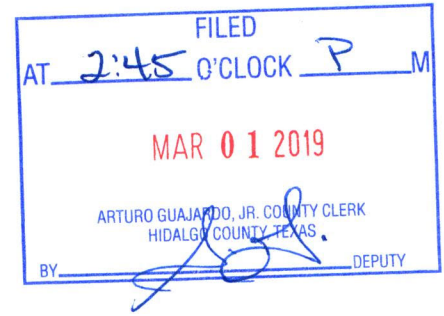


STATE OF TEXAS

§
§
§

COUNTY OF HIDALGO

**SECOND AMENDMENT TO CONTRACT
#C-16-379A-11-15**



This **AMENDMENT** to the **CONTRACT** is made on this the 26th day of February, 2019, by and between **Hidalgo County, Texas**, a political subdivision of the State of Texas (hereinafter "County") and **Ivan G. Melendez, M.D.** (hereinafter "Physician" and/or "Contractor") to serve at the pleasure of the Hidalgo County Commissioner's Court.

WHEREAS, Hidalgo County and Physician entered into a Contract for Services on November 15, 2016 (the "CONTRACT") in which the Physician agreed to provide professional medical services for the residents of the Hidalgo County Adult Detention Facility (the "Clients") as described in the Contract; and

WHEREAS, said Contract expires on December 31, 2018, and the Contract provides that it may be extended for two (2) one (1) year options reserved solely with the County, and

WHEREAS, the County wishes to exercise its unilateral option to extend the Contract for an additional one (1) year period pursuant to the contract terms; and

WHEREAS, the County and Physician, due to certain circumstances, require further clarification of the terms of the Contract and hereby require the amendment of the Contract to include the following additions and modifications; and

WHEREAS, the Contract allows the parties to modify or amend the Contract terms by mutual written agreement; and

WHEREAS, the parties desire to amend the Contract as hereinafter provided.

NOW, THEREFORE, for and in consideration of the terms and provisions of this Second Amendment to the Contract, both parties hereby agree to the following amendments to the Contract.

1. ***Exhibit "B" HIDALGO COUNTY - SHERIFF'S OFFICE- "PHYSICIAN SERVICES FOR INMATES" shall be substituted and replaced with the new attached Exhibit "B":***
2. ***The following provision regarding Coverage shall be added as Number 19 to the Contract:***

19. Contractor will be responsible for making arrangements acceptable to, and at no additional expense to the County, for adequate professional medical services coverage during any absence. The County shall not unreasonably withhold acceptance of any such arrangements. Contractor shall remain responsible for the Services at all times during the term of this Agreement. However, the parties agree that the Contractor may have a qualified substitute physician render the Services.

Contractor must submit the name of the qualified physician to the County and make all necessary arrangements for the performance of Services should Contractor not be available for the agreed upon work schedule as indicated in Exhibit "B". **FAILURE TO PROVIDE ADEQUATE COVERAGE AS DESCRIBED HEREIN IS AN EVENT FOR WHICH THIS AGREEMENT MAY BE IMMEDIATELY TERMINATED WITHOUT PENALTY.** While this Agreement allows for a qualified substitute physician to render the Services, it is not the intent of the parties to have another physician other than the Contractor perform the services on a regular basis. Any abuse of this substitute physician provision by Contractor, upon reasonable determination by the County, shall result in the County having sole discretion to terminate this agreement effective immediately.

Except as modified herein, all terms and conditions of the Contract, as amended, remain in full force and effect. Hidalgo County and Physician ratify and confirm the terms and provisions of the Contract as amended.

Further, as stated herein, notice is hereby given that County is exercising its unilateral option to extend the Contract for an additional one (1) year period after the expiration of the current term.

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

Hidalgo County

Physician:


By: Richard F. Cortez Date: 3/1/2019
Richard Cortez, County Judge

By: _____ Date: _____
Ivan G. Melendez, MD

APPROVED BY
COMMISSIONERS' COURT
ON: 2/26/19 ms

ATTEST:

By: Arturo Guafardo, Jr. Date: 3/1/2019
Arturo Guafardo, Jr., County Clerk



Approved As To Form:
Office of the Criminal District Attorney

By: VM Garza
Victor M. Garza, Assistant District Attorney

Exhibit "B"

HIDALGO COUNTY – SHERIFF'S OFFICE-

"PHYSICIAN SERVICES FOR INMATES"

In exchange for the Negotiated Monthly Fee of **\$3,900.00**, Contracted Physician will provide clinic calls at the Hidalgo County Detention Facility to be scheduled on an as-needed basis for a minimum of four (4) hours a week. The clinic calls are in addition to the following Scope of Services as outlined in the Physician Contract. As noted below, clinic calls will be scheduled with the R. N. Supervisor and/or Infirmiry Administrator.

