

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>
Name of contractor: Best Doctors, Inc.

<p>1) <i>Please list the names of members of the contractor's board of directors:</i></p> <ul style="list-style-type: none"> • Douglas Donahue, • Bradley Langer, • Jeffrey Meskin, • Jeff Price, • Peter McCledden, • Chester Burrell • Nancy Falchuk, • Douglas Maine, • Elizabeth Allen, • Ignacio Rivera, and • Jack Wolf <p>2) <i>the contractor's chief executive officer, chief financial officer and chief operating officer:</i></p> <ul style="list-style-type: none"> • Peter McCledden, CEO • John McLean, CFO • Best Doctors does not have a COO <p>3) <i>(3) any person who has an ownership of 20 percent or more in the contractor:</i></p> <ul style="list-style-type: none"> • No one person has ownership of 20 percent or more of the company. <p>4) <i>any subcontractor listed in the bid or contract:</i></p> <ul style="list-style-type: none"> • N/A <p>5) <i>any political committee sponsored or controlled by the contractor.</i></p> <ul style="list-style-type: none"> • N/A

Contractor address: 60 State Street #600, Boston, MA, 02109

Date that contract was approved: June 8, 2017	Amount of contract: (estimated for CY 2018) \$1,150,000
--	--

Describe the nature of the contract that was approved: Best Doctors provides an expert medical review benefit, beyond what is offered through Health Plans.
--

<p>Comments:</p> <p>*The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.</p>
--

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

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@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