

STATE OF TEXAS                   §  
    §  
 COUNTY OF FORT BEND         §

**FIRST AMENDMENT TO 2024 AGREEMENT FOR  
 EMPLOYEE HEALTH AND WELLNESS CLINICAL SERVICES  
 PURSUANT TO RFP 25-002**

**THIS FIRST AMENDMENT** ("Amendment") is made and entered into by and between **FORT BEND COUNTY**, (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and **CONCENTRA HEALTH SERVICES, INC.**, d/b/a Concentra Medical Compliance Administration, (hereinafter "Contractor" and/or "CMCA"), a Nevada Corporation, for the benefit of and on behalf of its subsidiaries, affiliates, and managed professional associations and corporations, a company authorized to conduct business in the State of Texas (hereinafter collectively referred to as the "Parties" and each individually a "Party").

WHEREAS, on or about December 18, 2024, the Parties executed and accepted that certain Agreement (hereinafter "Agreement") which is incorporated by reference as if set forth herein verbatim; and

WHEREAS, Contractor and County desire to add DOT and non-DOT drug and alcohol services to the Agreement; and

WHEREAS, Contractor is in the business of providing certain healthcare services through its employees and/or its designated affiliates and associations as more fully defined herein, including those services as described on Exhibit "H" (the "Services") attached hereto at a Contractor business location; and

WHEREAS, the Services described on Exhibit "H" will be performed by Contractor through its managed professional entities, including Concentra Health Services, Inc., dba Concentra Medical Compliance Administration ("CMCA"), and invoices related to fees for the Services outlined on Exhibit "H" will be transmitted to County by CMCA; and

WHEREAS, by execution of this Amendment, the Parties desire to amend the Agreement to provide additional services by Contractor, to increase the Total Maximum Compensation for completion of such services and to otherwise ratify and confirm all the terms and conditions as set forth herein.

NOW, THEREFORE, in consideration of the foregoing, the Parties do mutually agree that the Agreement between the Parties is hereby amended as follows:

1. **Scope of Services.** County shall pay Contractor an additional amount not to exceed Three Hundred Thousand Three Hundred Twenty-Two and no/100 dollars (\$300,322.00) for year 1 and additional amount not to exceed Three Hundred Fifty-Eight Thousand One Hundred Ninety-Five and no/100 dollars (\$358,195.00) for year 2 to provide additional services as described in Exhibit H<sub>2</sub> as attached hereto, and incorporated herein.

2. **Limit of Appropriation.** Contractor understands and agrees that the Maximum Compensation payable to Contractor for Services rendered under this Agreement is hereby increased to an amount not to exceed One Million Nine Hundred Twenty Thousand and 00/100 dollars (\$1,920,000.00) for year 1 and One Million Nine Hundred Eighty Thousand and no/100 dollars (\$1,980,000.00) for year 2, authorized as follows:

	under the Agreement	under this Amendment
<b>Year 1</b>	\$1,619,678.00	\$1,920,000.00
<b>Year 2</b>	\$1,621,805.00	\$1,980,000.00
<b>TOTAL</b>	<b>\$3,241,483.00</b>	<b>\$3,900,00.00</b>

3. **Time of Performance.** Time for performance of the Services under this Agreement remains the same and the term of this Agreement shall be for a period of twenty-four (24) months, commencing January 2, 2025, and ending at the close of business on January 1, 2027, with three (3) additional one-year renewal options on the same terms and conditions at County's sole discretion.
4. **Recitals.** The recitals set forth above are incorporated herein by reference and made a part of the Agreement.
5. **Modifications and Conflict.** Except as modified herein, the Agreement shall remain in full force and effect and has not been otherwise modified or amended. If there is a conflict among documents that make up the Agreement, this Amendment shall prevail with regard to the conflict.

{Remainder of Page Intentionally Left Blank}

{Execution Page Follows}

IN WITNESS WHEREOF, the Parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on 24 day of June, 2025.

**FORT BEND COUNTY:**

By: KP George  
Name: KP George

Title: County Judge

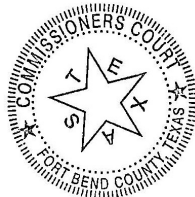
Date: June 25, 2025

**ATTEST:**

Laura Richard  
Laura Richard, County Clerk

**REVIEWED:**

Sharon Currie  
Risk Management Department



**CONCENTRA HEALTH SERVICES, INC.:**

Signed by:  
By: Michael Rhine  
Name: Michael Rhine

Title: EVP, Chief Operating Officer – Onsite Health & Telemed

Date: 6/10/2025

**CONCENTRA HEALTH SERVICES, INC., DBA  
CONCENTRA MEDICAL COMPLIANCE  
ADMINISTRATION:**

DocuSigned by:  
By: Raad A. Yaldo  
Name: Raad A. Yaldo, DO, FACOEM

Title: Sr. Vice President of Medical Operations

Date: 6/10/2025

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$1,920,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

12/18/2024-12/31/2025  
Service Period

Robert Ed Sturdivant  
Robert Ed Sturdivant, County Auditor

June 25, 2025  
Date Certified

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$\_\_\_\_\_ to  
accomplish and pay the obligation of Fort Bend County under this contract.

