

STATE OF
WEST VIRGINIA
PURCHASING
DIVISION

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2010 SEP -8 AM 8:57

WV PURCHASING
DIVISION

RFQ. NO. DEBT10
SEPTEMBER 8, 2010

Charleston Area Medical
Center, Inc. dba
HealthCare Financial
Services



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

Request for Quotation

RFO NUMBER
DEBT10

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
JO ANN ADKINS 304-558-8802

RFO COPY

VENDOR

Healthcare Financial Services
 Attn: Joan Namey
 1204 Kanawha Blvd. E.
 Charleston, WV 25338

SHIP TO

ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/21/2010				

BID OPENING DATE: 09/08/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
REQUEST FOR QUOTATION						
FOR A BLANKET OPEN-END STATEWIDE CONTRACT TO COLLECT DEBTS ON BEHALF OF THE STATE OF WEST VIRGINIA FOR ALL STATE AGENCIES AND POLITICAL SUBDIVISIONS.						

ATTACHMENTS:						
1. SPECIFICATIONS, 7 PAGES						
2. PRICING PAGE, 1 PAGE. BIDDERS MUST USE THIS PRICING PAGE WHEN BIDDING ON THIS RFQ.						
3. VENDOR CERTIFICATION - SHOULD BE RETURNED WITH BID; MUST BE RECEIVED PRIOR TO ANY CONTRACT AWARD.						
4. AGREEMENT ADDENDUM, 1 PAGE. SHOULD BE RETURNED WITH BID; MUST BE RECEIVED PRIOR TO AWARD.						
5. AFFIDAVIT, 1 PAGE. SHOULD BE RETURNED WITH BID; MUST BE RECEIVED PRIOR TO AWARD.						
6. WV STATE GOVERNMENT HIPAA BUSINESS ASSOCIATE STATEWIDE CONTRACT ADDENDUM, 4 PAGES. SHOULD BE RETURNED WITH BID; MUST BE RECEIVED PRIOR TO AWARD.						
7. RESIDENT VENDOR PREFERENCE, MUST BE RETURNED WITH THE BID.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Joan Namey</i>	TELEPHONE 304-388-6802	DATE 9-7-10
TITLE <i>Operations Manager</i>	FEIN 55-0526150	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
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ADDRESS CORRESPONDENCE TO ATTENTION OF
JO ANN ADKINS 304-558-8802

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ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
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 BY ORDER

CHARLESTON AREA MEDICAL CENTER, INC.
 DBA HEALTHCARE FINANCIAL SERVICES
 1204 KANAWHA BOULEVARD EAST
 CHARLESTON, WV 25301

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/21/2010				

BID OPENING DATE: 09/08/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	%		946-33-99-000		
DEBT COLLECTION SERVICE TO COLLECT DEBTS ON BEHALF OF THE STATE OF WEST VIRGINIA AND/OR ITS SPENDING UNITS PER THE ATTACHED SPECIFICATIONS. INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS OF WEDNESDAY, AUGUST 11, 2010. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: JO ANN ADKINS DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 FAX: 304.558.4115 E-MAIL: JO.A.ADKINS@WV.GOV						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Joan Nancey</i>	TELEPHONE 304-388-6802	DATE 9-7-10
TITLE Operations Manager	FEIN 55-0526150	ADDRESS CHANGES TO BE NOTED ABOVE

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JO ANN ADKINS 304-558-8802

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EXHIBIT 3						
LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.						
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.						
RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.						
CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.						
OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Joan Adams</i>	TELEPHONE 304-388-6802	DATE 9-7-10
TITLE Operations Manager	FEIN 55-0526150	ADDRESS CHANGES TO BE NOTED ABOVE

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ADDRESS CORRESPONDENCE TO ATTENTION OF
JO ANN ADKINS 304-558-8802

CHARLESTON AREA MEDICAL CENTER, INC.
 DBA HEALTHCARE FINANCIAL SERVICES
 1204 KANAWHA BOULEVARD EAST
 CHARLESTON, WV 25301

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<p>IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO.:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Joan Harney</i>	TELEPHONE 304-388-6802	DATE 9-7-10
TITLE Operations Manager	FEIN 55-0526150	ADDRESS CHANGES TO BE NOTED ABOVE

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Request for Quotation

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
JO ANN ADKINS 304-558-8802

CHARLESTON AREA MEDICAL CENTER, INC.
 DBA HEALTHCARE FINANCIAL SERVICES
 1204 KANAWHA BOULEVARD EAST
 CHARLESTON, WV 25301

S H I P T O

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:</p> <p>NO. 1</p> <p>NO. 2</p> <p>NO. 3</p> <p>NO. 4</p> <p>NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: right;">  SIGNATURE Charleston Area Medical Center, Inc. dba Healthcare Financial Services COMPANY </p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TITLE	TELEPHONE	DATE
<i>Joan Namer</i>	Operations Manager	304-388-6802	9-7-10
FEIN 55-0526150		ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ADDRESS CORRESPONDENCE TO ATTENTION OF
 JO ANN ADKINS
 304-558-8802

CHARLESTON AREA MEDICAL CENTER, INC.
 DBA HEALTHCARE FINANCIAL SERVICES
 1204 KANAWHA BLOULEVARD EAST
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DATE PRINTED 07/21/2010	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 09/08/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UCP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
DATE						
NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.						
REV. 09/21/2009						
NOTICE						
A SIGNED BID MUST BE SUBMITTED TO:						
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130						
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						
SEALED BID						
BUYER:				FILE 42		
RFQ. NO.:				DEBT10		
BID OPENING DATE:				SEPTEMBER 8, 2010		
BID OPENING TIME:				1:30PM		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jean Nancy</i>	TELEPHONE 304-388-6802	DATE 9-7-10
TITLE Operations Manager	FEIN 55-0526150	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: ----- 304-345-4323 ----- CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Jill Epstein ----- ***** THIS IS THE END OF RFQ DEBT10 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Jean Noney</i>	304-388-6802	9-7-10
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
<i>Operations Manager</i>	55-0526150	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

DEBT10 Specifications

To collect debts on behalf of the State of West Virginia and/or its spending units

West Virginia State Code §14-1-18A empowers the Secretary of the Department of Administration to collect, or cause to be collected, debts and claims due the State of West Virginia and/or its spending units. Any changes made in the law will be communicated to the successful vendor(s) by the Purchasing Division of the Department of Administration and made a part of the contract. All collections must be in accordance with West Virginia State Code Chapter 46A. West Virginia Consumer Credit and Protection Act and Chapter 46A-2-122-129. These may be accessed at:

<http://www.legis.state.wv.us/WVCODE/ChapterEntire.cfm?chap=46a&art=2§ion=122#02>

GENERAL

Full Service Collection Effort:

The collection agency selected must be a full service agency and have the ability to handle several classifications of accounts, including educational, medical, and any other account assigned to it.

A minimum of 22 state spending units have indicated to the Purchasing Division that they anticipate the utilization of collection services. Other State Agencies may elect to use the collection services provided by successful bidders.

