REQUEST FOR PROPOSAL (RFP)

for provision of
RELEASE OF INFORMATION (ROI) SERVICES
for
WAKE FOREST BAPTIST MEDICAL CENTER

DEADLINE: 3:00 PM EST, Monday, March 19, 2012

Wake Forest Baptist Medical Center
Office of Strategic Sourcing
Medical Center Boulevard
Winston-Salem, NC 27157
REQUEST FOR PROPOSAL (RFP)
for provision of
RELEASE OF INFORMATION (ROI) SERVICES
for
WAKE FOREST BAPTIST MEDICAL CENTER
A. MEDICAL CENTER OVERVIEW

Wake Forest Baptist Medical Center (WFBMC), one of the nation’s preeminent academic medical centers, is an integrated health care system that operates 1,004 acute care, rehabilitation and psychiatric care beds, outpatient services, and community health and information centers. The Medical Center has 21 subsidiary or affiliate hospitals and operates more than 120 outreach activities throughout the region, including: satellite clinics, health fairs, consulting services and medical director services. It provides a continuum of care that includes primary care centers, outpatient rehabilitation, and dialysis centers. Although its primary service area is a 24-county region in northwestern North Carolina and southwestern Virginia, WFBMC in the year ending June 30, 2010, served patients from 96 (of 100) North Carolina counties, all 50 states, the District of Columbia, and several foreign countries.

On July 1, 2010, WFBMC became a legally integrated Medical Center. Under this structure, WFBMC (through its Board and consolidated management team) operates all aspects of Wake Forest Baptist Health and Wake Forest School of Medicine.

The system’s main components are: a. Wake Forest School of Medicine; b. Wake Forest Baptist Health, the integrated clinical operations that includes Lexington Medical Center, Davie Hospital, Brenner Children’s Hospital, our physician practices, and other clinical facilities; and c. the Piedmont Triad Research Park, which includes our downtown research offices and facilities.

More information about WFBMC can be found at [http://www.wakehealth.edu](http://www.wakehealth.edu)

B. ENTITIES TO BE COVERED BY PROPOSAL

For purposes of this document, WFBMC is defined primarily by the list of entities below. A full listing of all facilities which must be covered by the scope of any proposal can be found in APPENDIX A. Submitted proposals must provide services to all entities listed in APPENDIX A. WFBMC requires that equivalent service and financial programs be offered to all entities.

Respondents are expected to thoroughly explain in their proposal any exemptions or modifications requested for this requirement.

- Wake Forest Baptist Medical Center (formerly North Carolina Baptist Hospital)
- Brenner Children’s Hospital
- Wake Forest School of Medicine
- Wake Forest University Health Sciences
- Wake Forest University Physicians
- Lexington Memorial Hospital
- Davie County Hospital.

**Note there will be Phases in this process that are not currently identified.**

**Current implementation breakdown of centralized ROI at WFBMC:**

**Phase I:** July 1, 2012 – September 21, 2012 (Medical Center, Provider Based Clinics)
Phase II:  September 23, 2012 – April 2013 (Vendor to use EPIC, additional offsite clinics possibly coming aboard)
Phase III:  April 2013 (Additional sites to begin using EPIC)

C. OBJECTIVE OF REQUEST FOR PROPOSAL / BACKGROUND

This RFP is being issued by WFBMC to solicit proposals from qualified, experienced, financially sound, and responsible firms to perform the task of Release of Information (ROI) for the Medical Center. Services shall initially be provided to North Carolina Baptist Hospital and all associated provider-based clinics. The intent is to expand the scope of services to a centralized release model for the Downtown Health Plaza, other hospitals in the system, community offices, and other practice settings developed or acquired by WFBMC. A detailed listing of all facilities and entities to be covered by these services is provided in APPENDIX A.

The selected vendor shall provide full service release of information services for the Medical Center under a single agreement including process management, staffing, staff management, and quality monitoring of copied/released documents. Selected vendor shall provide compliant, efficient, and timely release of information with a high level of quality and accuracy, while providing excellent customer service. Due to the size of the Medical Center and volume of requests processed, the selected vendor will provide full-time onsite management and staff at the Medical Center. There are a number of off-campus clinics/offices comprising the Medical Center. The selected vendor will be expected to travel to the off campus location(s) to obtain and copy records to ensure timely release of information. The Medical Center maintains hybrid record systems consisting of electronic records and paper records. The selected vendor shall be responsible for checking all records, (paper, electronic, and microfilm) to ensure inclusion of all requested information is provided to requestor.

