FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (Please	e print clearly.)	
Name of City elective officer(s):	City elective office(s) held:	
Members, Board of Supervisors	Members, Board of Supervisors	
Contractor Information (Please print clea	arly)	
Name of contractor: Best Doctors, Inc.		
Trains of contractor Desc 2 octors, inc.		
 Douglas Do Bradley Land Jeffrey Mess Jeff Price, Peter McCle Nancy Falch Douglas Materia Elizabeth A Ignacio Rive Jack Wolf 2) the contractor's chies Peter McCles John MacLes John Vavar 3) any person who has No one person 	ennen, nuk, nine, llen, era, and ef executive officer, chief financial officer and chief operating officer: ennen, CEO ean, CFO	
 N/A any political committee sponsored or controlled by the contractor. N/A 		
Contractor address: 60 State Street #600, Boston, MA, 02109		
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Date that contract was approved: June 21, 2016	Amount of contract: (estimated for CY 2017) \$ 1,118,880	
Describe the nature of the contract that was Best Doctors provides a Second M	approved: ledical Opinion benefit, beyond what is offered through Health Plans.	
	e most recent information and will change due to employee resignations, new hires, well as member selections at the time of qualifying events.	
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: San Francisco Board of Supervisors 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		

File No. 160747

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