These spending units are:

Marshall University
Huntington, West Virginia

West Virginia State University
Institute, West Virginia

Shepherd College
Shepherdstown, West Virginia

West Liberty State College
West Liberty, West Virginia

Bluefield State College
Bluefield, West Virginia

Glennville State College
Glennville, West Virginia

Concord College
Athens, West Virginia

West Virginia Northern Community College
Wheeling, West Virginia

West Virginia Graduate College
Institute, West Virginia

Potomac State College
Keyser, West Virginia

West Virginia University Institute of Technology
Montgomery, West Virginia

WV School of Osteopathic Medicine
Lewisburg, West Virginia

West Virginia University
Morgantown, West Virginia

Fairmont State College
Fairmont, West Virginia

Southern West Virginia Community College
Logan, West Virginia

West Virginia Division of Highways
Charleston, West Virginia

West Virginia Department of Transportation (DMV)
Charleston, West Virginia

West Virginia Department of Health and Human Resources
Charleston, WV

West Virginia Department of Tax and Revenue
Charleston, West Virginia

Barboursville Veterans Home
Barboursville, West Virginia

WV Workers' Compensation
Charleston, West Virginia

WV Division of Environmental Protection
Charleston, West Virginia

Vendor(s) will have the responsibility to collect debts from debtors anywhere within the United States.

ALL COLLECTION AGENCIES MUST MEET THE FOLLOWING CRITERIA

License: No person, firm, corporation or association shall operate a collection agency or the business of a collection agency in this state without having first applying for and obtaining a business registration certificate.

Bonds: Each applicant shall file with the State of West Virginia Tax Commissioner a continuing surety bond executed by a corporation licensed to transact business in the State of West Virginia in the amount of \$5,000.00. A separate bond shall be filed for each agency of the vendor including the principal office and each branch office thereof.

Out-of State Collection Agencies: Out-of State collection agencies without an office in the State of West Virginia are restricted to contacting residents of this State for the collection of debts by letters and telephone calls. Prior to award successful bidder is required to designate to the Tax Commissioner a resident agent (name, address and phone number) upon whom notices, orders or other communications may be served and upon whom process may be served. West Virginia Secretary of State may be designated as the resident agent for service of process pursuant to West Virginia State Code §56-3-33.

The Department of Administration reserves the right to request an examination or audit of any or all records relating to matters covered by this contract. Any and all records must be kept a minimum of six (6) years by the vendor.

In accordance with national direct student loan guidelines, all fees charged against student loan accounts will apply only to the original principal and interest owed by the debtor, excluding any added on collection costs.

FULL-SERVICE COLLECTION REQUIREMENTS AND PROCEDURES

The following requirements are mandatory:

Placements

The full service agency(ies) must have the ability to handle several classifications of accounts separately, in order, to provide the spending unit with information on the collection performance for each class of accounts.

By West Virginia State law, a spending unit must attempt to collect a claim for three (3) months before a claim can be placed with a collection agency.

Upon placement of an account with an agency, the spending unit will forward a letter of transmittal to the collection agency in its designated area.

These transmittals will contain the following:

Type of account and description of service

Name of whom the claim is made against

Address, including zip code

Balance due

Date of service or age of account

Telephone number (optional)

Previous collection reports received on individual accounts when available

Any other information deemed important by the spending unit

The collection agency will have at least 180 calendar days to attempt to collect debts. Upon expiration of 180 calendar days, the collection agency will transfer all uncollected debts back to the originating spending unit. Collection agencies are not required to transfer accounts back to the spending unit on which payments are still being received at the end of the 180 day period or validly in dispute or nearing settlement, however, all accounts not paid in full at the end of two (2) years, inclusive of the 180 day period, will be referred back to the originating spending unit unless exempted by the Secretary of Administration. When returning a claim, the collection agency must submit a completed litigation referral form.

PAYMENTS AND REPORTING

The collection agency will forward all payments collected during any month by the 15th day of the following month to the originating spending unit accompanied by the report specified below. The collection effort will continue until an account is paid in full, except as otherwise restricted, or until the spending unit desires collection efforts to be terminated, or until the 180 day period has elapsed.

The collection agency must send a complete report to the spending unit on or before the 15th of every month for the preceding month whether or not any payments were received.

The following information must be included in each report by debtor in alphabetical order:

Debtor's name(s) and social security number(s) or other identification number(s) as agreed upon by the spending unit and collection agency.

Placement date of accounts

Beginning amounts to collect

Additional amount authorized for collection

Amounts previously collected, amounts collected for current month and total collections to date

Balanced owed

Amount(s) forwarded to spending unit and balance due spending unit

Fees assessed, amount collected and balance due

Reason for returned or closed accounts (if applicable)

Remarks

Percent of dollar amounts collected to date

All collection agencies should have the capacity to add accrued interest to applicable accounts on a monthly basis.

Reports to Purchasing:

Successful vendor shall provide quarterly reports and annual summaries showing the quantities, dollar value, agencies and political subdivisions which have used this contract. This report is mandatory and failure of the successful bidder to supply such reports may be grounds for cancellation of contract.

Reports are to be sent to:

Jo Ann Adkins
 Department of Administration
 Purchasing Division
 2019 Washington Street, East
 Charleston, WV 25305
Jo.a.adkins@wv.gov

LITIGATION:

Accounts that have not been collected by the collection agencies may be referred to the Attorney General's Office for litigation. When returning a claim to the referring state spending unit, the collection agency must submit a completed litigation referral form which must contain all information requested.

FEES:

Upon payment to the spending unit of all sums collected on behalf of the spending unit by the collection agency, the collection agency will invoice the spending unit for the fee assessed. A collection agency is prohibited from retaining its fee from the amount collected on behalf of the

State. Furthermore, fees assessed by a collection agency, for collecting a claim shall never exceed the fee specified in the purchase order issued by the Purchasing Division of the Department of Administration or the amount specified by law.

MANDATORY CONDITIONS:

Vendor submitting proposals must utilize the following format

Name, address and telephone number of vendor and the individual responsible for being the point of contact with the State of West Virginia.

Vendor must specify it meets the following criteria: (This information should be brief and concise.)

Vendor is a full service collection agency capable of handling several classifications of accounts including, but not limited to, educational, medical and any other account assigned to it by the State of West Virginia and/or any of its spending units.

Vendor has a West Virginia business franchise registration certificate for each office it maintains in the State.

Vendor has filed the appropriate surety bonds with the West Virginia State Tax Commissioner. (This must be completed prior to any award.)

Vendor shall describe its experience and capability in providing the services needed and required by the State of West Virginia in collecting claims due. Vendor may provide examples of the usual type of services provided to its clients. Vendor must provide the name, address and telephone number of three (3) references.

Vendor must describe the services it will provide to the State of West Virginia and its spending unit. Vendor should elaborate on the methodology it would use to collect claims, the type of system it would use to track claims, etc. Vendor may offer examples of letters, reports, etc.

Vendor shall specify on the pricing page the fees it will assess for collecting claims in terms of a percentage. West Virginia State Code §46A-2-128 (C) provides that the maximum allowable fees (including attorney fees and collection costs) cannot exceed 33 1/3% of the debt actually collected. However, colleges and universities may pay an additional 5% of the debt actually collected being 38 1/3%. In addition, fees must remain in effect for the life of the purchase order and any renewal thereof.