The WFBMC HIM department processed the below listed volume of release of information between January 1, 2011 and December 31, 2011:

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>2,819</td>
</tr>
<tr>
<td>Disability</td>
<td>9,608</td>
</tr>
<tr>
<td>Attorney*</td>
<td>4,338</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>6,128</td>
</tr>
<tr>
<td>Government and Law Enforcement</td>
<td>1,114</td>
</tr>
<tr>
<td>Insurance*</td>
<td>1,941</td>
</tr>
<tr>
<td>Other (grouped non-billable)</td>
<td>21,679</td>
</tr>
<tr>
<td>RAC – Complex requests</td>
<td>0</td>
</tr>
<tr>
<td>Other – not grouped</td>
<td>5,251</td>
</tr>
<tr>
<td>Status letters</td>
<td>3,837</td>
</tr>
<tr>
<td>Total</td>
<td>56,715</td>
</tr>
</tbody>
</table>

*Billable and non-billable
The numbers above reflect work performed in the HIM department only. Vendor should expect a volume increase as provider-based clinic requests move from partially-decentralized to fully-centralized within the Medical Center. Increases in the short-term (prior to 3/15/12) are conservatively estimated at 15%.

D. RESPONSIBILITY OF RESPONDENT

All respondents are expected to thoroughly review and to conform to the specifications outlined in this Request for Proposal. Failure to do so is at the respondent’s risk. It is the responsibility of respondents to ask questions, request changes or clarifications, or otherwise advise of any language, specifications, or requirements that appear to be ambiguous, contradictory, or arbitrary. All submitted proposals must meet or exceed the stated specifications or requirements listed herein.

E. QUESTIONS OR CLARIFICATIONS

Any and all questions or clarifications regarding specifications, requirements, or the RFP process, will be directed solely to Heather Montgomery via email (hmontgom@wakehealth.edu). Deadline for RFP questions will be 3:00 PM EST, Monday, March 12, 2012. Responses to questions will be sent by e-mail and a copy of the response will be sent to all vendors solicited in the RFP.

F. PROPOSAL TERMS

All proposals must be valid for at least 120 days from the due date. Up until the closing date of the RFP, submitted proposals may be withdrawn by respondent by written request from a duly authorized representative. Proposals may not be withdrawn for a period of 60 days following the closing of the RFP (3:00PM EST, Monday, March 19)

G. ADDITIONAL TERMS AND CONDITIONS

Contract Terms and Conditions, beyond those specified in the Requirements section(s) of this document, are not set forth. Respondent is to propose additional Terms and Conditions for a final contract. These terms will be subject to review and modifications (as approved by both parties) once proposals have been received. Respondent will be permitted to withdraw their proposal should parties not be able to arrive at mutually agreeable terms.

H. REVIEW OF PROPOSALS

WF BMC intends to make an award to a single service provider. The agreement term will be for a minimum of three years. The awarded service provider will offer WF BMC the best financial and service package in response to the requirements contained herein. Our expectation is that each participant to this competitive process will offer different scenarios to improve our current state. We reserve the right to select among the proposals offered, or to make no award under this document, as we solely view it to be in the best interests of WF BMC.

All proposals submitted shall become property of WF BMC and will be kept confidential.
In considering the proposals submitted by each respondent, WFBMC will consider the following at
minimum and as applicable: the ability, capacity, and skill of the respondent to perform; the
character, integrity, and quality of respondent; the quality of past performance by respondent; and
the competitiveness of the respondent’s financial proposal.

WFBMC reserves the right to make the final decision on its choice of proposal. Protests will be
considered on a case-by-case basis; however the final selection of a vendor will rest solely with
WFBMC.

I. PREPARATION AND RETURN OF PROPOSALS

Respondents are to review this RFP and reply with a formal signed proposal. Proposals must be
accompanied with ATTACHMENT B contained within, which must be signed by a duly authorized
representative of the respondent’s organization. Responses are due no later than 3:00PM EST,
Monday, March 19. Proposals are to be submitted in a sealed envelope/package and mailed to the
address below. Proposals may also be hand carried to the Office of Strategic Sourcing located at
Wake Forest Baptist Medical Center, Piedmont Plaza II, 7th floor, 2000 West 1st Street, Winston-
Salem, NC 27157.

