

**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.

WITNESS:

By: s/ Alexis Sergeant

PINELLAS COUNTY, FLORIDA, Acting by and through its County Administrator

By: Mark S. Woodard 6/18/16  
Mark S. Woodard

WITNESS:

By: DONNA BOVE

TARPON SPRINGS HOSPITAL FOUNDATION, INC.

By: [Signature]

Title: CEO

Date: 8/22/16

APPROVED AS TO FORM

By: [Signature]  
Office of the County Attorney