CONFIDENTIALITY:

The vendor agrees that the vendor will not disclose to anyone, directly or indirectly, any personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing in accordance with the mandates of West Virginia Code §11-10-5d or the disclosure is made pursuant to the agency's policies, procedures and rules and in compliance with the West Virginia Code §11-10-5d. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

HIPAA Business Associate Addendum: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is hereby made part of this Request for Quotation.

Any Collection Agency doing business with any State Agency that is bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) must sign the attached agreement and return prior to award of bid.

ORDERING PROCEDURE:

Agencies must contact the low bidder (#1 on the attached DEBT10 - Synopsis) for their agency first. If this vendor is unable to perform the service, the agency should go to the second low bidder (#2 on the attached DEBT10 - Synopsis).

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE STATEWIDE CONTRACT ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA") Business Associate Addendum ("Addendum") supplements and is made a part of the Agreement ("Agreement") by and between the West Virginia Department of Administration, Purchasing Division, on behalf of all state agencies executing a release order to the underlying contract to which this Addendum is appended ("Agency"), and the statewide contract vendor, the Business Associate ("Associate"), and is effective as of the date of the Release Order executed by the Agency to participate in the statewide contract.

Whereas the parties have a business relationship; and

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, and the parties do agree to at all times treat the PHI and interpret this Addendum consistently with that desire.

NOW THEREFORE, the parties agree that in consideration of the mutual promises herein, in the Agreement; and of the exchange of PHI hereunder that:

1. Definitions.

a. Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy and Security Rules.

b. **Privacy Rule.** Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and Part 164, Subparts A and E, as amended.

c. **Security Rule.** Security Rule means the Standards for the security of electronic protected health information found at 45 CFR Part 164, Subpart C, as amended.

2. PHI Disclosed; Permitted Uses.

a. **PHI Described.** PHI disclosed by the Agency to the Business Associate, PHI created by the Business Associate on behalf of the Agency, and PHI received by the Business Associate from a third party on behalf of the Agency are disclosable under this Addendum. The disclosable PHI is limited to the minimum necessary to complete the tasks, or to provide the services, associated with the terms of the original contract.

b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original contract, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or violate the minimum necessary policies and procedures of the Agency.

3. Obligations of Business Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than stated in this Addendum or as required by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as required by this Addendum or by law.
- c. **Safeguards.** The Associate will use appropriate safeguards to prevent use or disclosure of the PHI except as provided for in this Addendum. This shall include, but not be limited to:
- (i) Limitation of the groups of its employees or agents to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary;
 - (ii) Appropriate notification and training of its employees or agents to whom the PHI will be disclosed in order to protect the PHI from unauthorized disclosure;
 - (iii) Maintenance of a comprehensive written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Report of Disclosure.** The Associate will promptly report to the Agency, in writing, any use or disclosure of the PHI not provided for by this Addendum of which it becomes aware.
- f. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum.
- g. **Documentation.** Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §§ 164.528 and 164.316. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such PHI shall include: (i) the date of disclosure; (ii) the name of the entity or person who received the PHI, and if known, the address of the entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- h. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the PHI required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.528.
- i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524.
- j. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.

k. **Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.g. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.

l. **Agents, Subcontractors Compliance.** The Associate will ensure that any of its agents, including any subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder.

m. **Amendments.** The Associate shall make available to the specific individual to whom it applies any PHI; make such PHI available for amendment; and make available the PHI required to provide an accounting of disclosures, all to the extent required by 45 CFR §§ 164.524, 164.526, and 164.528 respectively.

n. **Federal Access.** The Associate shall make its internal practices books, and records relating to the use and disclosure of PHI received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504.

4. Termination.

a. **Duties at Termination.** Upon any termination of this Addendum, if feasible, the Associate shall return or destroy all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of this Addendum.

b. **Termination For Cause.** Agency may terminate this Addendum if at any time it determines that the Associate has violated a material term of the Addendum. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.

c. **Survival.** The respective rights and obligations of Associate under Section 3.k. of this Addendum shall survive the termination of this Addendum.

5. General Provisions/Ownership of PHI.

a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand.

b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.

c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.

d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.

e. No Third-Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights remedies, obligations or liabilities whatsoever.

f. Interpretation. The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.

g. Amendment. The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.

h. Additional Terms and Conditions. Additional discretionary terms may be included in the release order or change order process.

i. Applicability. If the Agency which executes the Release Order and Agreement to participate in the underlying statewide contract is not a HIPAA covered entity, per 45 CFR § 160.103, or if the vendor does not use or disclose any PHI, this Addendum shall be null and void.

AGREED:

Name of Business Associate: Charleston Area Medical Center, Inc
dba HealthCare Financial Services

Signature: William B. Boland

Title: Asst. Privacy Officer

Date: 9/2/10

Agency: David Tincher, Director, Purchasing Division, Department of Administration, on behalf of all state agencies executing a release order to the underlying contract to which this Addendum is appended.

Signature _____

Title: _____

Date: _____

APPROVED AS TO FORM PRIOR TO
ACKNOWLEDGEMENT THEREOF, THIS
27th day of July, 2004
DARRELL V. MCGRAW, JR.
ATTORNEY GENERAL
By: Dawn E. Whitfield
DEPUTY ATTORNEY GENERAL

DEBT10 - 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	8.0%	
2. Worker's Compensation:	Default Account	15.0%	
3. WV Department of Tax and Revenue:	New Accounts	6.99%	
	Levy Account - where our employee is instrumental in the preparation of the levies.	4.99%	
4. Division of Environmental Protection:	Per Debt	6.99%	
5. Other Spending Units: (First Placements)	Per Debt	6.99%	
	Second Placements	Colleges Per Debt	15.0%
	Other Second Placements	Per Debt	12.5%

BIDDER CONTACT INFORMATION

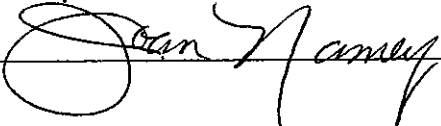
Vendor: Charleston Area Medical Center, Inc dba HealthCare Financial Services

Bidder Name (Print): Joan Namey

Contact Name (Print): Jill Epstein

Phone: 304-388-6807 Fax: 304-345-4323

E-mail: jillian.epstein@camc.org

Bidders Signature: 

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

Certification

DEBT10

By submitting a signed bid for DEBT10 (Debt Collection Service) – vendor hereby certifies under penalty of fraud that all mandatory specifications contained in the Request for Quotation are met

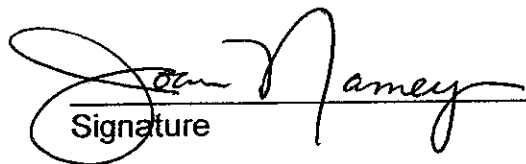
Vendor (Type Name of Company)

CHARLESTON AREA MEDICAL CENTER, INC.
DBA HEALTHCARE FINANCIAL SERVICES
1204 KANAWHA BOULEVARD EAST
CHARLESTON, WV 25301

Address

Joan Namey
Name (Type Name)

Operations Manager
Title


Signature

9-9-10
Date

Note: No contract shall be awarded prior to receipt of this certification.

