

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND HOWARD GUREVITZ, MD**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and , Howard Gurevitz, MD hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof; and

WHEREAS, the parties entered into an Agreement for professional services on June 29, 2005, and

WHEREAS, the parties wish to amend the Agreement to increase the maximum obligation by \$51,000 to a new maximum of \$150,000 for the period of July 1, 2005 through June 30, 2008.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Paragraph **3. Payments** is hereby replaced with the following:
In consideration of the services provided by contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A", County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total obligation under this contract exceed ONE HUNDRED AND FIFTY THOUSAND DOLLARS (\$150,000).

2. Paragraph **16. Jury Service** is hereby added with the following:
16. Compliance with Contractor Employee Jury Service Ordinance
Contractor shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees regular pay the fees received for jury service.

3. Exhibit B is replaced with the Exhibit B attached hereto.
4. All other terms and conditions of the Agreement dated June 29, 2005, between the County and Contractor shall remain in full force and effect.

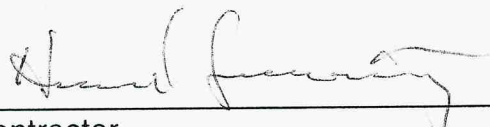
IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
Rose Jacobs Gibson, President
Board of Supervisors

Date: _____

Howard Gurevitz, MD



Contractor

Date: 2-28-07

AMENDED EXHIBIT B
HOWARD GUREVITZ, MD
2005 - 2008

In consideration of the services provided by Contractor in Exhibit A, County shall pay Contractor based on the following fee schedule:

PAYMENTS

A. For services provided between July 1, 2005 through December 31, 2005 the following rates shall apply:

<u>CPT Code</u>	<u>Description</u>	<u>Rate*</u>
90805	Individual Medical Psychotherapy, 20 to 30 minutes	61.00
90807	Individual Medical Psychotherapy, 45 to 50 minutes	95.00
X8255	15 minute clinical consultation (telephone)	10.00
90847	Family Therapy, 60 minute session	75.00
90853	Group Medical Therapy, per person, 15 minute session	4.12
G9030	Group Medical Therapy, per person, 30 minute session	8.10
G9045	Group Medical Therapy, per person, 45 minute session	12.15
G9060	Group Medical Therapy, per person, 60 minute session	16.20
G9075	Group Medical Therapy, per person, 75 minute session	20.25
G9090	Group Medical Therapy, per person, 90 minute session	24.30
G9105	Group Medical Therapy, per person, 105 minute session	28.35
G9120	Group Medical Therapy, per person, 120 minute session	32.40
90862	Psychiatric Somatotherapy (pharmacologic management)	61.00
90870	Electroconvulsive therapy - single seizure	55.35
99205	Initial Assessment, Outpatient, high complexity	109.00
99221	Hospital care, initial, low complexity, 30 minutes	33.12
99222	Hospital care, initial, moderate complexity, 50 minutes	70.66
99223	Hospital care, initial, high complexity, 70 minutes	125.00
99231	Hospital care, subsequent, low complexity, 15 minutes	27.60

