

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

434  
A



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
March 30, 2011

**SUBJECT:** Exclusive Care - EPO First Amendment to the Medical Contractor Agreement with Valley Chiropractic and Rehabilitation Center.

**RECOMMENDED MOTION:** 1) Ratify and approve the attached First Amendment to the Medical Contractor Agreement from January 15, 2011 until March 31, 2014, with Valley Chiropractic and Rehabilitation Center; 2) authorize the Chairperson to sign three (3) copies of the attached Agreement and; 3) retain one (1) copy of the signed Agreement and return two (2) copies to Human Resources for distribution.

**BACKGROUND:** In 1999, the Board of Supervisors established the County's self-funded Exclusive Provider Option (EPO) health plan, Exclusive Care, to provide a value health plan option to the employees of Riverside County and their families. To provide services to its enrolled members, Exclusive Care has contracted with a variety of healthcare providers.

*[Signature]*  
Shawn Atin, Asst. Human Resources Director for  
Barbara A. Olivier  
Asst. County Executive Officer/Human Resources Dir.

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ to be determined by claims	For Fiscal Year:	2010/11

<b>SOURCE OF FUNDS:</b> Premiums paid by members	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

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

**APPROVE**

**County Executive Office Signature**

BY: *[Signature]*  
Elizabeth J. Olson

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Stone, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: May 3, 2011

Kecia Harper-Ihem  
Clerk of the Board  
By: *[Signature]*  
Deputy

**Prev. Agn. Ref.:** ATTACHMENTS FILED **District:** ALL **Agenda Number:**

**WITH THE CLERK OF THE BOARD**

**3.38**

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS  
DATE: May 31, 2011  
Departmental Concurrence

Dep't Recomm.:  
Per Exec. Ofc.:

Consent     Policy  
 Consent     Policy

**BACKGROUND continued:**

This Provider has completed the Exclusive Care credentialing process which includes all appropriate medical licensure, public records, consumer complaints, business license, and lien verifications. The legal contracting entity has been verified with the W9 and/or the California Business Portal or Business License. This agreement continues participation in the Exclusive Care Provider Network under the new legal name "Tony Chu Chiropractic, Inc. doing business as Valley Chiropractic Center" under terms similar to other comparable providers under contract.

**FIRST AMENDMENT TO THE  
RIVERSIDE COUNTY – EXCLUSIVE CARE  
EXCLUSIVE PROVIDER ORGANIZATION  
MEDICAL CONTRACTOR AGREEMENT**

By and Between

The County of Riverside, State of California

And

Valley Chiropractic and Rehabilitation Center

The Medical Contractor Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and Valley Chiropractic and Rehabilitation Center (“Contractor”) for health care services effective May 1, 2009 for Exclusive Care enrollees, is hereby amended effective January 15, 2011 as follows:

1. All references in the Medical Contractor Agreement between Valley Chiropractic and Rehabilitation Center and County of Riverside – Exclusive Care EPO referring to “Valley Chiropractic and Rehabilitation Center” shall now be referenced as “Tony Chu Chiropractic, Inc. doing business as Valley Chiropractic Center.
2. All other terms and conditions of the Agreement shall remain in full force and effect.

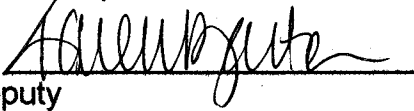
[Rest of the page intentionally left blank]

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.

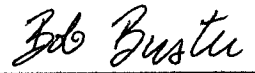
**ATTEST:**

Clerk to the Board  
Kecia Harper-Ihem

By   
Deputy

Date MAY 03 2011

**COUNTY OF RIVERSIDE**

By   
Chairman, Board of Supervisors  
BOB BUSTER


Date MAY 03 2011

Approved as to form and content:

Pamela J. Walls  
County Counsel

By:   
Deputy County Counsel

**CONTRACTOR: Tony Chu Chiropractic, Inc.**

By: 

Printed Name: Tony Chu, D.C.

Title: President

Date: 3/16/2011

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Tony Chu Chiropractic Inc dba Valley Chiropractic Center</b>	
	Business name/disregarded entity name, if different from above <b>Valley Chiropractic Center</b>	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>23767 Sunnymead Blvd. Ste A</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Moreno Valley, CA 92553</b>		
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
<b>Employer identification number</b>	
2 7 - 4 5 0 7 0 6 8	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>2/24/2011</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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TONY W. CHU, D.C.  
Valley Chiropractic Center  
23767 Sunnymead Blvd., Suite A  
Moreno Valley, CA 92553  
Telephone: (951) 924-0967  
Fax: (951) 924-3436

March 16, 2011

Sue McLaughlin  
Contract Specialist  
Exclusive Care – County of Riverside  
P.O. Box 1508  
Riverside, CA 92502-1508

Dear Mrs. McLaughlin:

Please find enclosed the signed Amendments to the Medical Contract Agreement with Exclusive Care. I have also enclosed the new W9.

Thank you for your efficiency. You have been very helpful while going through this process. Please do not hesitate to call me at 951-924-0967 if you have any further questions.

Sincerely,

Tony Chu, D.C.  
Valley Chiropractic Center