

PINELLAS COUNTY HEALTH PROGRAM  
HOSPITAL PROVIDER AGREEMENT  
Amendment 1

THIS AGREEMENT (Hospital Provider Agreement), effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and Tarpon Springs Hospital Foundation, Inc., a Corporation, D.B.A. Florida Hospital North Pinellas, whose address is 1395 South Pinellas Ave., Tarpon Springs, Florida 34689, hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, the **COUNTY** is committed to assisting residents in need of medical care; and

WHEREAS, indigent Pinellas County residents require medical services which they cannot afford; and

WHEREAS, the **PARTIES** believe it is the best interest of the residents of Pinellas County to receive health care services provided by our local **AGENCY**; and

WHEREAS, the **COUNTY**, after full consideration, determined that the **AGENCY** assists in ensuring the broadest geographical coverage for provision of services in Pinellas County residents enrolled in the Pinellas County Health Program; and

WHEREAS, the **COUNTY** desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

WHEREAS, the **AGENCY** has staff and facilities available to provide medical care to eligible Pinellas County residents.

**NOW, THEREFORE**, the parties hereto do mutually agree as follows:

1. Section 3 "Compensation" is hereby amended to add:

b) The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **ONE HUNDRED AND THIRTY-FIVE THOUSAND and NO/00 DOLLARS**

(\$135,000.00) in the fiscal year dated October 1, 2018, through September 30, 2019, for the services described in Section 1 of the Agreement. The parties reserve the right to adjust future fiscal year(s) compensation amounts pursuant to an annual review based upon inpatient and ambulatory share utilization, as established in writing by mutual agreement of the PARTIES without the need to further amend this Agreement.

2. Remaining sections shall be renumbered accordingly, including any references thereto.
3. Section 17, "Agreement Management" is hereby amended to read as follows:

Pinellas County Human Services designates the following person(s) as the liaison for the **COUNTY**:

Tim Burns  
Pinellas County Human Services  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, FL 33756

**AGENCY** designates the following person(s) as the liaison:

Dianna Fordham, Medicaid/Govt Program Supervisor  
Florida Hospital North Pinellas  
1395 South Pinellas Avenue  
Tarpon Springs, FL 34689  
(813) 615-7200 Ext. 52012  
[Dianna.fordham@ahss.org](mailto:Dianna.fordham@ahss.org)

4. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

PINELLAS COUNTY, FLORIDA, by and through its County Administrator

By: \_\_\_\_\_  
Mark Woodard

Date: \_\_\_\_\_, 2018

Tarpon Springs Hospital Foundation, Inc.

By: \_\_\_\_\_  
Jason Dunkel  
Chief Executive Officer

Date: \_\_\_\_\_, 2018

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: \_\_\_\_\_  
Assistant County Attorney