99232	Hospital care, subsequent, moderate complexity, 25 minutes	36.43
99233	Hospital care, subsequent, high complexity, 35 minutes	70.00
99241	Consultation, office, straight forward, 15-30 minutes	29.52
99243	Consultation, office, low complexity, 40 minutes	49.20
99244	Consultation, office, moderate complexity, 60 minutes	68.88
99254	Initial Inpatient Consultation, 80 minutes	93.00
99263	Follow-up Inpatient Consultation, 30 minutes	40.00
99273	Confirmatory Consultation	51.25
99282	Emergency Department Visit, low complexity	20.89
99283	Emergency Department Visit, moderate complexity	38.22
99285	Emergency Department Visit, high complexity	92.64
99301	Nursing Facility Visit, comprehensive assessment, low complexity, 30 minutes	36.43
99303	Nursing Facility Visit, comprehensive assessment, moderate/high complexity, 50 minutes	70.31
99311	Nursing Facility Visit, subsequent care, low complexity, 15 min.	13.25
99313	Nursing Facility Visit, subsequent care, moderate/high complexity, 30 minutes	38.64
99321	Domiciliary, rest home visit, new patient, low severity	40.85
99322	Domiciliary, rest home visit, new patient, moderate severity	49.68
99323	Domiciliary, rest home visit, new patient, high severity	71.76
99331	Domiciliary, rest home visit, established patient, low complexity	18.77
99332	Domiciliary, rest home visit, establ. patient, moderate complexity	34.22
99333	Domiciliary, rest home visit, established patient, high complexity	40.85
N0000	No Show (failure of client to appear for or cancel an appointment within 24 hrs of the scheduled time, documented in chart at time of appointment, verifiable in retrospective audit.) Limit 2 per client within the first authorization period.	20.00

* County shall pay such rates less any third-party payments as set forth in section III. Method of Payment.

B. For services provided between January 1, 2006 through June 30, 2008 the following rates shall apply:

<u>CPT Code</u>	<u>Description</u>	<u>Rate*</u>
90801	Psychiatric Diagnostic Interview, 105 min	183.42
90805	Medical Psychotherapy, 40 minutes	85.54
90807	Medical Psychotherapy, 60 minutes	124.10
90816	Hospital care, initial, low complexity, 40 minutes	62.66
90817	Hospital care, initial, low complexity with medical eval & mgmt, 40 minutes	84.84
90818	Hospital care, individual psychotherapy, 50 minutes	93.39
90819	Hospital care, individual psychotherapy with medical eval & mgmt, 50 minutes	122.41
90821	Hospital care, individual psychotherapy with medical eval & mgmt, 90 minutes	140.25
90862	Psychiatric Somatotherapy (pharmacologic management)	62.40
90870	Electroconvulsive Therapy – single seizure, 25 min	190.00
99222	In-patient initial assessment by admitting physician, moderate complexity, 50 minutes	132.52
99223	In-patient initial assessment by admitting physician, moderate complexity, 70 minutes	184.69
99231	Hospital care, subsequent, low complexity, 15 minutes	40.14
99232	Hospital care, subsequent, moderate complexity, 25 minutes	65.61
99233	Hospital care, subsequent, high complexity, 35 minutes	93.13
99239	Hospital Discharge, 50 min	115.35
99241	Consultation, office, straight forward, 15-30 minutes	51.59
99243	Consultation, office, low complexity, 40 minutes	69.00
99244	Consultation, office, moderate complexity, 60 minutes	104.00
99254	Initial Inpatient Consultation, 80 minutes	167.55
99255	Initial Inpatient Consultation, 110 minutes	230.96

* County shall pay such rates less any third-party payments as set forth in section III. Method of Payment.

C. Method of Payment

Contractor shall be compensated for services provided to the beneficiaries listed below when the County authorizes such services.

1. San Mateo County Medi-Cal beneficiaries, who are Medi-Cal eligible at the time of both referral and authorization. It is the Contractor's responsibility to ensure that the client is eligible at the time the services are provided.
2. Clients who are covered by the Health Plan of San Mateo, Healthy Families, Healthy Kids, and Health Works. The San Mateo County MHP will refer and authorize these clients for services.
3. Clients known to be indigent, for whom the San Mateo County MHP has assumed responsibility. The San Mateo County MHP will refer and authorize services on a case-by- case basis.
4. Clients enrolled in the Health Plan of San Mateo Medicare Advantage Plan.

D. Payment

Rate increases after the first year shall be at the sole discretion of the Health Director, or her designee. In no event shall the maximum, but not guaranteed, compensation for the agreement term exceed ONE HUNDRED AND FIFTY THOUSAND DOLLARS (\$150,000).

