OFFICE OF PHARMACY AFFAIRS (OPA) CERTIFICATION OF CONTRACT BETWEEN PRIVATE, NON-PROFIT HOSPITAL AND STATE/LOCAL GOVERNMENT TO PROVIDE HEALTH CARE SERVICES TO LOW INCOME INDIVIDUALS

To demonstrate that the hospital meets the statutory definition of covered entity under section 340B(a)(4)(L)(i) as a private non-profit hospital which has a contract with a State or local government to provide health care services to low income individuals, this certification must be completed and signed by both parties.

completed and signed by both parties				1111
Huntington Beach Hispital Name of Hospital Huntington Beach, CA 9204- City, State, Zip	ŀ			
Pursuant to the requirement of (42 U.S.C. 256b), I certify that a identifier if applicable #profit hospital named above, ar below, to provide health care so entitled to benefits under Title assistance under the State plar the authorizing official certifies appropriate notice will be provi	valid contract) is current the State of ervices to low KVIII of the State of Title XIX that when the	ct (please provertly in place be or Local Governow income indiverties of the Social Street is infice of Pharma	ide contract number or tween the private, non- nment Entity named iduals who are not Act or eligible for ecurity Act. In addition no longer valid, acy Affairs. The	-
undersigned represents and co bind the covered entity and cer				
reflected in this document are t	ruthful and a		8/1/2018	
Signature of Hospital Authorizing Off	icial Date	hier		
Name and Title of Authorizing Officia <u>【イパ】をイ3ー<i>5</i>らり</u> Phone Number	il (e.g., CĽO, C ——— Ext.		ese print or type)	
Signature of State or Local Governm		E-IVIAII Address	Date	
Name of State or Local Government Mayor, Calyof Huntington Beau	Official <i>(please</i> h	print or type)		
Title and Unit of Government 2000 Muin Street, Huntington 6	each, CA 92	2648		
Address (1)4) 5310-5553 Phone Number	Ext.	mike Poscyes E-Mail Address	Surfaity-hb. 079	
LUQUE MUHDEL	LAL.	L-Iviali Addiess	_	