

**FORM SFEC-126:  
NOTIFICATION OF CONTRACT APPROVAL**

(S.F. Campaign and Governmental Conduct Code § 1.126) 14 SEP 24 PM 2:36

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Ed Lee	City elective office(s) held: <b>SAN FRANCISCO ETHNOS COMMISSION</b> Mayor, City and County of San Francisco

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Toyon Associates, Inc.</b>	
<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>Thomas P. Knight President/Owner</b> <b>Jahanna Knight Owner</b> <b>Ronald G. Knapp Executive V.P. (COO)</b> <b>Karen Johns, Controller (CFO)</b>	
Contractor address: ██████████ <b>Concord, CA 94520</b>	
Date that contract was approved: 9/19/14	Amount of contracts: <b>\$4,996,617</b>
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> </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:

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> <i>(Please print clearly.)</i>	
Name of filer: Nicole Wheaton, Director of Legislative and Government Affairs	Contact telephone number: (415) 554-7940
Address: City Hall, Room 200	E-mail: Nicole.Wheaton@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