SCOPE OF SERVICES: The Physician Services contract will encompass all project-related medical services to the County of Hidalgo, but not limited to, the following:

- a. Providing standing delegation orders to nurse practitioners and nurses and supervising medical procedures;
- b. Conducting physical examinations of the Clients as required by the Department;
- c. Conducting other evaluations and tests on each Client as required by the Department;
- d. Interpreting the results of any test conducted under (b) or (c) above and submitting a written report to the Department of the results of such tests and examinations, as required by the Department including but not limited to, the Radiology tests (i.e. X-rays for all inmates) performed on Hidalgo County inmates involving and/or subject to tuberculosis;
- e. Together with a nurse, provide at the sole cost and expense of the Department, will conduct and oversee Sick Call Clinics for all inmates incarcerated at the Hidalgo County Adult Detention Facility (Jail) who require medical services. It will be the duty of the R.N. Supervisor and/or Infirmiry Administrator to organize additional clinic visits by the Contractor to follow up with medications, treatments, and similar requirements;
- f. Physician(s) shall adopt and implement workplace guidelines concerning inmates with AIDS and HIV infection and shall develop and implement guidelines regarding confidentiality of AIDS and HIV-related medical information for employees of Contractor and for Clients, Inmates, patients, and/or residents served by the Contractor.
- g. Provides consultation, hands-on treatment, and other related medical services to inmates while assessing their health needs and designing treatment plans during regularly scheduled visits to the Jail facilities;
- h. Physician(s) shall refer inmates to a hospital or specialty clinic for treatment and care whenever the health care required is beyond the resources available in the jail;
- i. Physician(s) shall oversee the preparation, maintenance, and submission of all records that are designated, required or prescribed by either the Department or the Texas Commission on Jail Standards;
- j. Physician(s) shall permit Department and the Texas Commission on Jail Standards to audit or inspect records and reports, review services and/or evaluate the performance of the services provided hereunder at any time;
- k. Physician(s) shall provide reasonable access to all records, books, reports and other data and information needed to accomplish reviews of activities, services, and expenditures of the Department;
- l. Physician(s) will order prescription medications utilizing the approved formulary provided by the jail, unless in the best interest of the patient as is deemed by the Physician;
- m. The qualified Physician(s) must provide and maintain a Texas Controlled Substance Registration Certificate listing the Adult Detention Centers' physical address in order to maintain and store/stock medications as needed by the Contract Physician(s) and Detention Infirmiry Department;
- n. Physician shall be responsible for making arrangements acceptable to, and at no additional expense to the county, for adequate coverage during any absence to Physician. The County, through the Sheriff of the County, shall not unreasonably withhold acceptance of any such arrangements.
- o. Physician shall remain responsible for the services herein requested at all times during the term of services agreed to in this Agreement. Physician may have a qualified substitute physician render services herein requested. The substitute physician must meet the qualifications-requirements as set forth in this Agreement.

- p. Physician must submit the name of the qualified physician to the County and make all necessary arrangements for the performance of services should Physician not be available for a period exceeding forty-eight (48) hours.
- q. Fee \$3,900/month.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE BY BILLY PASTOR 625 W PECAN MCALLEN, TEXAS 78501	CONTACT NAME: EDUARDO PASTOR
	PHONE (A/C No, Ext): 956-668-1283 FAX (A/C, No): 956-668-1874
	E-MAIL ADDRESS: EDUARDOPASTOR@AOL.COM
	INSURER(S) AFFORDING COVERAGE
	INSURER A : LLOYD'S OF LONDON
	INSURER B : PROGRESSIVE
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED
IVAN MELENDEZ
3304 N BRYAN RD
MISSION, TX 78573

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		OQOTH-P	10/10/2018	10/10/2019	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		06754310-7	06/11/2018	12/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MEDICAL OFFICES

CERTIFICATE HOLDER

HIDALGO COUNTY
ATTN: PURCHASING DEPARTMENT
2812 S HWY BUS 281
EDINBURG, TEXAS 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

BILLY PASTOR INS
625 W PECAN
MCALLEN, TX 78501
1-956-668-1283

PROGRESSIVE
COMMERCIAL

Policy number: 06754310-7

Underwritten by:
PROGRESSIVE COUNTY MUTUAL INS CO
October 24, 2018
Page 1 of 1

Certificate of Insurance

Certificate Holder

HIDALGO COUNTY
2812 S HWY BUS 281
EDINBURG, TX 78539

Insured

IVAN MELENDEZ
3304 N BRYAN RD
MISSION, TX 78573

Agent

BILLY PASTOR INS
625 W PECAN
MCALLEN, TX 78501

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 11, 2018

Policy Expiration Date: Dec 11, 2018

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE

\$500,000 COMBINED SINGLE LIMIT

UNINSURED/UNDERINSURED MOTORIST

\$30,000/\$60,000

UNINSURED MOTORIST PROPERTY DAMAGE

\$25,000 W/\$250 DED

Description of Location/Vehicles/Special Items

Scheduled autos only

2011 MERCEDES-BENZ SPRINTER 2500 WD3PE7CC1B5595357
ROADSIDE ASSISTANCE SELECTED

Certificate number

29718NET310

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.



