

BRIEF TITLE	APPROVAL DEADLINE	REASON
Agreement - St. Elizabeth		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Approving an addendum to an Agreement between the City and Saint Elizabeth Health System to provide discounted medical services at Saint Elizabeth Regional Medical Center, Saint Elizabeth Company Care and at Linc Care facilities, for the treatment of Workers Compensation injuries and illnesses, through April 10, 2006.</p>	Sponsor	Personnel Department, Risk Management
	Program Departments, or Groups Affected	
	Applicants/ Proponents	<p>Applicant</p> <p>Personnel Department, Risk Management Division</p> <p>City Department Personnel</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Extending contract in exchange for additional discounts.</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p><input checked="" type="checkbox"/> For " Against Reason Against</p>
	Board or Commission Recommendation	<p>BY</p> <p>" For " Against</p> <p>" No Action Taken</p> <p>" For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p>" Pass</p> <p>" Pass (As Amended)</p> <p>" Council Sub.</p> <p>" Without Recommendation</p> <p>" Hold</p> <p>" Do not Pass</p>

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	" NO " YES		
	OPERATIONAL IMPACT ASSESSMENT	None		
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project:	\$	various
		COST of this Ordinance/ Resolution	\$	n/a
		RELATED annual operating Costs	\$	n/a
	INCREASE REVENUE EXPECTED/YEAR	\$	n/a	
SOURCE OF FUNDS	CITY [Approximately]			
	Workers Comp	\$	% 100	
		\$	%	
		\$	%	
	NON CITY [Approximately]			
		\$	%	
		\$	%	
		\$	%	
BENEFIT COST				
" Front Foot		Average Assessment		
" Square Foot	\$	\$		

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER