

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

**AMENDMENT
TO
MEMORANDUM OF UNDERSTANDING (MOU)
BY AND BETWEEN HIDALGO COUNTY HEALTH DEPARTMENT and
HIDALGO COUNTY SHERIFF'S OFFICE
(C-07-225-05-08) - (E-13-160-04-30)**

This **AMENDMENT** to the **Memorandum of Understanding (MOU)** (as defined below) between **HIDALGO COUNTY HEALTH DEPARTMENT**, hereinafter referred to (the "Health Department") and **HIDALGO COUNTY SHERIFF'S OFFICE**, hereinafter referred to (the "Sheriff's Office"), is effective the **25th** day of **June, 2013**, and is made between the Health Department and the Sheriff's Office (the "Amendment") as follows:

WHEREAS, on or about **May 8th, 2007**, **Health Department** and **Sheriff's Office** executed that certain **Memorandum of Understanding (MOU)**, between **Health Department** and the **Sheriff's Office**, in which the Health Department agreed to provide "professional services" for: "**PRENATAL HEALTH CARE SERVICES OF INMATES**" (the "MOU");

WHEREAS, due to a change in Exhibit A- Full Pay Clients Payment Schedule, at the request of the Health Department, the Sheriff's Office and the Health Department have agreed to amend the original Exhibit A-Fees for "**PRENATAL HEALTH CARE SERVICES OF INMATES**" (the "MOU");

WHEREAS, the parties desire to amend the Agreement as hereinafter provided;

NOW THEREFORE, for and in consideration of the terms and provisions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Health Department and Sheriff's Office hereby agree to the amend the Memorandum of Understanding (MOU) as follow:

1. Exhibit "A" Full Pay Clients Payment Schedule to the Memorandum of Understanding (MOU) is deleted in its entirety and amended by adding hereto the modified **Exhibit A-Full Pay Prenatal Client's Payment Schedule** attached hereto.
2. Except as modified herein, all terms and conditions of the Memorandum of Understanding (MOU), as amended by this Amendment, remain in full force and effect and Health Department and Sheriff's Office ratify and confirm the terms and provisions of the Memorandum of Understanding (MOU), as amended by this Amendment.

EXECUTED IN DUPLICATE ORIGINALS and effective as of the day and year first written above.

HIDALGO COUNTY HEALTH DEPARTMENT

By: _____
Eduardo Olivarez, Director

HIDALGO COUNTY SHERIFF'S OFFICE

By: _____
Guadalupe "Lupe" Trevino, Sheriff

HIDALGO COUNTY

By: _____
Ramon Garcia, County Judge

ATTEST:

By: _____
Arturo Guajardo Jr., County Clerk

Approved by Commissioner's Court _____, 2013

**APPROVED AS TO FORM:
ATLAS, HALL & RODRIGUEZ, L.L.P.**

By: _____
Stephen L. Crain, Attorney

Exhibit A

Full Pay Prenatal Client's Payment Schedule (Non-Title V/Medicaid/CHIP) Effective March 1, 2013

| | |
|---|----------|
| Prenatal Intake (In-house Lab Only) | \$ 30.00 |
| Prenatal Physical Exam | \$ 35.00 |
| Pap Smear | \$ 35.00 |
| CT/GC | \$ 35.00 |
| Prenatal Panel (HIV, Rubella/Hepatitis B/RPR) | \$ 30.00 |
| RH Type | \$ 5.00 |
| Quad | \$ 35.00 |
| Glucose Serum | \$ 5.00 |
| 3 Hr. GTT | \$ 20.00 |
| | |
| Prenatal Return Visit | \$ 10.00 |
| | |
| Prenatal Supplies: | |
| Prenatal Vitamins | \$ 5.00 |
| Iron | \$ 5.00 |

Schedule of Fees Apply to:

Clients that refuse or unable to follow through with the Medicaid/CHIP application process.