## PINELLAS COUNTY HEALTH PROGRAM HOSPITAL PROVIDER AGREEMENT First Option of Renewal

THIS AGREEMENT made and entered into on the date below. Between the PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and BAYCARE HEALTH SYSTEM, INC., a Florida Not-For-Profit Corporation, whose address is 2985 Drew Street, Clearwater, FL 33759, hereinafter referred to as the "PROVIDER"

## WITNESSETH:

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

WHEREAS, indigent Pinellss 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, after full consideration, 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:

## Section 1.

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

## Section 2.

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

[Signature Page Follows]

IN WITHESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year first above written.

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

By: Partice Nalan Lanc

BAYCARE HEALTH SYSTEM, INC.

Title: President OEC

BayCare Health System, Inc.

Date:

APPROVED AS TO FORM

By:

Office of the County Attorney