

**FIRST AMENDMENT
TO
INDEPENDENT PROVIDER AGREEMENT
COUNTY OF VENTURA, OWNER AND OPERATOR OF VENTURA COUNTY
MEDICAL CENTER**

This First Amendment (this “**First Amendment**”) is entered into by and between California Physicians’ Service, dba Blue Shield of California, a California nonprofit corporation, (“**Blue Shield**”), and County of Ventura, owner and operator of Ventura County Medical Center (“**Provider**”), and amends and supplements the terms of that certain Independent Provider Agreement, with an original effective date of July 1, 2021, by and between Blue Shield and Provider, as amended to date (the “**Agreement**”). Except as otherwise defined herein, all capitalized terms shall have the meaning ascribed to them in the Agreement.

RECITALS

- A. The parties previously entered into the Agreement, pursuant to which Provider agreed to furnish certain Covered Services to Blue Shield Members.
- B. The parties desire to extend the term of the Agreement, as set forth herein.

AGREEMENT


The parties hereto agree as follows:

- 1. Section 7.1 of the Agreement is hereby deleted and replaced in its entirety to read in full as follows:
 - 7.1 **Term.** This Agreement, with an initial term of July 1, 2021 through June 30, 2024 (“Initial Term”), shall be extended through May 1, 2025 unless earlier terminated in accordance with the terms of this Agreement. Thereafter, this Agreement may be renewed for successive one (1) year terms, upon mutual written agreement, unless and until terminated or modified in accordance with the terms set forth herein. During the Initial Term, neither party may terminate this Agreement without cause. Thereafter, either party may terminate this Agreement without cause by giving the other party advanced written notice of at least one hundred twenty (120) days. Termination shall have no effect upon the rights and obligations of the parties arising out of any transactions occurring prior to the effective date of such termination.
- 2. **Exhibit A** to the Agreement is hereby deleted and replaced in its entirety with **Exhibit A** attached hereto.


3. Except as specifically set forth in this First Amendment, all other conditions contained in the Agreement shall continue in full force and effect. After the effective date of this First Amendment, any reference to the Agreement shall mean the Agreement as supplemented by this First Amendment. Notwithstanding anything to the contrary in the Agreement, in the event of a conflict between the terms and conditions of this First Amendment and those contained within the Agreement, the terms and conditions of this First Amendment shall prevail.
4. This First Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties have caused this First Amendment to be executed by their authorized representatives:

BLUE SHIELD OF CALIFORNIA

Signature: 
 Print Name: Patty Gonzalez
 Title: Vice President, Provider Partnerships and Network Management
 Date: 06/25/2024

COUNTY OF VENTURA, OWNER AND OPERATOR OF VENTURA COUNTY MEDICAL CENTER

Signature: 
 Print Name: Barry Zimmerman
 Title: HCA Director
 Date: 6-24-24

**EXHIBIT A
Independent Provider Agreement**

PROVIDER INFORMATION

County of Ventura, owner and operator of
Ventura County Medical Center

Provider Name

License number (if individual)

95-6000944

License Type (if individual)

IRS (TIN/EIN) or Social Security Number

Outpatient Clinic

Type of Service Provided (e.g., pediatric/infertility/multi-specialty)

For this Section, complete either 1 or 2 but not both.

1.



All Products. Provider agrees to participate in, and this Agreement shall apply to, all Benefit Programs under which Blue Shield compensates Provider for Covered Services pursuant to the compensation described in Section 3.1 of this Agreement, subject to Section 2.7 of this Agreement.

OR

2.

Opt Out. Provider agrees to participate in, and this Agreement shall apply to, Blue Shield's Commercial PPO/EPO (Blue Shield Standard Network) Benefit Programs and all other Benefit Programs under which Blue Shield compensates Provider for Covered Services pursuant to the compensation described in Section 3.1 of this Agreement, except as follows: Provider does not agree to participate in, and this Agreement shall not apply to, the following Benefit Programs (Check the box for each product):

- ☐ Commercial PPO/EPO (Blue Shield Network A)
- ☐ Commercial PPO/EPO (Blue Shield Network B)
- ☐ Commercial PPO/EPO (Blue Shield Network C)
- ☐ Medicare Advantage PPO
- ☐ Commercial HMO
- ☐ Medicare Advantage HMO

Addresses for Notice:

If to Blue Shield:

NOTICE OF BREACH OR TERMINATION PURSUANT TO ARTICLE VII	ALL OTHER NOTICES
Blue Shield of California	Blue Shield of California
6300 Canoga Avenue, 7th Floor	P.O. Box 629017
Woodland Hills, CA 91367	El Dorado Hills, CA 95762-9017
Attn.: Senior Vice President, Provider Partnerships & Network Management	Attn.: Provider Services
Fax No.: 818-228-5101	Fax No.: 916-350-8860
Email: ContractNotifications@blueshieldca.com	n/a

If to Provider:

PROVIDER
County of Ventura, owner and operator of Ventura County Medical Center
5851 Thille Street, L#4625
Ventura, California 93003
Attn.: Paul Jaconette
Phone No.: 805.677.5110
Email: Paul.Jaconette@Ventura.org ,