1st ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS 1st ADDENDUM is to that Contract for Services entered into on June 22, 2022, by and between the County of Siskiyou ("County") and Mt Shasta Ambulance Services, Inc. ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Contract expires on June 30, 2026, and services continued to be required after that date; and

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit A, needs to be revised to reflect additional duties.

WHEREAS, the Workers' Compensation Insurance in Contract section 5.04 shall be amended to establish a minimum limit of coverage.

WHEREAS, the Liability minimum coverage has increased in the Contract in Section 5.05.

WHEREAS, the General Liability minimum coverage has increased in the contract in section 5.06.

WHEREAS, the Professional Liability minimum coverage has increased in the Contract in section 5.10.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the contract through June 30, 2028.

Paragraph 3.01 of the Contract, Scope of Services, Exhibit "A", shall be deleted and replaced in its entirety with the new Exhibit "A", Scope of Services, attached hereto and hereby incorporated by reference.

Paragraph 5.04 shall be amended to establish a minimum limit of $1,000,000.00 for Workers' Compensation Insurance.

Paragraph 5.05 shall be amended to increase the required limit for Liability Insurance from $1,000,000.00 to $2,000,000.00.

Paragraph 5.06 shall be amended to increase the required limit for General Liability Insurance from $1,000,000.00 to $2,000,000.00.

Paragraph 5.10 shall be amended to increase the required limit for Professional Liability Insurance from $1,000,000.00 to $2,000,000.00.

All other terms and conditions of the Contract shall remain in full force and effect.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this 1st addendum on the dates set forth 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 SISKIYOU

Date:_____

_____
RAY A. HAUPT, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Mt Shasta Ambulance

Date: 9-15-26

_____
E.J. Banos, President

Date: 9-15-2026

_____
Tina Banos, Vice President

License No.:458
(Licensed in accordance with an act providing for the registration of contractors)

TAXPAYER I.D. On File

ACCOUNTING:

Fund	Organization	Account	Activity Code
2122	401030	740000	
2122	401030	723000	
2184	401044	723000	2233

Encumbrance number (if applicable): E2600050

If not to exceed, include amount not to exceed: $0.01 (Rate)
FY 25/26 $0.01 (Rate)
FY 26/27 $0.01 (Rate)
FY 27/28 $0.01 (Rate)

Exhibit "A"

I. Scope of Services

Transportation Services

Contractor agrees to provide transportation for persons identified in need of 5150 transportation and scheduled by County. Patient scheduling can occur during regular business hours, Monday-Friday 8-5, and outside of working hours, including after 5pm and on weekends.

Contractor agrees:

1.. Provide on-call services for 5150 transportation to clients identified as in meeting the criteria defined by the California Welfare and Institutions code 5150(a).

2. Verify with Behavioral Health Crisis staff the identified clients in need of such transportation; requests will not come directly from the hospitals or other sources.

3. Transport the client to their designated medical facility and arrangement for medical needs during said transport.

4. Communications with Siskiyou County Behavioral Health, including; availability, timelines, changes of stability or status of the patient and confirmation of transfer.

II. Compensation

1. Claims for payment must be submitted within thirty (30) days after the month in which services were provided. The contractor shall submit timely original itemized invoice, which identifies the services and total amount due.

2. County shall compensate Mt. Shasta Ambulance Service, Inc. for services rendered performed according to the following Rate Schedule.

MT SHASTA AMBULANCE

RATE SCHEDULE

RATES EFFECTIVE 12-01-2025

ALS DRYRUN	$3500.00
ALS-1 BASERATE	$3500.00
ALS-2 BASE RATE	$4000.00
ALS-SPECIALTY CARE TRANSPORT	$4500.00
BLS EMERGENCY	$2250.00
BLS NON-EMERGENCY	$2100.00
MILEAGE	$60.00
EKG	$200.00
NIGHT CHARGE	$200.00
STANDY-BY PER 15 MINUTES	$300.00
OXYGEN	$200.00
OXYGEN SUPPLIES	$100.00
EXTRA ATTENDENT PER HOUR	$250.00

The above rates have been approved by the board of directors of service area #3 and are comparable to fees charge by other services operating in Siskiyou and Shasta counties.

We accept assignment of allowed Medi-Cal and Medicare charges.

Mt. Shasta Ambulance Service, Inc.
PO BOX 1030
Mount Shasta, Ca 96067
530-926-2685 P
530-926-5001 F
Office@mtshastaambulance.com

Ground Ambulance Transport Provider	Maximum Base Rates					Mileage Rate (Per Mile)
	ALS	LALS	BLS	CCT	Treat/No Transport	
Eagle Ambulance	N/A	N/A	$2,800.00	N/A	N/A	$25.00
Falcon CCT	N/A	N/A	$3,791.76	$14,500.00	$450.00	$73.78
Happy Camp Ambulance	$3,675.00	$3,675.00	$2,380.00	N/A	$2,200.00	$60.00
Journey Ambulance	N/A	N/A	$1,774.98	N/A	N/A	39.05
Medic Ambulance	$3,006.42	N/A	$3,006.42	$7.535.00	$3,006.42	$60.95
Mercy Redding Ambulance	$6,584.00	N/A	$2,759.00	N/A	N/A	$170.00
Mountain Medics	$1,890.00	N/A	$1,295.00	$2,660.00	$300.00	$27.00
Mt. Shasta Ambulance	$4,000.00	$4,000.00	$2,250.00	$4,500.00	$3,500.00	$60.00