Texas Liability Insurance Card

PROGRESSIVE COUNTY MUTUAL INS CO
1-800-444-4487
(se habla español)

PROGRESSIVE

Policy period: Dec 11, 2018 to Jun 11, 2019

Policy number: 06754310-8

Agent: BILLY PASTOR INS
1-956-668-1283

Name of Insured

IVAN MELENDEZ
3304 N BRYAN RD
MISSION, TX 78573

TEMPORARY

Vehicle

Year	Make	Model	Vehicle Identification No.
2011	MERCEDES-B	SPRINTER 2500	WD3PE7CC1B5595357

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Texas Liability Insurance Card

Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker

You may also be asked to show this card or your policy if you have an accident or a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas

Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

Our claims service number is **1-800-274-4499**. We are available 24 hours a day, 7 days a week to begin working to resolve your claim.

Texas Liability Insurance Card

Progressive County Mutual Ins Co
To report a claim: 1-800-274-4499
(se habla español)

Named Insured(s)

Ivan G Melendez
3304 N Bryan Rd
Mission, TX 78573

PROGRESSIVE®

Policy Period: Oct 16, 2018 - Apr 16, 2019

Policy Number: 53441410

Agent: Insurance By Billy Pastor
1-956-668-1283

Excluded driver(s): IVAN MELENDEZ Jr.

Year	Make	Model	Vehicle Identification No.
2015	Mercedes-Benz	S550	WDDXJ8FB4FA001616
2009	Dodge	Challenger	2B3LJ74W89H562935
2011	Bmw	550	WBAFR9C5XBC758924
2005	Hummer	H2	5GRGN23U25H132503

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Texas Liability Insurance Card Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

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All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

Call Progressive Claims Service at 1-800-274-4499. We are available 24 hours a day, 7 days a week to begin working to resolve your claim.

Texas Liability Insurance Card

Progressive County Mutual Ins Co
To report a claim: 1-800-274-4499
(se habla español)

Named Insured(s)

Ivan G Melendez
3304 N Bryan Rd
Mission, TX 78573

PROGRESSIVE®

Policy Period: Oct 16, 2018 - Apr 16, 2019

Policy Number: 53441410

Agent: Insurance By Billy Pastor
1-956-668-1283

Excluded driver(s): IVAN MELENDEZ Jr.

Year	Make	Model	Vehicle Identification No.
2018	Subaru	Outback W/Eyesight	4S4BSATC6J3342627
2019	Gmc	K1500 Denali	1GTU9FEL0KZ109926
2012	Fiat	500	3C3CFFER0CT119149
2000	Ford	F150	2FTZF172XYCA51609

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

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All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

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Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

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Texas Liability Insurance Card

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(se habla español)

Named Insured(s)

Ivan G Melendez
3304 N Bryan Rd
Mission, TX 78573

PROGRESSIVE®

Policy Period: Oct 16, 2018 - Apr 16, 2019

Policy Number: 53441410

Agent: Insurance By Billy Pastor
1-956-668-1283

Excluded driver(s): IVAN MELENDEZ Jr.

Year	Make	Model	Vehicle Identification No.
2001	Dodge	Ram 1500	1B7HC16X51S714569
1955	Rolls	Royce	DLW87
1991	Porsche	911	WP0AA2962MS480380
1995	Ford	Bronco	1FMEU15H9SLA30707

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Tarjeta de Seguro de Responsabilidad de Texas

Guarde esta tarjeta.

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Named Insured(s)

Ivan G Melendez
3304 N Bryan Rd
Mission, TX 78573

PROGRESSIVE®

Policy Period: Oct 16, 2018 - Apr 16, 2019

Policy Number: 53441410

Agent: Insurance By Billy Pastor
1-956-668-1283

Excluded driver(s): IVAN MELENDEZ Jr.

Year	Make	Model	Vehicle Identification No.
1982	Volkswagen	Vanagon	WV2YA0254CH148197
2018	Mercedes-Benz	C300	WDDWF4JB6JR360778
2002	Spn	Spider	550000707

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Tarjeta de Seguro de Responsabilidad de Texas

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Call Progressive Claims Service at 1-800-274-4499. We are available 24 hours a day, 7 days a week to begin working to resolve your claim.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
 2019-451679

Date Filed:
 02/12/2019

Date Acknowledged:
 02/15/2019

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Ivan G Melendez
 Mission, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

County of Hidalgo

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

C-16-379A
 Physician Services for Inmates

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

- 1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

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Date Filed:
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Ivan G Melendez
Mission, TX United States

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County of Hidalgo

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C-16-379A
Physician Services for Inmates

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ivan Gilberto Melendez, and my date of birth is 01-31-1960.

My address is 3304 N Bryan Rd, Mission, Tx, 78573, Hidalgo
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 12 day of February, 2019.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)