

**AMENDMENT # 1 TO VENTURA COUNTY
CONTRACT # 8991
PHYSICIAN LOCUM TENENS AGREEMENT**

This first amendment to “Physician Locum Tenens Agreement” identified as Ventura County Contract No. 8991 (the “**Agreement**”) is made and entered into by and between the County of Ventura (“**Client**”) and SBG Healthcare, LLC (“**SBGH**”).

Agreement

The parties hereby agree that the referenced Agreement is amended effective November 7, 2023, as follows:

1. Replace Schedule “A” in its entirety with the attached Schedule “A” effective November 7, 2023.

All other terms and conditions remain the same.

COUNTY OF VENTURA

Signature

Printed Name

Buyer

Title

Date

SBG Healthcare, LLC

Authorized Signature

Printed Name

Title

Date

Schedule A – Effective November 7, 2023

Specialty	Daily Rate*		Hourly Rate**		Hourly Premium Rate		Weekday Evening Call/Beeper fee		Daily/Weekend Day On Call per 24 Hours***	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
<u>Hospital Based</u>										
Emergency Medicine Trained	N/A	N/A	\$ 350	\$ 450	N/A	N/A	N/A	N/A	N/A	N/A
Emergency Medicine (Primary Care)	N/A	N/A	\$350	\$390	N/A	N/A	N/A	N/A	N/A	N/A
Hospitalist	N/A	N/A	\$225	\$395	\$240	\$ 293	\$495	\$ 650	N/A	N/A
Anesthesiology	\$2,250	\$3,500	N/A	N/A	\$371	\$ 398	\$495	\$ 640	\$2,250	\$ 3,500
Cardiac or Pediatric Anesthesia	\$3,200	\$4,500	N/A	N/A	\$398	\$ 525	\$495	\$ 650	\$3,200	\$ 4,500
Radiology	\$2,095	\$3,498	N/A	N/A	\$347	\$ 585	\$495	\$ 695	\$2,095	\$ 3,498
Interventional Radiology	\$2,984	\$4,578	N/A	N/A	\$367	\$ 795	\$495	\$ 950	\$2,984	\$ 4,578
<u>Internal Medicine - Sub Specialties</u>										
Cardiology	\$2,828	\$3,800	N/A	N/A	\$322	\$ 455	\$350	\$ 550	\$2,828	\$ 3,830
Interventional Cardiology	\$3,280	\$4,600	N/A	N/A	\$441	\$ 695	\$400	\$ 600	\$3,280	\$ 4,600
Invasive Cardiology	\$3,280	\$4,600	N/A	N/A	\$322	\$ 595	\$350	\$ 550	\$3,280	\$ 4,600
Critical Care Medicine	N/A	N/A	\$349	\$439	\$493	\$ 617	\$500	\$ 650	\$3,200	\$ 3,598
Gastroenterology	\$4,200	\$4,900	\$450	\$595	\$450	\$ 650	\$650	\$ 750	\$3,700	\$ 4,500
Hematology/Oncology (MedOnc)	\$2,500	\$2,800	N/A	N/A	\$350	\$ 449	\$350	\$ 500	\$2,500	\$ 2,800
Neurology	\$3,300	\$4,200	N/A	N/A	\$395	\$ 500	\$500	\$ 600	\$3,300	\$ 4,200
Pulmonology	N/A	N/A	\$349	\$439	\$493	\$ 617	\$500	\$ 650	\$3,200	\$ 3,598
<u>Surgery</u>										
General Surgery	\$2,800	\$3,800	N/A	N/A	\$320	\$ 450	\$402	\$ 498	\$2,800	\$ 3,800
Cardiothoracic Surgery	\$3,306	\$4,800	N/A	N/A	\$500	\$ 650	\$627	\$ 777	\$3,306	\$ 4,800
Vascular Surgery	\$3,108	\$4,500	N/A	N/A	\$500	\$ 650	\$550	\$ 650	\$3,108	\$ 4,500
Colo-Rectal Surgery	\$2,900	\$4,000	N/A	N/A	\$350	\$ 495	\$450	\$ 600	\$2,900	\$ 4,000
Neurosurgery	\$3,800	\$5,800	N/A	N/A	\$500	\$ 720	\$650	\$ 790	\$4,194	\$ 5,800
OB/GYN	\$2,336	\$3,600	N/A	N/A	\$348	\$ 490	\$411	\$ 510	\$2,336	\$ 3,600
OB/GYN - Maternal Fetal Medicine	\$2,498	\$3,000	N/A	N/A	\$398	\$ 550	\$450	\$ 600	\$2,498	\$ 3,000
Orthopedics	\$2,482	\$3,998	N/A	N/A	\$350	\$ 528	\$400	\$ 550	\$2,482	\$ 3,998
Otorhinolaryngology (ENT)	\$2,452	\$3,980	N/A	N/A	\$350	\$ 495	\$450	\$ 600	\$2,452	\$ 3,980
Plastic Surgery	\$4,168	\$5,998	N/A	N/A	\$577	\$ 698	\$795	\$ 880	\$4,168	\$ 5,998
Thoracic Surgery	\$3,306	\$4,000	N/A	N/A	\$500	\$ 650	\$627	\$ 777	\$3,306	\$ 4,000
Urology	\$3,200	\$4,500	N/A	N/A	\$400	\$ 500	\$400	\$ 500	\$3,200	\$ 4,500
Pediatric Surgery	\$4,859	\$5,340	N/A	N/A	\$450	\$ 695	\$841	\$ 950	\$4,859	\$ 5,340
Trauma Surgery	N/A	N/A	\$375	\$450	N/A	N/A	N/A	N/A	N/A	N/A
-In House: 24 hours	N/A	N/A	\$395	\$440	N/A	N/A	N/A	N/A	N/A	N/A
-In House: 12 hours	N/A	N/A	\$395	\$440	N/A	N/A	N/A	N/A	N/A	N/A
<u>Advanced Practices</u>										
PA/NP non surgical	N/A	N/A	\$150	\$295	N/A	N/A	N/A	N/A	N/A	N/A
PA/NP Surgical	\$1,600	\$2,400	\$215	\$300	\$325	\$ 397	\$250	\$ 450	\$1,900	\$ 2,500
CRNA	\$1,440	\$1,920	\$225	\$325	\$400	\$ 500	\$250	\$ 500	\$1,440	\$ 2,500

