



JOE MANCHIN III
GOVERNOR

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
P. O. BOX 50130
CHARLESTON, WEST VIRGINIA 25305-0130

ROBERT W. FERGUSON JR.
CABINET SECRETARY

DAVID TINCHER
DIRECTOR

TO: Vendors

FROM: Jo Ann Adkins, Senior Buyer
Purchasing Division

RE: DEBT07

DATE: March, 15, 2007

The "Request for Quotation" for Debt Collection Services, will not be scanned on the Internet due to the volume. Vendors may view the "Request for Quotation" at the office of the WV State Purchasing Division, 2019 Washington Street, East, Charleston, WV 25311. You may call me for an appointment at (304) 558-8802, fax: (304) 558-4115 or e-mail joadkins@wvadmin.gov.

Request for Quotations received for the following:

Affiliated Group
Alliance One
CBCS
Continental Services Group
Creditors Interchange
CCA
General Revenue Corp
Healthcare Financial – CAMC
Municipal Services
United Collection
Value Recovery Holding
Joseph Mann & Creed
Penncro Associates
Windham Professionals
OSI Collection Service
NCO Group Inc
NRA Group

JA/rw

Cc: File

WV-36a	STATE OF WEST VIRGINIA	Buyer:	Page	Req. or P. O. No.:
	PURCHASING CONTINUATION SHEET	FILE 42		DEBTO7
Vendor: dba HEALTHCARE FINANCIAL SERVICES		Spending Unit: ALL STATE AGENCIES AND POLITICAL SUBDIVISIONS		

Requisition No.: _____

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

No. 1 x

No. 2 x

No. 3 _____

No. 4 _____

No. 5 _____

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.



 Signature

CHARLESTON AREA MEDICAL CENTER, INC.
 dba HEALTHCARE FINANCIAL SERVICES

 Company

 3/14/07

 Date

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

DEBT07 PRICING PAGE

VENDOR MUST COMPLETE THIS SCHEDULE

THE FEE STRUCTURE SUBMITTED TO THE STATE OF WEST VIRGINIA IS
AS FOLLOWS:

AGENCY	TYPE OF ACCOUNT	% OF AMOUNT COLLECTED
1. Colleges & Universities	Per Debt	16.4%
2. Workers' Compensation:	Delinquent Account	9.4%
	Default Account	6.9%
3. WV Department of Tax and Revenue:	New accounts	12.0%
	Levy Account – where our employee is instrumental in the preparation of the levies.	6.0%
4. Division of Environmental Protection:	Per Debt	12.9%
5. Other Spending Units:	Per Debt	16.9%
6. Rate of Second Placement	Per Debt	24.9%
	Colleges	22.9%

BIDDER CONTACT INFORMATION

VENDOR: CHARLESTON AREA MEDICAL CENTER, INC. dba HEALTHCARE FINANCIAL SERVICES

BIDDER NAME(PRINT) JOAN NAMEY

CONTACT NAME(PRINT) JILL EPSTEIN

PHONE NUMBER: 304-388-6807

FAX NUMBER: 304-345-4323

E-MAIL: JILLIAN.EPSTEIN@CAMC.ORG

BIDDER SIGNATURE: _____

