

FORM APPROVED COUNTY COUNSEL

BY: *Robert M. Pepper, Jr.* DATE: 9/29/08

Departmental Concurrence

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



525

**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
September 2, 2008

**SUBJECT:** Approval of the Agreement between the County of Riverside and Oh Jae Kwon, DDS

**RECOMMENDED MOTION:**

- 1) Ratify the Agreement with Oh Jae Kwon, DDS, effective August 1, 2008;
- 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, RCRMC was awarded a grant from the Riverside County Children and Families Commission, also known as First 5 Riverside, to provide dental screening and education services to children less than 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. The hospital has sought to obtain Agreements with multiple geographically diverse dental offices to provide dental services. Oh Jae Kwon, DDS has agreed to provide treatment to the patients referred for dental care and treatment services and to accept reduced reimbursement for these services.

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

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

DB:cg

<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:	08/09

<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  
*Debra Cournoyer*  
BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

Dept't Recomm.:  
 Policy  
 Consent  
 Policy  
 Per Exec. Ofc.:  
 Consent

Prev. Agn. Ref.: \_\_\_\_\_ | District: \_\_\_\_\_ | Agenda Number: **3.37**  
 ATTACHMENTS FILED WITH THE CLERK OF THE BOARD