

BILL/ RESOLUTION REQUEST

- 1. Title:** Amends a contract with Occupational Health Centers of the Southwest P.A., P.C. doing business as Concentra Medical Centers to add \$1.4 million (for a new contract total not to exceed \$1.8 million) and extend current agreement through 12-31-2016 to provide primary medical Care for City employees utilizing the Workers Compensation Program (FINAN-201313774-00).

- 2. Requesting Agency:** Department of Finance

- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Ray Sibley
Phone:
Email:

- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
Name:
Phone:
Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - b. Duration**

 - c. Location**

 - d. Affected Council District**

 - e. Benefits**

 - f. Costs**

- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: BR14-0899

Date: 10/14/2014