RFQ No. DEBT10

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Charleston Area Medical Center, Inc dba HealthCare Financial Services

Authorized Signature: Stephen E. Bell Date: 9/2/2010

State of West Virginia

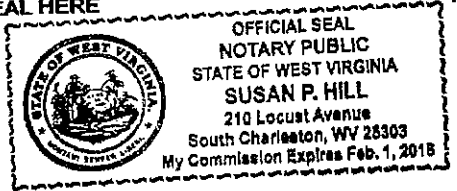
County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 2nd day of September, 2010

My Commission expires February 1, 2016

AFFIX SEAL HERE

NOTARY PUBLIC Susan P Hill



WV-96
Rev. 10/07

AGREEMENT ADDENDUM

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.
7. **RECOUPMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:
STATE OF WEST VIRGINIA

Spending Unit: _____

Signed: _____

Title: _____

Date: _____

VENDOR

Company Name: Charleston Area Medical Center, Inc
dba HealthCare Financial Services

Signed: Stephen Z. Bell

Title: Stephen Z. Bell, VP Finance

Date: 9/7/2010

State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
- 2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Charleston Area Medical Center, Inc. dba Health Care Financial Services
 Bidder: Joan Namey Signed: Joan Namey
 Date: 9-9-10 Title: Operations Manager

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

September 8, 2010

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

Thank you for the opportunity to submit an RFQ for Debt Collection Services for the State of West Virginia

HealthCare Financial Services, established in 1984, is a full service collection agency that has dedicated the last 26 years to serving the community for their collection needs. We have a proven track record in improving Account Receivable Recovery.

HFS offers a variety of Collection Services including **Primary Collections, Secondary Collections, Pre-collection, Insurance Investigation and Follow Up** as well as **Returned Check Collections**. We also offer **Specialized Programs** designed to meet your needs and to assist you with the management of your receivables.

Our staff is committed to handling your accounts in an efficient and professional manner. They have strong backgrounds in collections. Our staff is regularly monitored for quality assessment and to ensure compliance with all state and federal laws.

We understand the importance of maintaining a positive image for our clients within their communities. We make every effort possible to protect our clients' integrity, while striving for the best possible recoveries.

HFS prides itself on a reputation that features consistent performance, a high degree of professionalism and exceptional client service.

Please do not hesitate to contact me with any questions or concerns about this RFQ at 304-388-6807 or via email at jillian.epstein@camc.org.

We are looking forward to an opportunity to work with the State of West Virginia once again to help solve your accounts receivable dilemmas.

Sincerely,



Jill Epstein
Sales Manager

HealthCare Financial Services (HFS) was created in 1984 by the Charleston Area Medical Center to collect its medical bad debt. HFS has proven to be a financially viable company and is collecting above the national averages for it more than 200 medical and retail (non-medical) clients.

Our objective is to get the best possible return to each client while maintaining a positive image for our clients, as well as our own corporation. HFS operates on Receivables Management Expert (RMEx) by Quantrax with an AS/400 Mainframe. We also utilize the I-Tel Dialing System, a Predictive Dialer. We work each and every account individually.

Upon placement, a letter is sent to the debtor notifying them the account has been placed with HealthCare Financial Services and the debtor has 30 days to dispute the validity of said debt. (See Appendix A – Form Letters)

An Acknowledgement Report is generated to the client at the time of placement with the debtor name, client account number, account balance and date placed with HFS. (See Appendix B – Acknowledgement Report)

Each account will be followed up 7 days after placement by telephone and/or letter. If we receive a mail return from the initial letter, the account is placed in research to locate a new address and return to the collector for follow up. This would be the same procedure for an account with no telephone number or a disconnected telephone. HFS utilizes a variety of skip tracing tools, including but not limited to, Accurant, Quantrax Skip-Tracing Uploads and Internet sites such as SuperPages.com, Switchboard.com and 411.com. Skip Tracing is at no additional cost to our clients.

After the account is placed with HFS with no payment for approximately 37 days, the account is scheduled to report to the national credit bureaus. If the client chooses to report, there are no additional costs. There are times when accounts are placed in bad debt in error. HealthCare Financial Services accepts cancellations on accounts at anytime for any reason, with no charge, provided payment has not been made or expected to be received by the client. It is our policy that accounts are the property of each client and not HFS. We are here to assist you in recovering your bad debt accounts receivable.

HFS has an experienced Insurance Follow Up Department. If we happen to obtain insurance information, we will hold the account and forward the information to the client to process. HFS handles all follow up with third parties on these accounts. HFS Insurance Follow Up Department will also file on estates at the client's request at no additional cost to the client.

HealthCare Financial Services offers a Payment Form and an Adjustment Form to the client. We will accept payments and adjustments from clients daily, weekly or monthly. We will accept by telephone, fax, electronic reports via email, etc. HFS has the ability to transmit and receive all data electronically from and to the clients. (See Appendix C- Payment and Adjustment Forms)

It is our goal to deliver the month end collections by the 10th of each month, therefore adhering to the State of WV timeline of the 15th of the month. These remittances will be a detailed report of transferred accounts “Status Report”, monthly report of all collections “Client Statement”, “Placement and Recovery Analysis” and “Close Out Report”. HFS will remit the entire sums collected on behalf of each Spending Unit and invoice the Spending Unit for the fee assessed. (See Appendix D – Month End Reports)

HealthCare Financial Services is fully bonded under the guidelines of the state licensing board. We maintain Errors and Omissions Insurance coverage in the amount of \$2,000,000. We also maintain a WV Business License. (See Appendix E – Bond & License)

Our Collection Staff has received National Certification on the FDCPA, through National Healthcare Collectors Association. HFS employees have in-services quarterly and annually to adhere to state and federal laws as well as internal policies and procedures. (See Appendix F – Staff Qualifications)

The entire staff of HealthCare Financial Services is assigned to each client. We guarantee personal, professional assistance to all clients and their consumers. This offers continuous availability to every client every day. Each employee is trained on each client’s individual needs and requirements.

HealthCare Financial Services would refer accounts, as requested, for litigation to the Attorney General’s Office, back to the Spending Unit with recommendation and verification for suit worthiness at no charge. (See Appendix G – Litigation Referral Form)

HealthCare Financial Services will provide your management staff access via the Internet or other methods preferred by the client to the agency’s collection management software in order to review account activity.

Our approach is simple, to provide the best possible service to every client, every day.

HOURS/DAYS OF OPERATION

Monday, Tuesday & Thursday 8:00 am – 7:30 pm

Wednesday & Friday 8:00 am– 5:00 pm

Occasional Saturdays

HFS can add additional hours/shifts to accommodate our clients' needs.

