



DEPARTMENT OF FINANCE
OSCAR KNOOT, CPP, CPPO, VCO
PURCHASING DIRECTOR

COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

June 10, 2022

Ms. Lauryn Hagel
Invo Healthcare Associates, LLC
2003 S. Easton Road, Suite 308
Doylestown, PA 18901

RE: Contract # 2183G- Speech Therapy Services

Dear Ms. Hagel:

The annual contract the County has with your company to provide **Speech Therapy Services** is due to expire on **August 31, 2022**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **September 1, 2022** through **August 31, 2023**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Angie Woodson at wool13@henrico.us no later than June 24, 2022.

Following the receipt of this information, the County will determine whether it is in our best interest to renew the contract or re-solicit. In addition, if you agree to renew the contract for an additional one-year period, please instruct your insurance agent to provide to my attention a current copy of a certificate of insurance. **Be sure the certificate lists the County as additional insured for the contract work.**

If you have any questions, please call me at (804) 501-5693 or email me at fal51@henrico.us. Your cooperation and prompt response will be appreciated.

Sincerely,

Eileen M. Falcone /acw

Eileen M. Falcone, CPPB
Assistant Division Director

EMF/acw

Except for the changes provided herein, all other terms and conditions of this contract remain unchanged and in full force and effect. Please check one of the following:

_____ Yes. Renew the contract for an additional one-year period at current contract pricing.

X Yes. Renew the contract for an additional one-year period at new contract pricing.
(list below or attach new pricing sheet)

Speech Language Pathology - CFY \$63.00 per hour

Speech Language Pathology - \$66.00 per hour

Speech Language Pathology Assistant - \$54.50 per hour

_____ No. Do not wish to renew the contract. If no, please provide reason below.

Company Name: Invo HealthCare Associates

Date: 6/15/22

Signature: 

Title: President

Telephone#: (800) 434-4686

Email: mstringer@invohealthcare.com

SCC#: _____