

MUSKOGEE COUNTY DETENTION CENTER
 A DIVISION OF THE MUSKOGEE COUNTY SHERIFF'S DEPARTMENT
 122 SOUTH 3RD STREET
 MUSKOGEE, OK 74401
 PHONE: 918-682-7851 AND FAX 918-686-6456

MEDICAL SERVICE CONTRACT

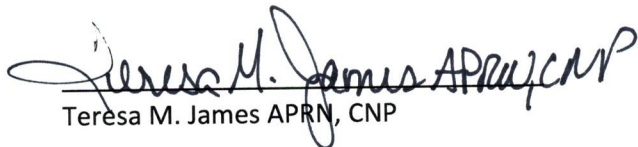
THIS CONTRACT IS SUBMITTED FOR APPROVAL THIS 16th DAY OF May 2022; BETWEEN THE MUSKOGEE COUNTY BOARD OF COUNTY COMMISSIONERS (HEREINAFTER REFERRED TO AS BOARD) AND TERESA M. JAMES, APRN, CNP (HEREIN REFERRED TO AS HEALTH CARE PROVIDER (HCP)).

That even consideration of normal promises covenants and agreements hereinafter set forth, the parties' contract, covenant and agrees as follow:

1. PROVIDER HEREBY AGREES TO PROVIDE PROFESSIONAL SERVICES TO INMATES AT THE MUSKOGEE COUNTY DETENTION FACILITY, SAID SERVICE TO INCLUDE PHYSICAL EXAMINATION, DIAGNOSIS, TREATMENT AND PRESCRIPTIONS FOR MEDICATION AS PROVIDER IN HIS BEST PROFESSIONAL JUDGMENT DEEM PROPER.
2. PROVIDER AGREES TO REFER TO APPROPRIATE MEDICAL PRACTITIONERS FOR MEDICAL ATTENTION OR TREATMENT WHEN SUCH ATTENTION OR TREATMENT CANNOT BE PROVIDED AT THE MUSKOGEE COUNTRY DENTENTION FACILITY.
3. PROVIDER AGREES TO PROVIDE SUCH MEDICAL SERVICES AS POSSIBLE AT THE MUSKOGEE COUNTY DETENTION FACILITY TWICE A WEEK TO CONFORM TO OKLAHOMA JAIL STANDARD REQUIREMENT OF TWO WEEKLY VISITS. PROVIDER AGREES TO MAKE MORE FREQUENT PROFESSIONAL CALLS AT SAID JAIL WHEN ADDITIONAL VISITS ARE REASONABLY NECESSARY WHETHER IN PERSON OR VIRTUAL WHEN NECESSARY.
4. PROVIDER AGREES TO PROVIDE ADDITIONAL PRACTITIONER OF MEDICINE OF HIS OWN CHOOSING TO COVER FOR THE PROVIDER WHEN ON VACATION AND SCHOOLING.
5. PROVIDER AGREES TO BE AVAILABLE "ON CALL" BASIS TO SUPPORT STAFF FOR MEDICAL SERVICES TO INMATES AT THE MUSKOGEE COUNTY DETENTION FACILITY. INMATES WILL BE TRANSFERRED TO THE LOCAL ASSIGNED EMERGENCY FACILITY FOR EMERGENCY OR ACUTE MEDICAL PROBLEMS OF ANY INMATE.
6. IN THE PERFORMANCE OF THE ABOVE DUTIES, PROVIDER MAY EMPLOY AT HIS OWN EXPENSE ADDITIONAL PRACTITIONERS OF MEDICINE OF HIS CHOOSING PROVIDED THAT SUCH PRACTITIONERS ARE CERTIFIED BY THE APPROPRIATE BOARD IN THE STATE OF OKLAHOMA.
7. THE BOARD AGREES TO PAY THE PROVIDER THE SUM OF \$4,000.00 MONTHLY FOR THE SERVICES HEREIN SET FORTH TO BE PAID FROM THE SHERIFF'S FUNDS. A 90 DAY EVALUATION OF FUNDS WITH INTENT TO INCREASE PROVIDERS PAY TO THE REQUESTED \$4,500.00 WILL BE PERFORMED.
8. PROVIDER WILL MAINTAIN AND PAY FOR HIS OWN MALPRACTICE INSURANCE COVERAGE IN THE AMOUNT OF \$1,000,000.00 PER INCIDENT AND \$6,000,000.00 AGGREGATE AND PROVIDE THE BOARD WITH A CURRENT COPY OF COVERAGE (ATTACHED).

- 9. THIS AGREEMENT MAY BE TERMINATED BY EITHER PARTY HERETO BY NOTICE IN WRITING DELIVERED TO THE OTHER PARTY AS SUCH PARTY'S PRINCIPAL PLACE OF BUSINESS 30 DAYS PRIOR TO THE DATE OF TERMINATION.
- 10. THIS AGREEMENT SHALL TERMINATE AUTOMATICALLY AT THE CLOSE OF ANY FISCAL YEAR OF THE BOARD PROVIDED THAT BOARD MAY EXTEND THE TERMS HEREOF AND RENEW THIS CONTRACT BY ADOPTION OF A RESOLUTION TO THE EFFECT AND APPROPRIATION OF FUNDS IN EACH FISCAL YEAR TO PAY THE SUMS PAYABLE HEREUNDER.
- 11. THE TERMS OF THIS AGREEMENT MAY BE MODIFIED BY AGREEMENT OF THE PARTIES HERETO AND SHALL BE EFFECTIVE WHEN REDUCED TO WRITING AND EXECUTED BY THE PARTIES.
- 12. PROVIDER AGREES TO FULFILL THE ROLES AND RESPONSIBILITIES OF THE FACILITY'S MEDICAL DIRECTOR AS DEFINED IN THE HEALTH ADMINISTRATION POLICY WITHIN THE SCOPE OF PRACTICE OF THE APPROPRIATE BOARD IN THE STATE OF OKLAHOMA.

IN WITNESS WHEREFORE WE HAVE HEREUNTO SET OUR HAND AND SEAL THIS ___ DAY OF ___, 2022.



 Teresa M. James APRN, CNP



 Andy Simmons, Sheriff



 Kenny Payne, County Commissioner






 Ken Doke, County Commissioner



 Keith Hyslope, County Commissioner



 Polly Irving, County Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2022

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 have ADDITIONAL INSURED provisions or 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 CM&F Group Inc. 110 West 40th Street 10th Floor, Suite 1000/1001 New York, NY 10018	CONTACT NAME: CM&F Group PHONE (A/C, No, Ext): 1-800-221-4904 E-MAIL ADDRESS: info@cmfgroup.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Teresa James 14006 E 120TH ST S GORE, OK74435-5500	INSURER A: MEDICAL PROTECTIVE COMPANY- MPC	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			K72114	03/01/2022	03/01/2023	Per Incident 1,000,000 Aggregate 6,000,000

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

Claims Made Coverage
Prior Acts Date: 03/01/2020
Nurse Practitioner

CERTIFICATE HOLDER

Teresa James
14006 E 120TH ST S
GORE, OK74435-5500

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

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