Wake Forest Baptist Medical Center
Office of Strategic Sourcing
ATTN: Heather Montgomery
Medical Center Boulevard,
Winston-Salem, NC 27157

Respondent must submit two (2) separately bound HARD copies of your proposal and one (1)
electronic copy (CD or flash drive) to include, at minimum, the item(s) listed below. These items
must be included in your proposal and submitted as a part of your response, no later than 3:00PM
EST, Monday, March 19.

- Detailed responses to section K, along with any supporting documentation
- Detailed responses to section L, along with any supporting documentation
- Attachment A which shall provide at least five (5) customer references which we may
  contact. Each reference should include the customer name, the individual to contact and
  their title, address and telephone number. At least three of the references should be an
  Academic Medical Center, if available. Reference should include facilities in which ROI
  services have been accomplished within the past three years and briefly describe the service
  provided. Reference information should be completed by filling out Attachment A in this
  RFP and returned with your proposal.
  - Attachment B – Signature Form
  - Separate Financial Proposal

J. FORMAT OF PROPOSAL
Your reply shall be submitted such that all questions and requirements listed in sections K and L are answered in detail.

In addition to providing responses to each point in section K and L, it is expected that you will provide a **separate financial proposal**. This proposal should include, at minimum, the costing formula that you will use to calculate release of information expenses, services or additional fees. All applicable expenses, including staffing expenses, which will required to fulfill obligations under this proposal, shall be detailed.

The greater the detail, information, and supporting detail you provide will be helpful in evaluation of responses. **Elaborate format and binders are neither necessary nor desired.** Legibility, clarity, and coherence are more important. It is mandatory that each respondent provides responses in the same numbering format as used in this RFP so that responses correlate to the same section in the RFP requirements. This will make your proposal more “evaluator friendly” to the team conducting the evaluation of the proposals.

### K. RESPONDENT QUALIFICATIONS AND OVERVIEW

Respondent is to provide detailed responses and supporting detail for each of the qualifications listed below. The purpose of this section is to determine the ability of the respondent to perform services described herein. Respondent shall describe and offer evidence of their ability to meet each of the qualifications or statements listed below.

1. Provide a brief narrative describing the history of your company. Provide the number of employees in your company and the ownership structure and background. Advise whether the company has ever filed for bankruptcy, been in loan default, or if there are any pending liens, claims, or lawsuits against the firm. If so, describe.

2. Provide job descriptions for key personnel who might be assigned to WFBMC to provide services described herein.

3. Provide an organizational chart of your company indicating lines of authority for personnel who would be involved in the delivery of services at WFBMC. Describe the reporting relationship of these individuals. The provided organizational chart must also show lines of authority to senior leadership.

4. Provide a company prospectus (if applicable) and audit-worthy corporate financial disclosure (profit/Loss) statements for the past three years.

5. Identify any subcontractors/business partners which would be used by your company and describe their role and relationship to your company. Specifically address data conversion and interface development.

6. Provide the number of facilities in which your company currently provides ROI services.
7. Have any clients cancelled contracts? If so, provide information on why services were cancelled.

8. Describe your company’s approach to providing scalable services to include current scope and expanded scope through the health system. Include any timelines or volume thresholds impacting performance and/or service level agreements.

9. Describe what you see as the greatest threat to the successful completion of the scope of services as described herein and your company’s approach to minimizing this threat.

L. BID REQUIREMENTS AND SPECIFICATIONS

To follow are the individual requirements that WFBMC requires from the awarded vendor. Please provide a response to each specification and how you will achieve this requirement. An explanation is expected for each specification. If you cannot or do not provide the services to meet the requirement, please explain.

1. The contract term will be three years. Agreed upon pricing structure will be firm for the duration of agreement. Either party may terminate the Agreement by providing 90 days written notice. There will be no automatic renewal of the Agreement.

Meets Specification? ☐ YES ☐ NO
Explain:

2. The vendor will be the sole provider of all ROI services for WFBMC. Include a description of how you will work with WFBMC to provide this service. Provide information about any special circumstances in which you would not be able to accommodate.

Meets Specification? ☐ YES ☐ NO
Explain:

3. Vendor will be required to report immediately to WFBMC any activity that might affect the business relationship between Vendor and WFBMC (i.e. any material claims or assets threatened against your company which may have a materially adverse effect bidder or adversely affect bidder’s ability to provide the goods or services required by this RFP). Include any pending litigation, for or against your company.

