

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

403



ROBERT ...  
PRINCIPAL DEPUTY  
COUNTY COUNSEL

JUN 19 2007

FORM APPROVED  
COUNTY COUNSEL

**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
June 19, 2007

**SUBJECT:** Approval of the Agreement(s) between the County of Riverside and Santa Maria Dental Office, Inc.

**RECOMMENDED MOTION:**

- 1) Ratify the Agreement with Santa Maria Dental Office, Inc., effective May 1, 2007;
- 2) Authorize the Chairperson to sign three (3) copies of the agreement;
- 3) Retain one (1) copy and return two (2) copies of the executed agreements to Riverside County Regional Medical Center (RCRMC) for distribution.

**BACKGROUND:** Effective February 1, 2007 Riverside County Regional Medical Center was awarded a grant from the Riverside County Children and Families Commission, also know as First 5 Riverside, to provide dental screening and education services to children under 5 years of age. As a result of screening services provided at school sites and health fairs, children will be referred to dental offices for dental treatment. Therefore, the hospital has sought to obtain Agreements with multiple geographically diverse dental offices that can provide this necessary dental treatment. Santa Maria Dental Office, Inc. has agreed to provide treatment to the patients referred for dental care services and to accept reduced reimbursement for these services.

This Agreement has been approved as to form by County Counsel.

DB:cg

*Douglas D. Bagley*  
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Douglas D. Bagley, Hospital Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 40,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	06/07

<b>SOURCE OF FUNDS:</b> Riverside County Children and Families Commission, First 5 Riverside Grant Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

Dept Recomm.:  Consent  Policy   
Per Exec. Ofc.:  Consent  Policy

Prev. Agn. Ref.: \_\_\_\_\_ District: \_\_\_\_\_ Agenda Number: \_\_\_\_\_

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.26