\_\_\_\_\_  
Service Period

\_\_\_\_\_  
Robert Ed Sturdivant, County Auditor

\_\_\_\_\_  
Date Certified

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$\_\_\_\_\_ to  
accomplish and pay the obligation of Fort Bend County under this contract.

\_\_\_\_\_  
Service Period

\_\_\_\_\_  
Robert Ed Sturdivant, County Auditor

\_\_\_\_\_  
Date Certified

i:\agreements\2025 agreements\purchasing\risk management\concentra inc (25-risk-100222-a1)\1st amendment to 2024  
agmt for employee health and wellness (kcj - 4.10.2025) v2 4.23.2025 v3 5.22.2025

## **EXHIBIT H**

(Follows Behind)

**EXHIBIT H**  
**CMCA SERVICES AND FEES**

<b>Services</b>	<b>Fees</b>
Non-Regulated Quest Panel 43382N	\$265.00 per test
Lab and MRO 5 Panel	\$35.00 per test
Quarterly Random Pool	\$250.00 per pool per year
Lab and MRO Regulated Drug Test	\$35.00 per test
Lab and MRO Non-Regulated 5 Panel Test	\$35.00 per test
DOT Split Specimen Request	\$250.00 per test

Current Fort Bend: Staffing Model

Estimated Labor Fees (Staffing)	Hourly	Monthly	Annual
Physician - 1 FTE	\$170.32	\$29,522.53	\$354,270
Advanced Practice Clinician (NP/PA) - 1 FTE w Backfill	\$123.10	\$21,337.62	\$256,051
Advanced Practice Clinician (NP/PA) - 0.5 FTE	\$112.14	\$9,718.41	\$116,621
Medical Assistant - 1 FTE	\$40.58	\$7,033.95	\$84,407
Medical Assistant/Radiological Technician - 2 FTE w/backfill	\$64.74	\$22,441.98	\$269,304
Certified Health Educator/Dietician - 0.5 FTE	\$45.21	\$3,918.07	\$47,017
<b>TOTAL LABOR FEES</b>		<b>\$93,973</b>	<b>\$1,127,671</b>
<b>Estimated Ongoing Fixed Fees</b>		<b>Monthly</b>	<b>Annual</b>
Hardware Use Fee		\$708.33	\$8,500
Software Fee		\$2,083.33	\$25,000
Management Fee		\$24,432.50	\$293,190
<b>TOTAL ONGOING FIXED FEES</b>		<b>\$27,224</b>	<b>\$326,690</b>
<b>Estimated Pass-Through Costs</b>		<b>Monthly</b>	<b>Annual</b>
Internet Network Connectivity		As Incurred	As Incurred
Medical Supplies		\$3,550.00	\$42,600
Laboratory		\$4,678.32	\$56,140
Phone/Office Supplies/Admin/Travel/Other		\$1,598.15	\$19,178
<b>TOTAL PASS-THROUGH COSTS</b>		<b>\$9,826.47</b>	<b>\$117,918</b>
<b>TOTAL ESTIMATED YEAR 1 COSTS</b>			<b>\$1,572,278</b>

Updated Proposed Fort Bend: Staffing Model

Estimated Labor Fees (Staffing)	Hourly	Monthly	Annual
Physician - 1 FTE	\$170.32	\$29,522.53	\$354,270
Advanced Practice Clinician (NP/PA) - 2 FTE	\$123.10	\$42,675.23	\$512,103
Medical Assistant - 1 FTE	\$40.58	\$7,033.95	\$84,407
Medical Assistant/Radiological Technician - 3 FTE	\$64.74	\$33,662.97	\$403,956
<b>TOTAL LABOR FEES</b>		<b>\$112,895</b>	<b>\$1,354,736</b>
<b>Estimated Ongoing Fixed Fees</b>		<b>Monthly</b>	<b>Annual</b>
Hardware Use Fee		\$708.33	\$8,500
Software Fee		\$2,083.33	\$25,000
Management Fee		\$25,654.13	\$307,850
<b>TOTAL ONGOING FIXED FEES</b>		<b>\$28,446</b>	<b>\$341,350</b>
<b>Estimated Pass-Through Costs</b>		<b>Monthly</b>	<b>Annual</b>
Internet Network Connectivity		As Incurred	As Incurred
Medical Supplies		\$3,550.00	\$42,600.00
Laboratory		\$4,678.32	\$56,139.80
Phone/Office Supplies/Admin/Travel/Other		\$1,718.79	\$20,625.47
<b>TOTAL PASS-THROUGH COSTS</b>		<b>\$9,947.11</b>	<b>\$119,365</b>
<b>TOTAL ESTIMATED YEAR 1 COSTS</b>			<b>\$1,815,451</b>

Difference
\$0
\$256,051
\$0
\$134,652
<b>\$227,066</b>
<b>Annual</b>
\$0
\$14,660
<b>\$14,660</b>
<b>Annual</b>
As Incurred
\$0.00
\$0.00
\$1,447.66
<b>\$1,448</b>
<b>\$243,173</b>

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Concentra Health Services, Inc.  
Addison, TX United States

**Certificate Number:**  
2025-1324795

**Date Filed:**  
06/16/2025

**Date Acknowledged:**  
06/24/2025

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

RFP 25-002  
Health and Wellness Clinical Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**



**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)