HealthCare Financial Services (HFS) welcomes all clients to visit our office and staff at any time. We would be happy to review accounts with you as well as reports, financials and any documents maintained by the agency related to the collection of your accounts,



APPENDIX A FORM LETTERS



HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

RE: HEALTH CARE FINANCIAL
 BALANCE DUE: \$200.00
 CLIENT ACCOUNT #: 03 0
 HFS ACCOUNT#: 000896760

08/03/2010

Fin. Services Healthcare,

This is to notify you that your balance owed to the above named client has been placed with HealthCare Financial Services. The service for the above listed account number were provided for JOHN DOE on 01/01/88.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

If you have any questions, please feel free to contact our office at (304)-345-4371 or 1-866-683-2147.

*This communication is from a debt collector. This is an attempt to collect a debt.
 Any information obtained will be used for that purpose.*

LA

1204 Kanawha Blvd., East
 Charleston, WV 25301

If you wish to pay by credit card, please fill out the following information and send to our office.

VISA
 MasterCard
 DISCOVER
 AMERICAN EXPRESS

HFS Account Number	
000896760	
Credit Card Number	Expiration Date
Cardholder Signature	Amount
	\$

The fee for returned checks is \$25.00

598 1 2

FIN. SERVICES HEALTHCARE 000598
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882

HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

REMAINING BALANCE:
 HFS#:
 LAST PAYMENT: .
 LAST PAYMENT DATE: .

08/17/2010

This is to advise you that your delinquent account(s) may be reported to a National Credit Reporting Bureau. We urge you to contact us immediately to make payment arrangements on your **PAST DUE** account.

The balance reflected in this statement may reflect multiple accounts placed in our office for collection by various service providers. You previously received a separate statement for each account, which informed you of the amount, service provider, and date of service. Unless otherwise specified by you, payments received from you will be divided equally among all accounts. If you need us again to provide you with the specific clients and account balances, please contact our office and we will provide you with that information.

If you have any questions regarding this account, please contact a patient account representative at (304) 345-4371 or 1-866-683-2147.

DESCRIPTION	AMOUNT

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

LC

1204 Kanawha Blvd., East
 Charleston, WV 25301

If you wish to pay by credit card, please fill out the following information and send to our office.

VISA
 MasterCard
 DISCOVER
 AMERICAN EXPRESS

HFS Account Number	
Credit Card Number	Expiration Date
Cardholder Signature	Amount
	\$

The fee for returned checks is \$25.00

HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

HFS ACCOUNT#: 000896760
 LAST PAYMENT: \$.00
 LAST PAYMENT DATE: 06/12/08

08/02/2010

Fin. Services Healthcare,

This is your account statement for your next scheduled agreed upon payment.

The remaining **BALANCE** of your account is: \$200.00

Your agreed upon **PAYMENT AMOUNT** is: **\$200.00** and is due by: **03/05/10**

The balance reflected in this statement may reflect multiple accounts placed in our office for collection by various service providers. You previously received a separate statement for each account, which informed you of the amount, service provider, and date of service. Unless otherwise specified by you, payments received from you will be divided equally among all accounts. If you need us again to provide you with the specific clients and account balances, please contact our office and we will provide you with that information.

If you have any questions, please feel free to contact our office at (304) 345-4371 or 1-866-683-2147.

DESCRIPTION	AMOUNT
HEALTH CARE FINANCIAL	200.00

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

PA

1204 Kanawha Blvd., East
 Charleston, WV 25301


If you wish to pay by credit card, please fill out the following information and send to our office.

VISA
 MasterCard
 DISCOVER
 AMERICAN EXPRESS


HFS Account Number	
000896760	
Credit Card Number	Expiration Date
Cardholder Signature	Amount
	\$

The fee for returned checks is \$25.00

898 3
 FIN. SERVICES HEALTHCARE 000413
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882



HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

REMAINING BALANCE: \$200.00
 HFS ACCOUNT#: 000896760
 LAST PAYMENT: \$.00
 LAST PAYMENT DATE: 06/12/08

07/27/2010

Fin. Services Healthcare,

We have not received the agreed upon payment that you previously promised. Please be advised that if your payment is not received within (5) working days, we will have to insist on the balance in full.

The balance reflected in this statement may reflect multiple accounts placed in our office for collection by various service providers. You previously received a separate statement for each account, which informed you of the amount, service provider, and date of service. Unless otherwise specified by you, payments received from you will be divided equally among all accounts. If you need us again to provide you with the specific clients and account balances, please contact our office and we will provide you with that information.

If you have any questions regarding this account, please contact a patient account representative at (304) 345-4371 or 1-866-683-2147.

DESCRIPTION	AMOUNT
HEALTH CARE FINANCIAL	200.00

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

LE

1204 Kanawha Blvd., East
 Charleston, WV 25301

If you wish to pay by credit card, please fill out the following information and send to our office.

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
HFS Account Number							
000896760							
Credit Card Number						Expiration Date	
Cardholder Signature						Amount	\$

The fee for returned checks is \$25.00

974 1 4
 FIN. SERVICES HEALTHCARE 000974
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882

HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186



HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

REMAINING BALANCE: \$200.00
 HFS#: 000896760
 LAST PAYMENT: \$.00
 LAST PAYMENT DATE: 06/12/08

08/02/2010

Fin. Services Healthcare,

The payment received on your account was not the amount agreed upon. We have applied this amount to your outstanding balance as a partial payment. We request you forward the remaining amount within (5) working days in order to maintain your payment arrangement.

The balance reflected in this statement may reflect multiple accounts placed in our office for collection by various service providers. You previously received a separate statement for each account, which informed you of the amount, service provider, and date of service. Unless otherwise specified by you, payments received from you will be divided equally among all accounts. If you need us again to provide you with the specific clients and account balances, please contact our office and we will provide you with that information.

If you have any questions regarding this account, please contact a patient account representative at (304) 345-4371 or 1-866-683-2147 .

DESCRIPTION	AMOUNT
HEALTH CARE FINANCIAL	200.00

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

LN

1204 Kanawha Blvd., East
 Charleston, WV 25301

If you wish to pay by credit card, please fill out the following information and send to our office.

VISA
 MasterCard
 Discover
 American Express

HFS Account Number	
000896760	
Credit Card Number	Expiration Date
Cardholder Signature	Amount
	\$

The fee for returned checks is \$25.00

900 3

FIN. SERVICES HEALTHCARE
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882



HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

REMAINING BALANCE: \$200.00
 HFS ACCOUNT#: 000896760
 ACCOUNT NUMBER: 03 0
 CLIENT NAME: HEALTH CARE FINANCIAL

08/02/2010

Fin. Services Healthcare,

The above client has designated HealthCare Financial Services to collect the monthly payments on your contract payment account(s). HealthCare Financial Services will manage the monthly statements and payment posting for HEALTH CARE FINANCIAL on the above mentioned account(s).

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will : obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please contact our office immediately to establish an agreed upon payment plan schedule at (304)345-4371 or 1-866-683-2147.

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

LG

1204 Kanawha Blvd., East
 Charleston, WV 25301

If you wish to pay by credit card, please fill out the following information and send to our office.