Meets Specification? ☐ YES ☐ NO
Explain:

4. Vendor and WFBMC will hold a formal business review at least annually to review the services provided under an Agreement. This review will include any reports requested by WFBMC.

Meets Specification? ☐ YES ☐ NO
Explain:
5. Vendor shall follow all applicable Federal and State laws and regulations related to HIPAA and patient privacy. Additionally, vendor shall abide by HITECH guidelines and all WFBMC policies and procedures governing release of information. Describe how you will continuously ensure compliance.

Meets Specification?  □ YES  □ NO
Explain:

6. Vendor will recruit, hire, and maintain management and staffing at WFBMC in order to provide ROI services. Provide a detailed description how you will fulfill this obligation and meet the minimum criteria listed below:
   - In consideration of the volume of requests received by the Medical Center, selected vendor shall provide an appropriate staffing level to fulfill all ROI requests within:
     - seven days of receipt, or
     - the due date as established within the request, or
     - as required by regulation, including those related to meaningful use
   - Selected vendor shall provide a full-time, on-site management team to WFBMC. Vendor will ensure appropriate coverage and staffing during vacations and extended illness.
   - Vendor shall comply with all WFBMC policies regarding non-employees and/or all relevant workforce policies for contract employees.
   - Vendor shall address all training, staffing issues related to attendance, productivity, and personnel work performance issues
   - WFBMC shall reserve the right to request any employee be removed from the facility should performance issues remain unresolved.
   - Vendor shall provide evidence of HIPAA, release of information, customer service, and all other continuing education competencies for each employee assigned to the account.
   - Vendor shall ensure all orientation and training required by WFBMC is completed by each employee.
   - Vendor shall provide, if applicable, evidence of any certifications or credentials held by their staff including, but not limited to, Registered Health Information Management Administrator (RHIA), Registered Health Information Management Technician (RHIT), or Certified Release of Information Specialist (CRIS)
   - Vendor shall utilize staff with working knowledge and experience of performing release of information.
   - Vendor staff shall be required to follow the WFBMC policy during inclement weather (can be provided upon request to respondent).

Meets Specification?  □ YES  □ NO
Explain:
7. Vendor will provide, at minimum, the following scope of services to WFBMC. Provide a detailed description how you will fulfill these obligations and meet the minimum criteria listed below:

- Open mail, date and time stamp each request
- Mail that is not for the release of individual patient information shall be returned to HIM for appropriate routing
- Log requests into vendor tracking system daily. Upon the implementation of Epic EMR, log requests into the appropriate ROI modules
- Provide access to electronic tracking system to WFBMC
- Provide weekly and monthly statistical reports to WFBMC
- Maintain electronic tracking system of all requests to include at a minimum:
  - Patient’s name
  - Medical record number
  - Requestor number
  - Request type (patient, insurance, subpoena, etc.)
  - Date request received
  - Date needed
  - Requestor information (name, address, company etc.)
  - Specific information released (entire chart, Dr. ______ clinic notes, etc.)
  - Number of pages released
  - Dates of service released
  - Date mailed
  - Name of individual fulfilling request
  - Invoice information
- Maintain a copy of the information copied in an electronic format for 90 days.
- Until the Epic EMR ROI module is implemented, maintain a hard copy of the request with the information above and route to the HIM department for scanning
- Return non-compliant requests to sender with appropriate notification at no additional cost to the facility. If necessary, provide new authorization form with self addressed stamped envelope to requestor.
- Notify requestor according to regulation for any request exceeding 30 days.
- Notify WFBMC HIM management of all HITECH requests that exceed 3 days, and all other requests that exceed 10 days.
- Look-up medical record numbers in master patient indices to identify patient, determine visit history, and chart locations.
- Identify sensitive medical records and stamp as confidential document when appropriate.
- Route copies and requests to the Medical Center HIM staff, as appropriate, for review prior to disclosure.
- Route request to appropriate location within WFBMC for completion if received at incorrect location. Do not return to requestor. Requests should be logged indicating receipt and disposition of the request.
- Order paper records, microfilm, and order charts from off-site storage.
- Electronically capture records from EMR.
- Process requests for Medical records, copying minimum necessary when appropriate, but ensuring everything that is requested has been copied/captured.
- When all information is obtained from the paper records or microfilm, return records to designated locations to be re-filed by HIM staff
- Provide copies via paper, CD, DVD, or electronic submission based upon requestor’s preference
- Assist walk-in customers in properly completing Authorization for Release of Information including validating identity of requestor and verifying legal representative when patient is unable to sign.
- Process all walk-in requests
- Process all faxes during hours of coverage
- Process calls related to ROI requests
- Process 3rd party reviews
- Process internal WFBMC requests from, but not limited to, Risk Management, Legal Services, Quality, etc.
- Travel to satellite clinics as needed to process requests
- Provide coverage Monday through Friday from 8 AM – 5:00 PM
- Vendor is responsible for billing and collecting for all billable copies
- Copies shall be provided via paper, CD, DVD, or any other electronic method as described by ARRA requirements or at the request of the requestor within the timeframes stipulated by ARRA or other requirements.