E. Billing

Contractor shall bill any third party payor financially responsible for a beneficiary's health care services. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement.

Payment information from third party payors must be submitted with billing.

F. Fee-for-Service

Contractor shall obtain and complete claim forms (as are currently in use by the Medi-Cal program as issued by the State Fiscal Intermediary) for all services rendered to beneficiaries and authorized by County, and send all claims, along with evidence of authorization, to County within one hundred eighty (180) days from the service date.

G. Member Liability

Unless beneficiary has other health insurance coverage under Medicare, CHAMPUS, Kaiser, Blue Cross/Blue Shield, or a known insurance carrier or health plan, Contractor shall look only for compensation for covered services, and, with the exception of authorized co-payments, shall at no time seek compensation from beneficiary.

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. (or no employees)
- 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.


Howard Gurevitz, MD
Name of 504 Person - Type or Print

Same
Name of Contractor(s) - Type or Print

1828 El Camino Real # 609
Street Address or P.O. Box

Burlingame, CA 94010
City, State, Zip Code

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


Signature

MD
Title of Authorized Official

2-28-07
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
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:	Howard Gurevitz, MD	Phone:	650-652-6465
Contact Person:	Same	Fax:	650-652-6467
Address:	1828 El Camino Real # 609 Burlingame, CA 94010		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)


- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for \$100,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

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

Howard Gurevitz
Name

2-28-07
Date

MD
Title

CONTRACT INSURANCE APPROVAL

DATE: March 5, 2007
 TO: Faiza Steele FAX: 363-4864 PONY: HRD 163
 FROM: Susann Reed
 PHONE: 573-2226 FAX: 573-2841 PONY: MLH 322

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Howard Gurevitz, MD

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? NO

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: 1

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: See attached.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1,000,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	Statutory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*KS
4/5/07*

REMARKS/COMMENTS:

Faiza Steele
 Faiza Steele
 Risk Management Analyst

3/6/07
 Date



(415) 397-9700
 (800) 652-1051
 (907) 563-3414 (in Alaska)

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Certificate Holder Howard Gurevitz, MD 1828 El Camino Real, Suite 609 Burlingame, CA 94010		Name and Address of Insured Howard Gurevitz, MD 1828 El Camino Real, Suite 609 Burlingame, CA 94010							
Current Medical Specialty: Psychiatry No Convulsive Shock Trtmnt		The above Insured is: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens							
Policy Number 024402	Insured's Effective Date 01/01/2007	Insured's Expiration Date 01/01/2008	Insured's Retroactive Date 05/01/1987						
Coverage and Limits of Liability and Reimbursement Provided <input type="checkbox"/> Shared Limits of Liability and Reimbursement <input checked="" type="checkbox"/> Separate Limits of Liability and Reimbursement									
<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance - Claims Made <input checked="" type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below. <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">LIMITS OF LIABILITY:</td> <td style="width: 50%;">DEDUCTIBLE:</td> </tr> <tr> <td>\$2,000,000 Each Claim</td> <td>\$Nil Each Claim</td> </tr> <tr> <td>\$4,000,000 Aggregate Limit per Policy Period</td> <td>\$Nil Aggregate per Policy Period</td> </tr> </table>				LIMITS OF LIABILITY:	DEDUCTIBLE:	\$2,000,000 Each Claim	\$Nil Each Claim	\$4,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period
LIMITS OF LIABILITY:	DEDUCTIBLE:								
\$2,000,000 Each Claim	\$Nil Each Claim								
\$4,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period								
<input checked="" type="checkbox"/> COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made \$30,000 Each Administrative Proceeding or Employment-Related Civil Action \$30,000 Aggregate Limit per Policy Period									
This is to certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of issuance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.									
By: NORCAL Mutual Insurance Company		Issue Date: November 4, 2006							
 James Sunseri President		 David R. Holley, M.D. Secretary							

024402

COI

10/1/2005