

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 031

DEPARTMENT San Mateo Medical Center DATE 2-18-09

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	66527	2361	1,000,000.00	Bad Debt - Inpatient
To	66527	5856	1,000,000.00	Contract Special Program Svcs

Justification. (Attach Memo if Necessary) This ATR appropriates funding to add money to an existing contract with Health Advocates, LLC (HA) to provide cost recovery services. HA provides comprehensive services, including hospital based and field eligibility services for programs such as Medi-Cal, Social Security, California Children Svcs, Genetically Handicapped Persons Program, Medicare, Victims of Crime, and worker's Compensation. HA provides Medi-Cal billing and legal services. There is no Net County Cost.

2. Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks: _____
 COUNTY CONTROLLER
 BY: *[Signature]* DATE 3/4/09

3. Approve as Requested Approve as Revised Disapprove

Remarks: _____
 COUNTY MANAGER
 BY: *[Signature]* DATE 3/19/09

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA
 RESOLUTION TRANSFERRING FUNDS
 RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that
 WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and
 WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:
 NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution: Supervisors: _____ _____ _____ _____ _____	Noes and against said resolution: Supervisors: _____ _____ Absent Supervisors: _____
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ATTEST: _____
 Clerk of Said Board

 CHAIRMAN, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

DISTRIBUTION:
 WHITE — BOARD OF SUPERVISORS
 GREEN — CONTROLLER
 CANARY — COUNTY MANAGER
 PINK — DEPARTMENT
 GOLDENROD — TREASURER