

PINELLAS COUNTY HEALTH PROGRAM
HOSPITAL PROVIDER AGREEMENT
Second and Final Option of Renewal and Amendment 2

THIS AGREEMENT made and entered into on the date below, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and TARPON SPRINGS HOSPITAL FOUNDATION, INC., a Florida Corporation, D.B.A. FLORIDA HOSPITAL NORTH PINELLAS, whose address is 1395 South Pinellas Ave., Tarpon Springs, FL 34689, hereinafter referred to as the "**PROVIDER**".

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 in the best interest of the residents of Pinellas County to receive health care services provided by our local **PROVIDER**; and

WHEREAS, the **COUNTY**, has determined that the **PROVIDER** assists in ensuring the broadest geographical coverage for provision of services to 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 **PROVIDER** 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.

This Agreement is hereby renewed pursuant to Section two (2) thereof, effective October 1, 2016, continuing for a period of twelve months from that date unless terminated or cancelled as provided therein.

2.

Section 1 of the aforesaid Agreement is hereby amended to add the following:

f) The **PROVIDER** will participate in a Bus Pass Pilot Program in which the **COUNTY** will issue a predetermined quantity of bus passes to PROVIDER. The bus passes shall be utilized to provide patient transportation for needs such as follow-up medical appointments, travel home, or other use as determined by the **COUNTY**.

3.

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 date and year written below.

ATTEST:
Ken Burke
Clerk of Circuit Court

PINELLAS COUNTY, FLORIDA, Acting by
and through its Board of County Commissioners

By: _____
Deputy Clerk

By: _____
Chairman

ATTEST:
By: _____

TARPON SPRINGS HOSPITAL FOUNDATION, INC.

By: _____

Title: _____

Date: _____

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: _____
Attorney