Agenda Item No.: 3X1

PALM BEACH COUNTY BOARD OF COUNTY COMMISIONERS

AGENDA ITEM SUMMARY

Meeting Date:	9/9/08	[X]	Consent Ordinance	[] Regu	lar c Hearing
Department Submitted By: Submitted For:	Public Sa Youth Aff				
	l.	EXECUTIVE	BRIEF		
Motion and Title: 2 to a standard agr an amount not to 30, 2009 to provid (DW)	eement with Chexceed \$54,000	nildren's Healt I for the perion	thcare Associated October 1,	ates, P.A. (R 2008 throug	2006 1321) in gh September
Summary: When authority to the Couextensions/amendr	unty Administrat	tor or designe	e to execute ti	oard delegate ime	ed the
Background and I	Police Issues				
Attachments: 1. Amendmen	t No. 2 w/Childr	en's Healthca	re Associates	, P.A.	
Recommended &	Approved by:	Assistant C	ADM Sunty Admin	Mu D	6/19/08

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures					
Operating Costs		54,000			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact		54,000			
# ADDITIONAL FTE					
POSITIONS (Cumulative)	0	O			
Proposed					
Is Item Included In Current Bud			·		
Budget Account No.: Fund 0001				Program	
	_ Department _			Program	
B. Recommended Sources of Fu	nds/Summary o	f Fiscal Impa	act:		
C. Departmental Fiscal Review:	Thywe	Thila	muev.		

III. REVIEW COMMENTS

А. (OLMR	Fiscal	and/or	Contract	Dev. an	id Contro	Comments:
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OFMBLS 7/7/08 CM Contract Administration & Span 2/8/28

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

AMENDMENT NO. 2 TO THE AGREEMENT BETWEEN PALM BEACH COUNTY AND CHILDREN'S HEALTHCARE ASSOCIATES, P.A. TO PROVIDE PEDIATRIC SERVICES FOR THE HIGHRIDGE FAMILY CENTER

THIS AMENDMENT NO. 2, to the Agreement made and entered into at West Palm Beach Florida on October 1, 2006 (R2006 1321), between Palm Beach County, Florida a political subdivision of the State of Florida, hereinafter referred to as "COUNTY", and CHILDREN'S HEALTHCARE ASSOCIATES, P.A., a Florida Professional Corporation, hereinafter referred to as "PEDIATRICIAN".

WHEREAS, the parties entered into the Agreement of October 1, 2006 for providing pediatric services at the COUNTY'S Highridge Family Center: and

WHEREAS, the parties now desire to extend the Agreement for an additional year.

NOW THEREFORE, in consideration of the mutual promises contained herein the parties agree as follows:

- Article 2 is modified to provide that all services shall be completed by September 30, 2009.
- Effective during the period of October 1, 2008 through September 30, 2009, the compensation to the PEDIATRICIAN under Article 3 shall be in the amount of four thousand five hundred dollars (\$4,500.00) per month, for a maximum amount of fifty four thousand dollars (\$54,000.00) during FY 08-09.
- Except as expressly modified above the Agreement is hereby confirmed and remains in full force and effect.

IN WITNESS WHEREOF, THE Board of County Commissioners of Palm Beach
County Florida has made and executed this Agreement on behalf of the COUNTY and
PEDIATRICIAN has hereunto set his/her hand the day and year above written.

ATTEST: SHARON R. BOCK	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS:
By: Clerk & Comptroller	By: Vincent J. Bonvento Assistant County Administrator
Signature Janine Talley Name (type or print) Scatherine Signature 1. Catherine Signature	PEDIATRICIAN: Children's Heathcare Associates PA Company Name Signature Janis A. Jones M.D. Name (type or print) Pre Sident
Name (type or print) APPROVED AS TO FORM AND LEGAL SUFFICIENCY	Title (corp. seal)
By: County Attorney	
APPROVED AS TO TERMS AND CONDITIONS By: Department Director	

Children's HealthCare Associates

Janis Jones, M.D. Jaime Lambrecht, M.D. Greta Stiebel-Chin, M.D. Guillermo Vila, M.D. St. Mary's Medical Pavilion 927 45th Street Suite #205 West Palm Beach, Florida 33407 Telephone: (561) 844–6605 Fax: (561) 848–9059

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APR 0 3 2008

YOUTH AFFAIRS

April 1, 2008

Dr. Anthony Saniol
Director/Division of Youth Affairs
High Ridge Family Center
4200 Australian Avenue
West Palm Beach, FL 33407

Dear Dr. Spaniol:

Children's Healthcare Associates, P.A. would be pleased to continue to provide medical services to the High Ridge Youth Service Center. The proposed fee for the 2008-2009 contract year will remain at \$4,500.00 per month. Should you have any questions, please do not hesitate to contact our office at (561) 844-6605.

Thank you for the opportunity to provide services to your organization.

Sincerely,

Janis Jones M.D.
Janis Jones, M.D.

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Children's Healthcare As 927 45th Street, Suite 20 West Palm Beach FL 3	05		Danna-Gracey, Inc. 54 SE 6th Avenue Delray Beach, FL	33463	
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First Professionals Insurance Company

MEMORANDUM OF INSURANCE

TO: TO WHOM IT MAY CONCERN:

NAMED INSURED: CHILDREN'S HEALTHCARE ASSOCIAT 927 45TH STREET SUITE #205 WEST PALM BEACH, FL 33407

*Please see attached schedule for available limits.

