

**Executive Summary Form -- Professional Service Agreement**

Contract Name: Agreement for Medical Consultant Services

Contract Number: \_\_\_\_\_

Statement of Purpose and Need (3-5 Sentences)  
Renewal of agreement between Dr. Durham and the Gila County Office Of Health for Dr. Durham to provide "Well Baby" clinics, TB Services, and be the Consulting Physician for the County. This is a state requirement to have a consulting physician.

Contract End Date: December 31, 2011 Renewal Option:  Yes

Maximum Dollar Limit: \$ \$1,300/month  No

Contact Information:

Firm Name: Michael R Durham, M.D. Contact Person: Same

Address: 703 E. Ash St Phone: (928)425-4467

City: Globe State: AZ Zip: 85501 FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Fund: Health/General Funds and TB services Type of Funds:  Restricted

Grant

Fund Code: 1008.404-4280.60, 1008.404-4210.50, 2519.404-4210.50  General Fund

Other

Special Notes:

Dr. Durham provides "Well Baby" and TB Services" monthly. STD clinics are as needed.