

OFFICIAL BID PRICE SHEET

710-25-049 Non-Emergency Medical Transportation Services

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.

Instructions: Enter the per member per month unit price for each region being bid. DHS will not accept bids that do not fall within the actuarial spread range listed below.

ITEM	DESCRIPTION	Actuarial Spread	UNIT PRICE (per member per month)
1	Region A	\$3.44-\$3.56	
2	Region B	\$7.85-\$8.07	
3	Region C	\$4.95-\$5.15	
4	Region D	\$5.71-\$5.92	
5	Region E	\$11.67-\$12.08	
6	Region F	\$16.59-\$17.23	
7	Region G	\$6.39-\$6.53	

AUTHORIZED SIGNATURE:

By my signature below, I certify that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: _____ Date: _____

Signature: _____ Title: _____

Printed Name: _____