

**ADDENDUM 2, ATTACHMENT A-2**

**REQUEST FOR PROPOSALS 2018-138  
KITSAP COUNTY SHERIFF  
INMATE HEALTH CARE SERVICE**

**KTISAP OB/GYN CONTRACT**

**LETTER OF UNDERSTANDING  
BY AND BETWEEN  
KITSAP COUNTY SHERIFF'S OFFICE  
AND**

SERGE O ZAPATA MD

(Printed Name of Physician)

The parties, the Kitsap County Sheriff's Office (hereinafter the "Sheriff's Office") and SERGE O ZAPATA MD (hereinafter the "medical service provider"), having negotiated regarding the cost of uninsured medical expenses for inmates at the Kitsap County Jail as contemplated under RCW 70.48.130, hereby agree as follows:

- A. The Medical Service Provider agrees to seek payment first through an inmate's individual or group insurance program or government-sponsored program, prior to sending a medical bill for services to the Sheriff's Office.
- B. The Sheriff's Office agrees to provide reasonable assistance to the Medical Service Provider in obtaining information around any individual or group insurance program or government-sponsored program the inmate is entitled and to pass this information on to the Medical Service Provider.
- C. The Medical Service Provider agrees to provide reasonable attempts toward obtaining information around any individual or group insurance program or government-sponsored program the inmate is entitled and to pass this information on to the Sheriff's Office.
- D. Any payment received by the Medical Service Provider from any individual or group insurance program or government-sponsored program the inmate is entitled to represents the full payment for such services and the Sheriff's Office is not liable for any uncovered expenses.
- E. The Medical Service Provider will give the Sheriff's Office a thirty (30%) percent discount off of their current rate structure and will bill at the reduced rate for inmates who are not covered by an individual or group insurance program or government-sponsored program.

**F. Termination**

This Letter of Understanding may be terminated by either party, for cause or convenience, on ninety (90) days written notice, delivered to the Sheriff's Office or the Medical Service Provider.

**G. Effective Date**

This Letter of Understanding shall be in full force and effect on February 1<sup>st</sup>, 2012 and shall remain in effect until terminated as outlined above.


**For the Medical Service Provider:**

Signed this 23<sup>rd</sup> day of January 2012.

X   
\_\_\_\_\_  
Medical Service Provider Representative

**For the Sheriff's Office:**

Signed this 7<sup>th</sup> day of February 2012

  
\_\_\_\_\_  
Ned Newlin, Chief, Corrections Division

**LETTER OF UNDERSTANDING  
BY AND BETWEEN  
KITSAP COUNTY SHERIFF'S OFFICE  
AND**

Anita Alvestad-McIntyre MD

(Printed Name of Physician)

The parties, the Kitsap County Sheriff's Office (hereinafter the "Sheriff's Office") and Anita A. McIntyre MD (hereinafter the "medical service provider"), having negotiated regarding the cost of uninsured medical expenses for inmates at the Kitsap County Jail as contemplated under RCW 70.48.130, hereby agree as follows:

- A. The Medical Service Provider agrees to seek payment first through an inmate's individual or group insurance program or government-sponsored program, prior to sending a medical bill for services to the Sheriff's Office.
- B. The Sheriff's Office agrees to provide reasonable assistance to the Medical Service Provider in obtaining information around any individual or group insurance program or government-sponsored program the inmate is entitled and to pass this information on to the Medical Service Provider.
- C. The Medical Service Provider agrees to provide reasonable attempts toward obtaining information around any individual or group insurance program or government-sponsored program the inmate is entitled and to pass this information on to the Sheriff's Office.
- D. Any payment received by the Medical Service Provider from any individual or group insurance program or government-sponsored program the inmate is entitled to represents the full payment for such services and the Sheriff's Office is not liable for any uncovered expenses.
- E. The Medical Service Provider will give the Sheriff's Office a thirty (30%) percent discount off of their current rate structure and will bill at the reduced rate for inmates who are not covered by an individual or group insurance program or government-sponsored program.

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Signed this 23<sup>rd</sup> day of January 2012.

  
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Medical Service Provider Representative

**For the Sheriff's Office:**

Signed this 7<sup>th</sup> day of February 2012

  
\_\_\_\_\_  
Ned Newlin, Chief, Corrections Division