

# OFFICIAL BID PRICE SHEET

## OFFICIAL PROPOSAL PRICE SHEET – REGION B

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$ 3.90 per member per month (PMPM)

Actuarial spread \$3.39 to \$5.73

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

### AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

|   |                                 |
|---|---------------------------------|
| <b>Vendor Name:</b> Medical Transportation Management, Inc. (MTM)                                     | <b>Date:</b> 10/2/18            |
| <b>Signature:</b>  | <b>Title:</b> President and CEO |
| <b>Printed Name:</b> Alaina Maciá   |                                 |