.**

by 

Date JANUARY 03, 2002

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Rashmi Garg, M.D.

Contact Person: same

Address:

Phone Number: Fax Number:

II Employees

Does the Contractor have any employees? Yes No

Does the Contractor provide benefits to spouses of employees? Yes No

\*If the answer to one or both of the above is no, please skip to Section IV.\*

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits...
Yes, the Contractor complies by offering a cash equivalent payment...
No, the Contractor does not comply.
The Contractor is under a collective bargaining agreement...

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 19th day of JULY, 2001 at REDWOOD CITY, CA. (City) (State)

Rashmi Garg MD
Signature
M.D.
Title

RASHMI GARG
Name (Please Print)