



# Lee County Professional Service/Service Provider Agreement Change Order/Supplemental Task Authorization

Date March 13, 2019

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☒ Change Order    ☐ Supplemental Task Authorization    Number: 4

A Change Order or Supplemental Task Authorization requires approval by the Department Director for expenditures under \$50,000 or approval by the County Manager for expenditures between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: Mauricio Chavez

Contract Name: Ground Medical Transport Billing

Project Name:

Consultant: Change Healthcare Technology Enabled Services, LLC    Project #: N/A

Solicitation #: RFP140350    Contract #: 6918    Account #: N/A

Lee County Project Manager: N/A    Request Date: March 13, 2019

Fiscal Staff: Joan LaGuardia

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the Consultant / Provider is authorized to and shall proceed with the following exhibits:

- **CO-STA Exhibit A** - SCOPE OF PROFESSIONAL SERVICE
- **CO-STA Exhibit B** - COMPENSATION & METHOD OF PAYMENT
- **CO-STA Exhibit C** - TIME & SCHEDULE OF PERFORMANCE
- **CO-STA Exhibit D** - CONSULTANTS/PROVIDERS ASSOCIATED SUB-CONSULTANT(S)/SUB-CONTRACTORS
- **CO-STA Exhibit E** - PROJECT GUIDELINES AND CRITERIA

It is understood and agreed that the acceptance of this modification by the CONSULTANT/PROVIDER constitutes an accord and satisfaction.

signature

\_\_\_\_\_  
Name of Consultant/Provider (Print Name)

\_\_\_\_\_  
Date Accepted

\_\_\_\_\_  
Contact E-mail Address

\_\_\_\_\_  
Contact Phone Number

**Lee County Board of County Commissioners - Procurement Management**

1825 Hendry Street - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

**Phone:** (239) 533-5450



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**Choose one of the following:**

☒ 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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**Choose one of the following:**

☒ Change Order Agreement #: 4 ☐ Supplemental Task Authorization #: \_\_\_\_\_

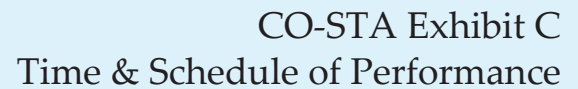
**Time & Schedule of Performance for:**

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
	Renewal of Annual Contract		
	Original Term: 09/28/14 - 09/27/17		
	Renewal Number 1 Term: 09/28/17 - 09/27/18		
	Renewal Number 2 Term: 09/28/18 - 09/27/19		
	Extension of Term: 09/28/19 - 03/27/20		



Supplemental Task Authorization #:

## Ground Medical Transport Billing Services