Meets Specification?  □ YES  □ NO
Explain:

8. Vendor will provide, at minimum, the following scope of services relative to RAC and audit request to WFBMC. Provide a detailed description how you will fulfill this obligation and meet the minimum criteria listed below:
- The entire visit record shall be copied when requested
- The copies shall be quality checked by vendor to ensure every page is accounted for and in the proper chart order.
- The copies shall be uploaded into the HIM shared folder so that they may be imported into designated RAC tracking product, as appropriate.
- Copies shall only be released once approval is received from HIM
- Copies shall be provided via paper, CD, DVD, or any other electronic method as described by ARRA requirements or at the request of the requestor.
- Copies mailed shall be mailed through a method in which they may be tracked electronically for route and delivery, with the ability to obtain a signed acknowledgement of receipt (i.e. FedEx).
- The signed acknowledgement of receipt will also be provided to WFBMC.

Meets Specification?  □ YES  □ NO
Explain:
9. Vendor shall provide weekly reports for each facility and for the overall Medical Center to designated parties detailing the number of request received, the number of requests completed, the number of requests pending (to include number of days each request is pending in descending order and reason why), and turnaround time statistics. Provide sample reports, if available.

Meets Specification? ☐ YES ☐ NO
Explain:

10. Vendor shall provide a monthly report to designated parties detailing number of requests received, number of requests completed, and the number of requests with no response at 10 or greater. Compliance metric shall be the percentage of requests completed within defined standards (target: 90%). Requests with externally set timelines such as subpoenas, RAC, QIO, etc. are excluded from the compliance metric calculation, especially when the production dates allow longer timeframes to produce requested copies. HITECH requests, fax and other stat requests must be answered within a very short timeframe.

Meets Specification? ☐ YES ☐ NO
Explain:

11. Vendor shall provide WFBMC with access to software and/or applicable data systems to run comprehensive reports, as needed, and allow for review of records prior to and after release for a period of no less than 120 days. Reportable data points shall include, at minimum, the following:
   o Patient’s name
   o Medical record number
   o Requestor number
   o Request type (patient, insurance, subpoena, etc.)
   o Date request received
   o Date needed
   o Requestor information (name, address, company etc.)
   o Specific information released (entire chart, Dr. ____ clinic notes, etc.)
   o Number of pages released
   o Dates of service released
   o Date mailed
   o Name of individual fulfilling request
   o Invoice information

Meets Specification? ☐ YES ☐ NO
Explain:

12. Vendor will need the capability to migrate to the EPIC EMR suite of products within a reasonable time frame after WFBMC EPIC implementation (9-22-12). All requests for information must be entered in the EPIC ROI module and demonstrated integration into the
product is highly desired. Vendor will integrate with EPIC, use the product solely for requests or perform dual entry of requests with no expectation of compensation by the WFBMC.

Meets Specification? ☐ YES ☐ NO  
Explain:

13. Vendor shall be equipped to provide information via paper copies, CD, DVD, or electronic submission upon request. Electronic submission of information for disability requests is required.

Meets Specification? ☐ YES ☐ NO  
Explain:

14. Vendor will be held to the highest quality standards. Describe your company’s quality assurance methodology, approach to total quality management, and performance improvement program. Vendor shall be responsible for quality checking **100% of all records** (paper and electronic) to ensure inclusion of all requested information is provided to requestor prior to records being released. Vendor shall provide, upon request by WFBMC HIM department, evidence of quality assurance of requests. Great detail shall be paid to all RAC requests and requests of the same nature. All such copies shall be quality checked not only by the vendor, but also WFBMC HIM department. No copies of RAC or audit charts shall be mailed prior to approval from WFBMC HIM department.

