

**SECOND AMENDMENT TO AGREEMENT FOR
VASCULAR SURGERY MEDICAL DIRECTOR
AND ATTENDING PHYSICIANS, VASCULAR SURGERY SERVICES**

This Second Amendment to the “Agreement for Vascular Surgery Medical Director and Attending Physicians, Vascular Surgery Services,” effective July 1, 2023 (“Agreement”), is made and entered into by the COUNTY OF VENTURA, a political subdivision of the State of California, hereinafter sometimes referred to as “COUNTY,” including its Ventura County Health Care Agency (referred to collectively as “AGENCY”), and Coastal Vascular Center, P.C., a duly formed California Professional Corporation (“CONTRACTOR”).

Agreement

The parties hereby agree that the referenced Agreement is amended effective July 1, 2023, as follows:

- A. Attachment II, Compensation of CONTRACTOR, paragraph 2 is deleted and replaced in its entirety as follows:
 - 2. Vascular Surgery Medical Director Fee: CONTRACTOR shall be paid at the rate of one hundred and fifty dollars (\$150) per hour up to a maximum of eighty (80) hours per fiscal year for Vascular Surgery Medical Director services described in Attachment I. CONTRACTOR shall track and prepare a monthly detailed summary of activities performed to include time spent, inclusive of meetings, charts reviews, education and training, and other activities as applicable. Details relevant to tasks performed shall be reviewed and approved by the HOSPITAL Chief Medical Director or HOSPITAL Associate Chief Medical Officer or HOSPITAL Chief Executive Officer on a monthly basis and attached to the monthly invoice. The maximum amount to be paid under this paragraph is twelve thousand dollars (\$12,000) per fiscal year.

Except as expressly amended herein, all other terms and conditions of the Agreement, as amended, shall remain unchanged.

[\[Remainder of Page Intentionally Left Blank – Signature Page Follows\]](#)

IN WITNESS WHEREOF, the parties hereto execute this Second Amendment on the dates written below:

CONTRACTOR: Coastal Vascular Center, P.C.

Dated: _____

By: _____
Gregory Albaugh, D.O., President

Dated: _____

By: _____
Kevin Major, M.D., Vice-President

ADDRESS: _____

Tax ID # _____

Dated: _____

By: _____
HEALTH CARE AGENCY DIRECTOR or DESIGNEE