

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: January 3, 2024
SUBJECT: Medicaid Third Party Liability (710-24-0005)

The following change(s) to the above referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

OTHER

- The extended deadline for receipt of written question is January 10, 2024, at 3PM, CST.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Arnetia Dean, DHS.OP.Solicitations@dhs.arkansas.gov or via phone at 501-683-5969.

Vendor Signature

Date

Company