Meets Specification? ☐ YES ☐ NO  
Explain:

15. Vendor shall reimburse WFBMC 100% of any monies recouped by any third party from the Medical Center due, in whole or in part, to the failure of Vendor to perform Vendor’s contracted duties.

Meets Specification? ☐ YES ☐ NO  
Explain:

16. Upon termination of any Agreement, Vendor shall supply **at no additional cost** an electronic download of all data within vendor’s release of information system to WFBMC. Data shall be provided with 60 days from date of request.

Meets Specification? ☐ YES ☐ NO  
Explain:

17. Define a business continuity plan for any disaster (ie. disruption of computer systems, hacking, etc). Also, describe what protections you can offer in the event that your company is sold or goes out of business. Explain the consequences for the Medical Center and how these will be mitigated.
Meets Specification?  

☐ YES  ☐ NO 

Explain:

M. Additional Vendor Offerings

Please provide any additional details or benefits of how you will engage to provide solutions to aide in efficiency improvements of delivering ROI services. Respondent is encouraged to present any creative or ‘out of the box’ approaches that may be appropriate. Any solutions proposed in this section that come at an added cost must be detailed in your financial response.
## APPENDIX A

### List of Covered Facilities/Entities

**ATTACHMENT A**

<table>
<thead>
<tr>
<th>Facility/Department Name</th>
<th>Type</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake Forest Baptist Medical Center</td>
<td>Acute Care Facility</td>
<td></td>
</tr>
<tr>
<td>Brenner Children’s Hospital</td>
<td>Acute Care Facility</td>
<td></td>
</tr>
<tr>
<td>Lexington Memorial Hospital</td>
<td>Acute Care Facility</td>
<td></td>
</tr>
<tr>
<td>Davie County Hospital</td>
<td>Acute Care Facility</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>Off Campus Prov-Based Clinic</td>
<td>755 Highland Oaks, Suite 204, Winston-Salem, NC 27104</td>
</tr>
<tr>
<td>IM Multispecialty Clinics</td>
<td>Off Campus Prov-Based Clinic</td>
<td>500 Shephard Street, Suite 300 Winston-Salem, NC 27103</td>
</tr>
<tr>
<td>Maternal-Fetal Medicine</td>
<td>Off Campus Prov-Based Clinic</td>
<td>500 Shephard Street, Suite 200, Winston-Salem, NC 27103</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Off Campus Prov-Based Clinic</td>
<td>500 Shephard Street, Suite 201, Winston-Salem, NC 27103</td>
</tr>
<tr>
<td>General Dermatology</td>
<td>Off Campus Prov-Based Clinic</td>
<td>4618 Country Club Road, Winston-Salem, NC 27104</td>
</tr>
<tr>
<td>Dermatologic Surgery</td>
<td>Off Campus Prov-Based Clinic</td>
<td>4618 Country Club Road, Winston-Salem, NC 27104</td>
</tr>
<tr>
<td>Abdominal Organ Transplant Program</td>
<td>Off Campus Prov-Based Clinic</td>
<td>140 Charlois Boulevard, Winston-Salem, NC 27103</td>
</tr>
<tr>
<td>Downtown Health Plaza</td>
<td>Off Campus Prov-Based Clinic</td>
<td>1200 N Martin Luther King Jr Drive, Winston-Salem, NC 27101</td>
</tr>
<tr>
<td>Winston East Pediatrics</td>
<td>Off Campus Prov-Based Clinic</td>
<td>2295 East 14th Street, Winston-Salem, NC 27105</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Off Campus Prov-Based Clinic</td>
<td>First Street, Winston-Salem, NC 27101</td>
</tr>
<tr>
<td>Hematology and Oncology</td>
<td>On Campus Prov-Based Clinic</td>
<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
</tr>
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<td>IM Multispecialty Clinics</td>
<td>On Campus Prov-Based Clinic</td>
<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<td>Gastroenterology</td>
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<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<td>Gerontology</td>
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<tr>
<td>Pediatric Multispecialty Clinics</td>
<td>On Campus Prov-Based Clinic</td>
<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<tr>
<td>Service</td>
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<tr>
<td>------------------------------</td>
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<tr>
<td>Pediatric Hem/Onc</td>
<td>On Campus Prov-Based Clinic</td>
<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<tr>
<td>Orthopedics/ Multispecialty Clinic</td>
<td>On Campus Prov-Based Clinic</td>
<td>Comp Rehab Plaza, 131 Miller Street, Winston-Salem, NC 27103</td>
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<td>Otolaryngology</td>
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<td>Pediatric Otolaryngology</td>
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<td>Neurology</td>
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<td>UIMA</td>
<td>On Campus Prov-Based Clinic</td>
<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<td>Preoperative Assessment</td>
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<td>Radiation Oncology</td>
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<td>Internal Medicine OPD Clinic</td>
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<td>Orthopedics OPD Clinic</td>
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<td>Comp Rehab Plaza, 131 Miller Street, Winston-Salem, NC 27104</td>
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<td>Otolaryngology OPD Clinic</td>
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<td>Surgery OPD Clinic</td>
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<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<td>Pediatric Otolaryngology OPD Clinic</td>
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<td>Wound Care</td>
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<td>Medical Center Blvd., Winston-Salem, NC 27157</td>
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<td>Foothills Primary Care</td>
