

**THIRD AMENDMENT TO THE
RIVERSIDE COUNTY – EXCLUSIVE CARE
EXCLUSIVE PROVIDER ORGANIZATION
BEHAVIORAL HEALTH CONTRACTOR AGREEMENT**

By and Between

The County of Riverside, State of California

And

Richard I. Torban, M.D., APC dba Desert Psychiatric Associates

The Medical Contractor Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and Richard I. Torban, M.D., APC dba Desert Psychiatric Associates (“Contractor”) for health care services effective January 1, 2007 for Exclusive Care enrollees, is hereby amended effective April 1, 2009 as follows:

1. Attachment 2 Compensation shall be terminated and replaced in its entirety as attached hereto
2. All other terms and conditions of the Agreement shall remain in full force and effect.

Contractor certifies that the individual signing below has authority to execute this First Amendment on behalf of Contractor, and may legally bind Contractor to the terms of conditions of this First Amendment.

IN WITNESS WHEREOF, the parties hereto have cause their duly appointed representatives to execute this First Amendment to the Medical Contractor Agreement for EPO Services for Riverside County.

ATTEST:

Clerk to the Board
Kecia Harper-Ihem

By _____
Deputy

Date _____

COUNTY OF RIVERSIDE

By _____
Chairman, Board of Supervisors

Date _____

Approved as to form and content:

Pamela J. Walls
County Counsel

By: S. J. Walls 4/21/09
Deputy County Counsel

CONTRACTOR: Richard I. Torban, M.D., APC dba Desert Psychiatric Associates

By: [Signature]

Printed Name: Richard I. Torban, MD

Title: MD-Owner

Date: 4-13-09

Attachment 2

Compensation
(revised effective 4/1/09)

Reimbursement of the Exclusive Care Provider Organization, Exclusive Care, established by the County of Riverside for employees and their dependents, for authorized covered services, shall be payable by County at the fees set forth below net of co-payments and/or coinsurance. Contractor is responsible for collecting the co-payment.

DESCRIPTION	CPT	Licensed Rates	Ph.D Rates	M.D. Rates
Psychiatric diagnostic interview	90801	\$80.00	\$100.00	\$150.00
Psychiatric treatment, office, 20-30 minutes	90804	\$40.00	\$50.00	\$60.00
Individual Psychotherapy, outpatient, 30 minutes with medication management/evaluation	90805	N/A	N/A	\$65.00
Psychiatric treatment, office, 45-50 minutes	90806	\$70.00	\$75.00	N/A
Family psychiatric treatment with patient	90847	\$75.00	\$80.00	N/A
Group psychotherapy	90853	\$25.00	\$35.00	N/A
Psychiatric service/therapy/Case Management	90899	\$20.00	\$25.00	\$30.00
Psychological Testing, 1 hour with report	90101, 90102, 90103	N/A	\$80.00	N/A
Neuro psychological testing	96811	N/A	\$170.00	N/A
Individual Psychotherapy, outpatient, 60 minutes with medication management/evaluation	90809	N/A	N/A	\$120.00
Medication Management follow-up	90862	N/A	N/A	\$60.00