

**AMENDMENT TO THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)
PARTICIPATING PHYSICIAN, PHYSICIAN GROUP AND
COMMUNITY HEALTH CENTER AGREEMENT**

This amendment (hereinafter “Amendment”) to County Medical Services Program (CMSP) Physician, Physician Group and Community Health Center Agreement (“Amendment”) is by and between County Medical Services Program Governing Board (hereafter “Governing Board”) and County of Shasta and/or entity(ies) identified in Exhibit A-1 (as defined below) (“Provider”), and amends the County Medical Services Program (CMSP) Physician, Physician Group and Community Health Center Agreement between Governing Board and Provider, as amended(collectively, the “Agreement”). All capitalized terms not defined herein shall be as defined in the Agreement.

Recitals

- A. Governing Board entered into the Agreement to make available quality health care to Members, and Provider entered into the Agreement to provide such quality health care in a cost-efficient manner.
- B. Governing Board and Provider seek to amend the terms of the Agreement to reflect changes to Provider’s address and other information contained in Exhibit A of the Agreement.

IT IS HEREBY AGREED AS FOLLOWS:

- 1. Exhibit A of the Agreement is deleted and replaced with Exhibit A-1 attached hereto and incorporated herein (“Exhibit A-1”).
- 2. All references to “Exhibit A” in the Agreement shall be deleted and replaced with “Exhibit A-1”.
- 3. This Amendment is effective August 15, 2024.
- 4. Except as expressly amended herein, all other terms and conditions of the Agreement shall remain in full force and effect, the same as if this Amendment had not been executed.

Dated effective August 15, 2024.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below. By their signatures below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SHASTA

Date: _____

KEVIN W. CRYE, CHAIR
Board of Supervisors
County of Shasta
State of California

ATTEST:
DAVID J. RICKERT
Clerk of the Board of Supervisors

By: _____
Deputy

Approved as to form:
JOSEPH LARMOUR
County Counsel

By: 
3EA8930A101C40F...

02/20/2025 | 4:24 PM PST
Date: _____

Name: Trisha C. Weber

Title: Assistant County Counsel

RISK MANAGEMENT APPROVAL

By: 
63C65418CE88944C...

02/20/2025 | 12:24 PM PST
Date: _____

Name: Dolyene Lane

Title: Risk Manager

GOVERNING BOARD

By: _____

Date: _____

Name: Kari Brownstein

Title: Executive Director

EXHIBIT A-1

PROVIDER INFORMATION AND ADDRESSES WHERE MEDICAL SERVICES ARE PROVIDED

For: **County of Shasta**
CMSP Contract No. SP118

In accordance with Sections 3.1 and 3.2 of the Agreement, Provider provides, or arranges for, services at the locations listed below. Use one or more pages as necessary when multiple providers under common ownership (the Provider is signing on behalf of all of them) are expected to bill Governing Board under more than one TIN and/or billing address. Please enter "N/A" for the following if not applicable or not available:

SEE ATTACHED ROSTER

Provider Name	Jonathan Sy	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.	(808)304-0406	
Facsimile No.		
Email Address	jsy@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	A141653	
NPI (or UPIN if NPI not yet designated)	NPI: _1629339148_ UPIN: _____	
DEA No.	FS6048284	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: <u>04/01/2018</u> To: <u>Current</u> Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	James Mu	Billing Address: <u>Shasta County Public Health</u> <u>2650 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	jmu@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	G69148	
NPI (or UPIN if NPI not yet designated)	NPI: 1700875572 UPIN: _____	
DEA No.	BM2421307	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Brandon Weinstock	Billing Address:
Telephone No.		
Facsimile No.		<u>Shasta County Mental Health</u>
Email Address	bweinstock@shastacounty.gov	<u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Tax I.D. No.		Physical Address (if different than above):
License No.	95013215	
NPI (or UPIN if NPI not yet designated)	NPI: 1396380705 _____ UPIN: _____	
DEA No.	MW5595232 XW5595232	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Lindsay Bloom	Billing Address:
Telephone No.		
Facsimile No.		<u>Shasta County Mental Health</u>
Email Address	llbloom@shastacounty.gov	<u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Tax I.D. No.		Physical Address (if different than above):
License No.	95029056	
NPI (or UPIN if NPI not yet designated)	NPI: 1831845718 UPIN: _____	_____
DEA No.	MB8829282	_____
Hours	_____	Mid-Level Practitioners Supervised:

Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____
		Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Stellah Kulabako	Billing Address:
Telephone No.		
Facsimile No.		<u>Shasta County Mental Health</u>
Email Address	skulabako@shastacounty.gov	<u>2640 Breslauer Way</u>
		<u>Redding, CA 96001</u>
Tax I.D. No.		Physical Address (if different than above):
License No.	95025583	
NPI (or UPIN if NPI not yet designated)	NPI: <u>1770280646</u> UPIN: _____	_____
DEA No.	MK7896600	_____
Hours	_____	Mid-Level Practitioners Supervised:

Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____
		Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Asif Majid	Billing Address:
Telephone No.		
Facsimile No.		<u>Shasta County Mental Health</u>
Email Address	amajid@shastacounty.gov	<u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Tax I.D. No.		Physical Address (if different than above):
License No.	A160308	
NPI (or UPIN if NPI not yet designated)	NPI: 1801274881 UPIN: _____	_____
DEA No.	FM8140939	_____
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Sujatha Ramakrishna	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	sramakrishna@shastacounty.gov _____	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	C51210	
NPI (or UPIN if NPI not yet designated)	NPI: <u>1306908140</u> UPIN: _____	
DEA No.	FS6048284	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____