<td>Non-Prov-Based Clinic</td>
<td>910 Worth St., Mt. Airy, NC 27030</td>
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<td>Healthcare Center Davie</td>
<td>Non-Prov-Based Clinic</td>
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<td>Hillsdale Family Practice</td>
<td>Non-Prov-Based Clinic</td>
<td>147 Peachtree Lane, Advance, NC 27006</td>
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<td>Lewisville Family Physicians</td>
<td>Non-Prov-Based Clinic</td>
<td>6614 Shallowford Road, Lewisville, NC 27023</td>
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<tr>
<td>Mocksville Pediatrics</td>
<td>Non-Prov-Based Clinic</td>
<td>113 Marketplace Dr., Mocksville, NC 27028</td>
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<td>Newsome Family Practice</td>
<td>Non-Prov-Based Clinic</td>
<td>304 Mountainview Road, King, NC 27021</td>
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<tr>
<td>Peace Haven IM</td>
<td>Non-Prov-Based Clinic</td>
<td>1930 North Peace Haven Road, Winston-Salem, NC 27106</td>
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<td>Peace Haven Family Medicine</td>
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<td>Reynolda Family Medicine</td>
<td>Non-Prov-Based Clinic</td>
<td>3020 BonBrook Dr, Winston Salem, NC 27106</td>
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<td>Pine Ridge Family Practice – King</td>
<td>Non-Prov-Based Clinic</td>
<td>167 Moore Road, Upper Level, King, NC 27021</td>
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<tr>
<td>Hugo Tettamanti, MD/Antonia Tettamanti, MD</td>
<td>Non-Prov-Based Clinic</td>
<td>2928 Maplewood Avenue, Winston Salem, NC 27103</td>
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<tr>
<td>Westgate Pediatrics</td>
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<td>3746 Vest Mill Road, Winston-Salem, NC 27103</td>
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<td>Brenner Children’s Hospital Pediatrics – Clemmons</td>
<td>Non-Prov-Based Clinic</td>
<td>5175 Old Clemmons School Road, Clemmons, NC 27012</td>
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<td>Wilkes Internal Medicine</td>
<td>Non-Prov-Based Clinic</td>
<td>1916 West Park Dr., North Wilkesboro, NC 28659</td>
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<td>Wilkes - Cardiology</td>
<td>Non-Prov-Based Clinic</td>
<td>1370 West D St., North Wilkesboro, NC 28659</td>
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<td>Lexington Center for Family Health</td>
<td>Lex Med Clinic</td>
<td>101 West Medical Park Drive, Lexington, NC 27292</td>
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<td>North Davidson Center for Family Health</td>
<td>Lex Med Clinic</td>
<td>799 Hickory Tree Road, Suite B, Winston-Salem, NC 27127</td>
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<td>Triad LexMedical ENT</td>
<td>Lex Med Clinic</td>
<td>106 West Medical Park Drive, Suite C, Lexington, NC 27292</td>
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<td>Lexington Surgical Associates</td>
<td>Lex Med Clinic</td>
<td>10 Medical Park Drive, Upper Level, Lexington, NC 27292</td>
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<td>LexMedical Cardiology Associates</td>
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<td>Gastrointestinal Health</td>
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<tr>
<td>North Davidson Bone and Joint Center</td>
<td>Lex Med Clinic</td>
<td>58C US Hwy 64 West, Lexington, NC 27292</td>
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<td>MedChoice Urgent Care Center</td>
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<td>7 Medical Park Drive, Lexington, NC 27292</td>
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<td>Women's Center of Lexington</td>
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<td>799 Hickory Tree Road, Suite C, Winston-Salem, NC 27217</td>
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<td>Women's Center of North Davidson</td>
<td>Lex Med Clinic</td>
<td>105 Hospital Drive,, Lexington, NC 27292</td>
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<td>Davidson Internists</td>
<td>Lex Med Clinic</td>
<td>14 Medical Park Drive, Lexington, NC 27292</td>
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<td>MedChoice Urgent Care Center</td>
<td>Lex Med Clinic</td>
<td>58C US Hwy 64 West, Lexington, NC 27292</td>
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<td>LexMedical Adolescent Center</td>
<td>Lex Med Clinic</td>
<td>7 Medical Park Drive, Lexington, NC 27292</td>
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<tr>
<td>Hickory Multi-Specialty Clinics</td>
<td>OPENING SOON</td>
<td>Hickory, NC</td>
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<td>Carolina Pain Institute</td>
<td>OPENING SOON</td>
<td>Brookstown Rd, Winston-Salem, NC</td>
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<td>Clemmons Medical Plaza (multi-specialty)</td>
<td>OPENING SOON</td>
<td>2311 Lewisville-Clemmons Road, Clemmons, NC 27012</td>
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<td>Clemmons Medical Plaza (multi-specialty)</td>
<td>OPENING SOON</td>
<td>2341 Lewisville-Clemmons Road, Clemmons, NC 27012</td>
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<td>Country Club Commons (multi-specialty)</td>
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<td>4618 Country Club Road, Winston-Salem, NC 27104</td>
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<td>Country Club Commons (multi-specialty)</td>
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<td>4618 Country Club Road, Winston-Salem, NC 27104</td>
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</tbody>
</table>
LIST OF REFERENCES