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
HFS Account Number							
000896760							
Credit Card Number						Expiration Date	
Cardholder Signature						Amount	
						\$	

The fee for returned checks is \$25.00

899 3

FIN. SERVICES HEALTHCARE
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882



HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

REMAINING BALANCE: \$200.00
 HFS#: 000896760
 LAST PAYMENT: \$
 LAST PAYMENT DATE:

06/04/2010

Fin. Services Healthcare,

The bank has returned your check on two separate occasions for non-sufficient funds. We must, therefore, request you pick-up this check, plus a \$25.00 service charge by paying cash, money order or certified check. You may pick this check up between 8:30am and 5:00pm Monday through Friday.

The balance reflected in this statement may reflect multiple accounts placed in our office for collection by various service providers. You previously received a separate statement for each account, which informed you of the amount, service provider, and date of service. Unless otherwise specified by you, payments received from you will be divided equally among all accounts. If you need us again to provide you with the specific clients and account balances, please contact our office and we will provide you with that information.

If you have any questions regarding this account, please contact a patient account representative at (304) 345-4371 or 1-866-683-2147.





DESCRIPTION	AMOUNT

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

1204 Kanawha Blvd., East
 Charleston, WV 25301

LF


If you wish to pay by credit card, please fill out the following information and send to our office.

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
HFS Account Number						Expiration Date	
000896760							
Credit Card Number						Amount	
						\$	
Cardholder Signature							

The fee for returned checks is \$25.00

1611 1 6
 FIN. SERVICES HEALTHCARE
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882

001611



HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





HealthCare Financial Services
 1204 Kanawha Blvd., East
 Charleston, WV 25301

RE: HEALTH CARE FINANCIAL
 BALANCE DUE: \$200.00
 LAST PAYMENT: \$.00
 LAST PAYMENT DATE: 06/12/08
 CLIENT ACCOUNT #: 03 0
 HFS ACCOUNT#: 000896760

07/26/2010

Fin. Services Healthcare,

We have received payment from your insurance carrier on this account. The balance is your responsibility. Please remit payment upon receipt of this notice.

If you have any questions regarding this account, please call (304) 345-4371 or 1-866-683-2147.

*This communication is from a debt collector. This is an attempt to collect a debt.
 Any information obtained will be used for that purpose.*

LL

1204 Kanawha Blvd., East
 Charleston, WV 25301

If you wish to pay by credit card, please fill out the following information and send to our office.

VISA
 MasterCard
 DISCOVER
 American Express

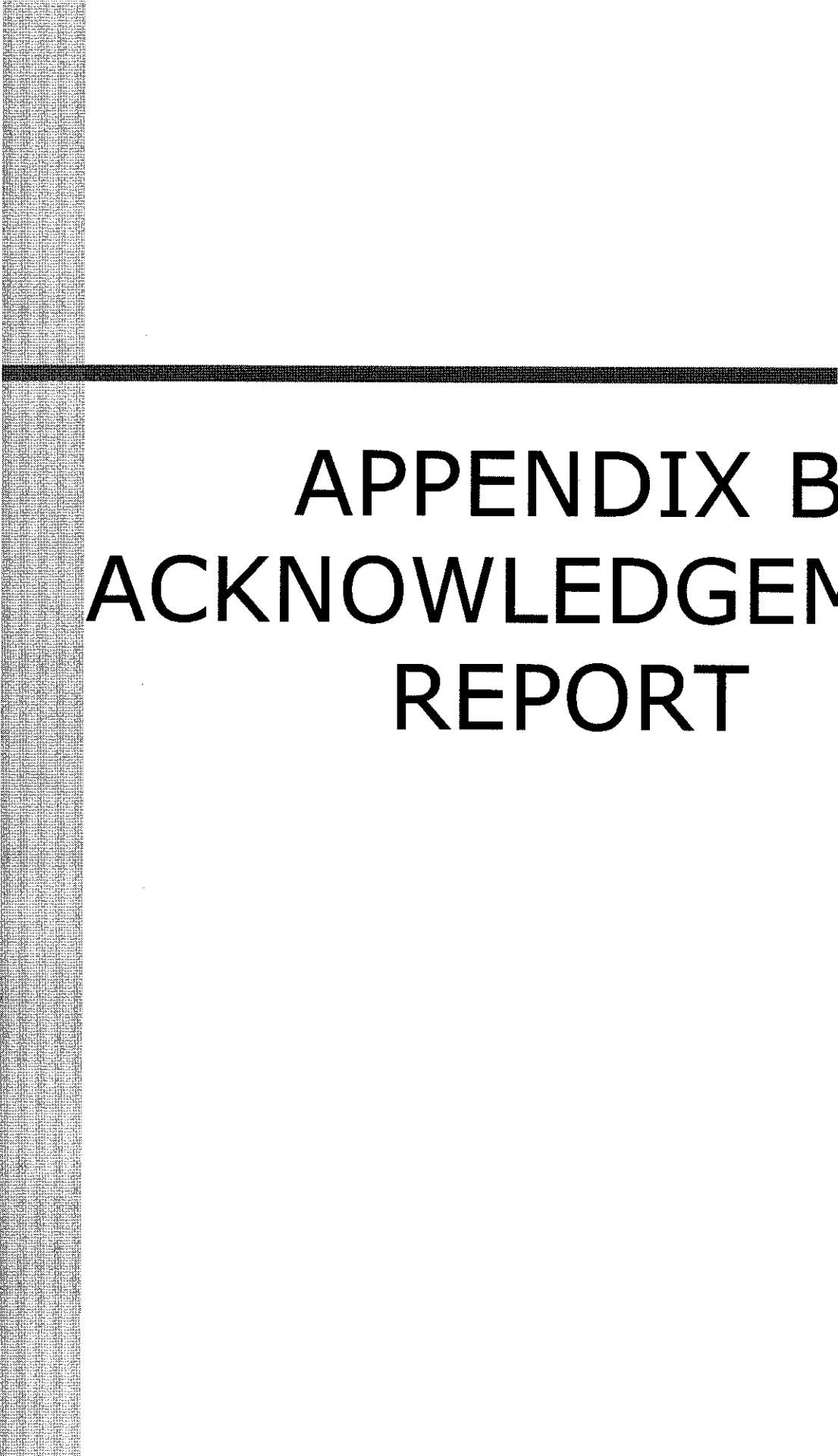
HFS Account Number	
000896760	
Credit Card Number	Expiration Date
Cardholder Signature	Amount
	\$

The fee for returned checks is \$25.00

217 3
 FIN. SERVICES HEALTHCARE
 PO BOX 3882
 ATT RCS
 CHARLESTON WV 25338-3882

HealthCare Financial Services
 PO Box 1186
 Charleston, WV 25324-1186





APPENDIX B ACKNOWLEDGEMENT REPORT

Account Acknowledgement from 01/23/95 to 01/23/95

Company : IOU OWE-IT COLLECTIONS SERVICES, INC.

Client # : 000056

Client Name : FREE COLLECTIONS
14540 MAIN ST.