<p>Daily Rate: Rate charged per day to include 0 - 8 hours of work in each weekday worked during normal business hours, unless otherwise noted as an Hourly Rate in the rate grid above.</p> <p>Hourly Rate: The rate charged per hour worked as noted in the rate grid above.</p> <p>Hourly Premium Rate: Rate charged for all hours worked beyond the 0 - 8 hours each weekday worked regardless of whether the Daily Rate or Hourly Rate applies as noted in the rate grid above.</p> <p>Weekday Evening Call Rate: Rate charged per weeknight for the Provider to carry a beeper to be on call for the facility. Bill in 15 minute intervals per phone call</p> <p>Daily Call Only/Weekend Day On Call Rate: Daily rate charged per 24 hours for Provider to be On Call Only for each 24 hour day. Bill 3 day minimum; Per phone call is to be billed in 15 minute intervals (Normal Weekday Call Only is 7am to 7am the next day. Normal Weekend Day Call Only is Saturday at 7am to Sunday at 7am, and Sunday at 7am to Monday at 7am.)</p>
<p>Holiday Premium: For the following holidays, the Client will be billed a holiday premium of time and half on the daily/hourly rate and/or daily call rate: New Year's day, Memorial Day, USA Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If the Provider's assignment has one of the holidays occur during their assignment, and the Provider must remain in the area, the Client will be charged the Holiday Premium only for the holiday.</p>
<p>* = Daily Rate to include 0 - 8 hour of work during normal business hours</p>
<p>** = Per Hour Worked</p>
<p>*** = Daily/Weekend Day On Call to include 0 hours of work. After 0 hours of work, hourly premium rate starts</p>

Reassignment Fee

The following Reassignment Fees apply to Direct Client Employment, as defined in Section **Error! Reference source not found.** of the Agreement:

Specialty	Min	Max
Hospital Based	\$15,000	\$50,000
Internal Medicine - Subspecialties	\$20,000	\$50,000
Surgery	\$20,000	\$50,000
Advanced Practices	\$10,000	\$20,000

Professional fees contract amount not to exceed eight hundred thousand dollars (\$800,000) for any contract year.

Travel, Housing, and Expense.

Additionally, Contractor will be reimbursed for travel and expenses incurred by Contractor Personnel in accordance with the County's expense reimbursement policy (Administrative Manual – Contractor Travel Policy). Travel, Housing, and Expense contract amount not to exceed one hundred twenty thousand dollars (\$120,000) for any contract year.

The Agreement not-to-exceed amount is nine hundred twenty thousand dollars (\$920,000.00) for any fiscal year.

Payment terms are net 30 days, in arrears for services and expenses rendered and upon the receipt of valid and correct invoices. Invoices are to be sent to the following address:

VCMC.AccountsPayable@ventura.org

Or

VCMC Accounts Payable
800 South Victoria Ave., L #4610
Ventura, CA 93009