

Marion County Board of County Commissioners

MODIFICATION OF AGREEMENT WITH MARION COUNTY ("COUNTY")

MODIFICATION NUMBER: 8 MODIFICATION EFF	ECTIVE DATE: October 1, 2024
1. This modification renews the Agreement for one (1) year, effective October 1, 2024 through September 30, 2025. The annual fee shall be \$237,225. 2. This modification increases the cost of the Nurse Case Manager fee from \$225 to \$235. 3. All provisions of the Agreement not specifically modified herein shall remain in full force and effect.	
Davies Claims North America, Inc. For 6015 Resource Lane, Lakewood Rame Beverly Adkins - Beverly Adkins@us. INSTRUCTIONS: Please sign Signature Block showing act thisform to Procurement Services within five (5) days after will be returned to you to be attached to the original agree	davies-group.com ceptance of the above written modification and return receipt. Once fully executed, a copy of this modification
MARION COUNTY, A POLITICAL SUBDIVISION OF THE	FOR USE AND RELIANCE OF MARION COUNTY ONL
MICHELE STONE 7/02/2024 CHAIRMAN TO THE THE TO THE	marion county attorner