This is to advise you that the First Professionals Insurance Company, Inc. has issued to the named insured the policy enumerated below, subject to all the terms of such policy. This memorandum neither affirmatively or negatively amends, extends or alters the coverage of such policy.

POLICY NUMBER	TYPE OF INSURANCE	LIMITS		REPORTING PERIOD
99275	Professional	250,000 each claim	From:	12/15/2007
	Liability	750,000 aggregate	To:	12/15/2008

Retroactive Date: See Schedule

Date Issued: 12/05/2007

Vice President of Underwriting

FPIC-9(1/86)

342/18

FL-PC9275

JAN-04-2008 09:23

CHILDRENS HEALTHCARE

5618489059

P.01

FIRST PROFESSIONALS INSURANCE COMPANY, INC. Medical Professional Liability Insurance Policy

Schedule: Organization and Individuals Protected

Policy Number: 99275 Effective Date: 12/15/2007

The following organization(s) are insured by this policy:

PROFESSIONAL ASSOCIATION,	RETROACTIVE
CORPORATION OR PARTNERSHIP	DATE
CHILDREN'S HEALTHCARE ASSOCIAT	07/01/1988

The following individuals are insured by this policy:

CERT. NUMBER	STATE LIC. NO.	INDIVIDUAL	CLASS	RETROACTIVE DAYE	LIMITS
71504	37019	JANIS A. JONES, M.D.	80267	07/01/1982	\$250,000 - \$750,000
71505	41962	JAIME D. LAMBRECHT, M.D.	80287	07/01/1983	\$250,000 - \$750,000
71506	59360	GUILLERMO VILA, M.D.	80257	04/17/1991	\$250,000 - \$750,000
71507	44971	GRETA STIEBEL-CHIN, M.D.	80267	04/01/1988	\$250,000 - \$750,000
71511	08637	LISA FERREIRA. D.O.	80267	06/01/2002	\$250,000 - \$750,000
71851	82436	HANS EDUARDO HUBSCH, M.D.	80267	02/15/2005	\$250,000 - \$750,000
74339	65962	NOELLA MÉRCEDES CLARKE-AARON, M.D.	80257	08/15/2005	\$250,000 - \$750,000
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CHILDRENS HEALTHCARE

5618489059

P.01

FIRST PROFESSIONALS INSURANCE COMPANY, INC. Medical Professional Liability Insurance Policy

Schedule: Organization and Individuals Protected

Policy Number: 99275 Effective Date: 12/15/2007

The following organization(s) are insured by this policy:

PROFESSIONAL ASSOCIATION,	RETROACTIVE
COMPORATION OR PARTNERSHIP	DATE
CHILDREN'S HEALTHCARE ASSOCIAT	07/01/1988

The following individuals are insured by this policy:

CERT. NUMBER	STATE LIC. NO.	INDIVIDUAL	CLASS CODE	RETROACTIVE DATE	LIMITS
71504	37019	JANIS A. JONES, M.D.	80267	A7/04/4000	
71505	41962	JAIME D. LAMBRECHT, M.D.		07/01/1982	\$250,000 - \$750,000
71508	59360		80267	07/01/1983	\$250,000 - \$750,000
		GUILLERMO VILA, M.D.	80267	04/17/1991	\$250,000 - \$750,000
71507	44971	GRETA STIEBEL-CHIN, M.D.	80267	04/01/19AR	1
71511	08637	LISA FERREIRA, D.O.		* * * * * * * * * * * * * * * * * * * *	1
71851	82436		80267	08/01/2002	\$250.000 · \$750,000
,		HANS EDUARDO HUBSCH, M.D.	80267	02/15/2005	\$250,000 - \$750,000
74339	85982	NOELLA MERCEDES CLARKE-AARON, M.D.	80267	08/15/2005	\$250,000 - \$750,000
74340	66735	SHIRLEY JEAN TROWELL-BELL, M.D.			1
77 7 11	92897		80267	09/01/2005	\$250,000 - \$750,000
,,,,,	9693/	STEPHANIE MARIE HENRY, M.D.	80267	08/01/2005	\$250,000 - \$750,000

End of Schedule

Date Issued: 12/05/2007

President

Authorized Representative

P.03

FIRST PROFESSIONALS INSURANCE COMPANY, INC.

CHILDREN'S HEALTHCARE ASSOCIAT
Policy Number: 99275 From:12/15/2007 To:12/15/2008

Claims Reporting Period

Schedule of Covered Physicians

Lic. No	Physician	Retro Date	Specialty	Limits	
44971 66735 37019 59360 41962 92897 08637 82436 85962 C9275	G. STIEBEL-CHIN, M.D. S. TROWELL-BELL, M.D. J. JONES, M.D. G. VILA, M.D. J. LAMBRECHT, M.D. S. HENRY, M.D. L. FERREIRA, D.O. H. HUBSCH, M.D. N. CLARKE-AARON, M.D. Organization Coverage	04/01/88 09/01/05 07/01/82 04/17/91 07/01/83 08/01/05 06/01/02 02/15/05 08/15/05	PEDIATRICS - NO SURGERY COrporato Coverage	\$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/	\$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000

Issued: 12/05/2007