REF-

WASHINGTON, DC 20015

Name	Your Account#	Date Placed	Amount Placed
CALDWELL	BOBBY	01/23/95	1000.00
CARTER	PAULA	01/23/95	1000.00
FIELDS	MARIE	01/23/95	1000.00
FRANKS	MICHEAL	01/23/95	1000.00
GREEN	DANIEL	01/23/95	1000.00
HILL	SUE	01/23/95	1000.00
JONES	ANITA	01/23/95	1000.00
LEWIS	CINDY	01/23/95	1000.00
LINCOLN	JOHN	01/23/95	1000.00
MASON	LEGG	01/23/95	1000.00
PORTER	ART	01/23/95	1000.00
WEST	LEE	01/23/95	1000.00
Total Accounts	12	Total Amount Assigned	12,000.00



**APPENDIX C
PAYMENT AND
ADJUSTMENT FORMS**



APPENDIX D MONTH END REPORTS

ID - TT1000

CLIENT STATEMENT

PAGE - 1

5,

--- CLIENT ---

FOR MONTH ENDED 5/30/90

--- AGENCY ---

RAK

ROCK BOTTOM DISCOUNT, INC
7300 WELLSTON AVENUE
ST. LOUIS MO 63888

UNI-SOURCE 2000, INC.
11040 MANCHESTER RD.
SUITE 200
ST. LOUIS, MO. 63122

*** FULL STATEMENT...

OLD BALANCE FORWARD.....	
TOTAL CHECKS RECEIVED...	
TOTAL COLLECTED.....	310.00
COMMISSIONS/CHARGES.....	92.50
OTHER CHARGES.....	
PAYMENTS TO CLIENT.....	
PAYMENTS TO AGENCY.....	310.00
NEW BALANCE FORWARD.....	92.50

INVOICE... 0000013

*** PLEASE REMIT ***

92.50

ID - TT1000

CLIENT STATEMENT

PAGE - 2

5/18/90

FOR MONTH ENDED 4/30/90

* TOTAL STATEMENT RUN *

TOTAL COLLECTED....	310.00
TOTAL COMMISSION...	92.50
TOTAL DUE CLIENT...	217.50
TOTAL DUE AGENCY...	92.50

STATUS REPORT

REF-

Company : IOU OWE-IT COLLECTIONS SERVICES, INC.

Client # : 000056

Client Name : FREE COLLECTIONS
14540 MAIN ST.

WASHINGTON, DC 20015

Name	Your Account#	-----Placed-----		Balance		Comments	Our Account#
		Date	Amount	Amount			
BARE	NANCY		10/26/94	100.00	100.00	ACTIVE - BEING PURSUED	99-942940003
BEANE	JAMES		12/27/94	500.00	500.00	DTEC PULLED	99-942940050
CALDWELL	BOBBY		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940105
CARTER	PAULA		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940103
ERICKSON	LEIF	987	01/23/95	500.00	500.00	REPRESENTED BY ATTORNEY	99-942940110
FIELDS	MARIE		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940101
FRANKS	MICHEAL		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940106
GRAY	JOHN		12/07/94	525.00	500.00	DTEC PULLED	99-942940015
HART	TOHART	121212	10/17/94	7000.00	7000.00	ACTIVE - BEING PURSUED	99-942320076
HILL	SAM	125	01/23/95	100.00	100.00	REPRESENTED BY ATTORNEY	99-942940109
JOE	STEVENS		10/20/94	1025.00	705.49	ACTIVE - BEING PURSUED	99-942320094
JUDY	GARLAND		10/20/94	1000.00	20.00	ACTIVE - BEING PURSUED	99-942320089
LEWIS	CECIL		12/27/94	500.00	500.00	REPRESENTED BY ATTORNEY	99-942940051
LISA	MARIE		10/20/94	1000.00	20.00	ACTIVE - BEING PURSUED	99-942320090
MASON	LEGG		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940100
MILLER	JODI		01/24/95	50.00	50.00	REPRESENTED BY ATTORNEY	99-942940119
PORTER	ART		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940104
WEST	LEE		01/23/95	1000.00	1000.00	REPRESENTED BY ATTORNEY	99-942940102
WILLIAMS	RUTH		01/24/95	50.00	50.00	REPRESENTED BY ATTORNEY	99-942940120
YOUNG	PAUL		01/24/95	50.00	50.00	REPRESENTED BY ATTORNEY	99-942940118
			TOTALS	19400.00	17095.49	FROM 20 ACCOUNTS	

CLOSE-OUT REPORT FOR PERIOD 12/20/94 TO 01/01/95

Company : IOU OWE-IT COLLECTIONS SERVICES, INC.

Client # : 000056

Client Name : FREE COLLECTIONS
14540 MAIN ST.

WASHINGTON, DC 20015

Name	Client Account#	Date	Amount	Balance	Our Account#
-----Placed-----					
Close Code : E EFFORTS EXHAUSTED					
HOLMES	JAMES	12/28/94	25.00	25.00	99-942940053
JENKINS	CELESTE	12/28/94	25.00	25.00	99-942940054
Total of				50.00	from 2 account(s)

Close Code : 2 DECEASED-NO ESTATE

AMANDA	JONES	10/20/94	1,000.00	415.00	99-942320087
AMBULANCE	RIDE	10/19/94	100.00	100.00	99-942320077
AMBULANCE, II.	RIDE	10/19/94	130.00	130.00	99-942320078
BASSETT	SHIRLEY	12/06/94	525.00	500.00	99-942940011
BASSETT	SHIRLEY	12/06/94	525.00	500.00	99-942940012
BRILL	JAY	12/07/94	525.00	500.00	99-942940017
BURGER	KING	10/20/94	1,000.00	600.00	99-942320082
FREEDOM	RAINS	10/13/94	750.00	750.00	99-942320074
GEORGES	LARRY	12/08/94	525.00	500.00	99-942940022
GEORGES	LARRY	12/13/94	1,025.00	1,000.00	99-942940027
GEORGES	LARRY	12/13/94	525.00	500.00	99-942940028
GREEN	SHIRLEY	12/06/94	525.00	500.00	99-942940013
GREGG	SUE	12/08/94	525.00	500.00	99-942940023
GREY	CINDY	12/07/94	525.00	500.00	99-942940016
GREY	JOHN	12/07/94	525.00	500.00	99-942940014
GRILL	JAY	12/07/94	525.00	500.00	99-942940018
GRILL	JAY	12/13/94	525.00	500.00	99-942940030
JODI	MOORE	10/27/94	125.00	100.00	99-942940001
JODIE	GREEN	10/20/94	1,000.00	1,050.00	99-942320084
JOHN	ST JOHN	10/20/94	1,025.00	600.00	99-942320095
LARRY	GEORGES	12/13/94	525.00	475.00	99-942940026
LOPEZ	TOM	10/13/94	725.00	725.00	99-942320075
MILLS	GREG	12/07/94	525.00	500.00	99-942940020
REDD	CAROL	11/22/94	125.00	100.00	99-942940005
RONALD	MCDONALD	10/20/94	1,000.00	800.00	99-942320083
SHELL	CRAIG	12/07/94	525.00	500.00	99-942940019
SHELL	CRAIG	12/13/94	525.00	500.00	99-942940029
SMITH	CARLA	11/28/94	525.00	500.00	99-942940009
SMITH	FRANK	12/14/94	525.00	500.00	99-942940032
SMITH	JOHN	12/05/94	1,025.00	825.00	99-942940010
STEVENS	STANLEY	11/28/94	125.00	100.00	99-942940007
SUSIE	SMITH	10/20/94	1,000.00	300.00	99-942320091
SUSIE	WONG	10/20/94	1,000.00	600.00	99-942320092
TOM	JONES	10/20/94	1,000.00	100.00	99-942320088

Total of 16,770.00 from 34 account(s)



APPENDIX E

BOND AND LICENSE

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**CHARLESTON AREA MEDICAL CENTER INC
DBA HEALTHCARE FINANCIAL SERVICES
1204 KANAWHA BLVD E
CHARLESTON, WV 25301-2900**

BUSINESS REGISTRATION ACCOUNT NUMBER: 1035-7169

This certificate is issued on: 06/23/2010

This business is licensed as a collection agency.

