

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

2014 MAR 13 PM 3:55

<b>City Elective Officer Information</b> (Please print clearly.)	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

SAN FRANCISCO  
ETHICS COMMISSION

BY \_\_\_\_\_

<b>Contractor Information</b> (Please print clearly.)	
Name of contractor: Health Advocates, LLC	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
<b>President:</b> Al Leibovic, <b>CEO</b> Aaron Leibovic, <b>COO</b> , Steve Levine, <b>CFO</b> William Russell	
Contractor address: _____ Sherman Oaks, CA 91411	
Date that contract was approved: 3/11/14	Amount of contract: \$6,300,390
Describe the nature of the contract that was approved:	
<ul style="list-style-type: none"> <li>• On-site eligibility workers screen all referred unsponsored medical Acute admissions by San Francisco General Hospital Eligibility Staff and all acute Psych admissions for Medi-Cal and other federal, state and local health care programs.</li> <li>• Secure authorization to represent the patient and complete Medi-Cal applications and/or any other new federal, state, and local programs, i.e. those under the Affordable Care Act. Including the referrals for undocumented Aliens.</li> <li>• Represent the patient in Fair Hearings or all other State or legal appeals proceedings, if applications are denied.</li> <li>• Appeal Medi-Cal Field office or other Pre-Treatment Authorization program denials for care.</li> <li>• Investigate possible third party liability or Workers Compensation reimbursement. File liens to protect the City and County's interest whenever appropriate or possible.</li> <li>• And others.</li> </ul>	
Comments:	

This contract was approved by (check applicable):

 the City elective officer(s) identified on this form a board on which the City elective officer(s) serves: San Francisco Board of Supervisors

Print Name of Board

 the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

3/13/14