

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. Employs fewer than 15 persons.
- b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person - Type or Print

Barry Mc Namara

Name of Contractor(s) - Type or Print

181 So. Palomar Dr.

Street Address or P.O. Box

Redwood City, CA 94062

City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

Barry Mc Namara
Signature

M. D.
Title of Authorized Official

8-11-06
Date

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Barry A. McNamara
Contact Person:
Address: 181 So. Palomar Dr. Redwood City, CA 94062
Phone Number: 650-365-5718
Fax Number: 650-666-6643

II Employees

Does the Contractor have any employees? [] Yes [x] No
Does the Contractor provide benefits to spouses of employees? [] Yes [x] 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, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
[] Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
[] No, the Contractor does not comply.
[] The Contractor is under a collective bargaining agreement which began on (date) and expires on (date).

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.

Signature: Barry McNamara
Title: M.D.

Name (Please Print): Barry McNamara
Date: 8-11-06

COUNTY OF SAN MATEO
SAN MATEO MEDICAL CENTER

MEMORANDUM

Date: August 18, 2006
To: Janine Keller, Risk Management/ Pony # EPS 163 Fax # 363-4864
From: Valerie Yv. Woolsey, San Mateo Medical Center /Fax # 2030
Subject: Contract Insurance Approval

CONTRACTOR: Barry McNamara, MD

DO THEY TRAVEL: No.

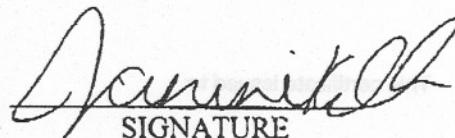
PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: 0

DUTIES (SPECIFIC): Barry McNamara shall provide primary care ophthalmology services at the San Mateo Medical Center including inpatient, outpatient, and emergency services.

<u>COVERAGE:</u>	<u>Amount</u>	<u>Approve</u>	<u>Waive</u>	<u>Modify</u>
Comprehensive Liability:	<u>\$1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability:	<u>w</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability:	<u>\$1m/3m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation:	<u>w</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:


 SIGNATURE

Medical Insurance Exchange of California

6250 CLAREMONT AVENUE OAKLAND, CALIFORNIA 94618-1324 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.

BARRY A MCNAMARA, M.D.
BARRY A MCNAMARA, M.D. INC.
181 S PALOMAR DR
REDWOOD CITY, CA 94062-3237

POLICYHOLDER:

POLICY NUMBER:

DR02-005851

ORIGINAL EFFECTIVE DATE:

JULY 01, 1976

RETROACTIVE DATE:

JULY 01, 1976

POLICY EFFECTIVE DATE:

FEBRUARY 01, 2006

POLICY EXPIRATION DATE:

FEBRUARY 01, 2007

SPECIALITY:

OPHTHALMOLOGY

SUB-SPECIALITY:

NO SUBSPECIALTY

LIMITS OF LIABILITY:

OF AT LEAST

EACH CLAIM

\$1,000,000

Any one claim or suit or maximum for the results of one injury.

ANNUAL AGGREGATE

\$3,000,000

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.

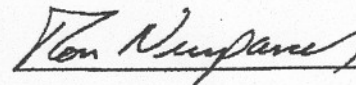
Countersigned:

Medical Underwriters of California
Attorney-in-Fact

This certificate issued to:

BARRY A MCNAMARA, M.D.

by



Date

DECEMBER 29, 2005