State of Arkansas DEPARTMENT OF HUMAN SERVICES 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors

| FROM: Office of Procurement DATE: May 24, 2022 | |
|---|----------------------------------|
| SUBJECT: 710-22-0033 Physician Services | |
| The following change(s) to the above referenced IFB have been made as design | nated below: |
| Change of specification(s) X Additional specification(s) Change of bid opening date and time Cancellation of bid Other | |
| ADDITIONAL SPECIFICATIONS | |
| Page 10, Section 2.3, add the following: | |
| If another Arkansas-licensed physician is requested to take calls only, the physician an accredited medical program, prior to providing services under this solicic credentialing through the State Medical Board. All academic documents for a physician provided as part of the bid submission. | tation. DHS will confirm |
| Page 11, Section 2.4.C, add the following: | |
| Patients must receive services by the same physician throughout the duration of approved by DHS/DDS. | of the contract unless otherwise |
| | |
| The specifications by virtue of this addendum become a permanent addition to to return this signed addendum may result in rejection of your proposal. | ne above referenced IFB. Failure |
| If you have any questions, please contact: Buyer's name, Buyer's email address | s and phone number. |
| Vendor Signature Date | |
| Company | |