List five (5) references to which you have supplied products/services within the last three (3) years. At least one of the references should be an Academic Medical Center. At least two other references should be 800+ bed facilities and have multiple locations.

Organization Name: ______________________________________________________________

Address: _______________________________________________________________________

Contact Person: _________________________________________________________________

Contact Telephone: _(______)____-________ Contact Email: ____________@______________

Number of years your company has provided products/services: ___________ years

Description of services provided:

______________________________________________________________________________

Organization Name: ______________________________________________________________

Address: _______________________________________________________________________
Contact Person: _________________________________________________________________

Contact Telephone: _(______)____ - ________ Contact Email: ____________@______________

Number of years your company has provided products/services: ___________ years

Description of services provided:

continued on next page
Organization Name: ______________________________________________________________

Address: _______________________________________________________________________

Contact Person: ___________________________________________________________________

Contact Telephone: _(______)____ - _______   Contact Email: ____________@______________

Number of years your company has provided products/services: ___________ years

Description of services provided:

________________________________________________________________________________

Organization Name: ______________________________________________________________

Address: __________________________________________________________

Contact Person: _________________________________________________________________

Contact Telephone: _(______)____ - _______   Contact Email: ____________@______________

Number of years your company has provided products/services: _________ years

Description of services provided:

________________________________________________________________________________

Organization Name: ______________________________________________________________

Address: _______________________________________________________________________

Contact Person: ___________________________________________________________________

Contact Telephone: _(______)____ - _______   Contact Email: ____________@______________

Number of years your company has provided products/services: ___________ years

Description of services provided:
ATTACHMENT B

RESPONDENT SIGNATURE FORM

The form below must be signed by a duly authorized officer of respondent and must accompany your proposal. Signature below provides your guarantee that all statements made in your proposal are accurate and being offered without obligation or other pre-condition to Wake Forest Baptist Medical Center.

Authorized Signature: __________________________________________ Date: ______________

Printed Name: ________________________________________________

Title: _________________________________________________________

Company Name: ______________________________________________

Mailing Address: __________________________________________________________________

Telephone: (______)_________ - _______ Email: ____________@______________

Licensed to do business in the State of North Carolina?  □ YES  □ NO

Is your business listed on the Office of Inspector General's (OIG) List of Excluded Individuals /

Entities?  □ YES  □ NO