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with W.Va. Code § 11-12.*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.



WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION

COLLECTION AGENCY BOND

KNOW ALL MEN BY THESE PRESENTS:

- (1) That we, (Principal): Charleston Area Medical Center, Inc., Collection Agency dba Health Care Financial Services
- (2) Address: P.O. Box 1547, Charleston, WV 25326
- (3) As Principal, and (Surety Company): WESTERN SURETY COMPANY
- (4) Address: 101 S. Phillips Ave., Sioux Falls, SD 57104-6703
- (5) a firm and/or a corporation authorized to do business in the State of West Virginia, as Surety, are held and firmly bound unto the State of West Virginia in the just and full sum of five thousand dollars (\$5,000.00) to the payment whereof well and truly to make, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bound Principal is a collection agency within the meaning of Chapter 47, Article 16, of the Official Code of West Virginia of 1931, as amended, and whereas the Tax Commissioner of the State of West Virginia has required the said Principal to deposit a Bond, in accordance with the provisions of Chapter 47, Article 16, Section 4 of the said Code of West Virginia;

NOW THEREFORE, if said Principal shall in all respects fully comply with the provisions of Chapter 47, Article 16, of the Code of West Virginia, and the rules and regulations adopted and promulgated thereunder, and shall account for and pay damages for which said Principal shall be liable, and shall protect and save harmless the State of West Virginia or a private person from any loss arising from the failure of the Principal to pay such damages, for any cause whatsoever, then this obligation shall be void; otherwise to remain in full force and effect unless any of the signatories hereto give written notice by registered mail to the other signatories hereto that the signatory desiring the cancellation intends to cancel this bond sixty (60) days after the post-mark date of the written registered notice. Notices of renewal are not required.

The Principal hereby waives the secrecy provisions of West Virginia Code §11-10-5(d) and authorizes the Tax Department to release to the surety company information necessary to file proof of claim, concerning any tax liability covered by this bond and accruing during the effective dates of this bond.

- (6) This bond shall be effective from the 1st day of July, 20 10.

IN WITNESS WHEREOF the said principal has hereunder set his/her or its hand and affixed his/her or its seal, and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its duly authorized officer or agent and

- (7) executed this instrument this 15th day of June, 20 10.

Charleston Area Medical Center, Inc. Collection Agency dba Health Care Financial Services
(Principal)

- (11) Affix: Principal Corporate Seal
(A drawn facsimile is acceptable if no corporate seal)
(LLC's are not required to provide a seal)

(9) By: Stephen Z. Bell, VP Finance
Title: Must be President or Vice-President or authorized individual
Stephen Z. Bell
(10) (Print Name of Person Signing)

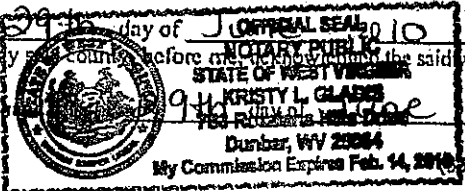
- (14) Affix: Surety Corporate Seal

(12) WESTERN SURETY COMPANY
(Surety Company)
(13) By: D. Bult **D. Bult, Ass't. Sec.**
(Title)

ACKNOWLEDGEMENT BY PRINCIPAL IF INDIVIDUAL, LLC, OR PARTNERSHIP (Must be completed if you qualify)

(15) State or Commonwealth of _____
(16) County of _____, to-wit:
(17) that I, _____ a Notary Public in and for the county and state aforesaid, do hereby certify
(18) _____ whose name is signed to the foregoing writing,
(19) bearing date the _____ day of _____, 20____ has this day acknowledged the same before me in my said county.
(Bearing date and execution date on Line 8 must be the same)
(20) Given under my hand this the _____ day of _____, 20____.
(21) Notary Seal (22) _____ Notary Public
(23) My Commission expires on the _____ day of _____, 20____.

ACKNOWLEDGEMENT BY PRINCIPAL IF CORPORATION (Must be completed if you qualify)

(24) State or Commonwealth of West Virginia
(25) County of Kanawha, to-wit:
(26) I, Kristy Gladis a Notary Public in and for the county and state aforesaid, do hereby certify that
(27) Stephen Bell, who as
(28) VP of Finance, signed the foregoing writing for
(29) Charleston Area Medical Center, a corporation,
(30) bearing date the 29th day of January, 2010, (Bearing date and execution date on Line 8 must be the same)
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
(31) Given under my hand this the 9th day of February, 2010.
(32) Notary Seal  Kristy L. Gladis
Notary Public
(34) My Commission expires on the 14th day of Feb., 2018.

ACKNOWLEDGEMENT FOR SURETY (Must be completed by the Surety Company)

(35) State or Commonwealth of South Dakota
(36) County of Minnehaha, to-wit: M. BUGG
(37) I, My Commission Expires 12-5-2013 a Notary Public in and for the county and state aforesaid, do hereby certify that
(38) D. Burk, Ass't. Sec., who as
(39) Assistant Secretary, signed the foregoing writing for
(40) WESTERN SURETY COMPANY, a surety company,
(41) bearing date the 15th day of June, 2010, (Bearing date and execution date on Line 8 must be the same)
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
(42) Given under my hand this the 15th day of June, 2010.
(43) Notary Seal (44) M. Bugg
Notary Public
(45) My Commission expires on the My Commission Expires 12-5-2013 day of _____, 20____.

Sufficiency in Form and Manner of Execution Approved

Attorney General

Dated this _____ day of _____, 20____.

By _____

Assistant Attorney General

COLLECTION AGENCY BOND

Should you require any assistance, please contact the West Virginia State Tax Department AT (304) 558-8619.



PREPARATION INSTRUCTION

IF PRINCIPAL IS AN INDIVIDUAL, LLC, OR PARTNERSHIP:

- Complete the Collection Agency Bond, lines (1) through (10);
- Have a Notary Public complete the applicable section of acknowledgement titled, Acknowledgement by Principal if Individual, LLC, or Partnership, on the back of bond.

IF PRINCIPAL IS A CORPORATION:

- Complete the bond, lines (1) through (10); Note: (Line 10) a drawn facsimile is acceptable, if no corporate seal.
- Have a Notary Public complete the applicable section of acknowledgement titled, Acknowledgement by Principal if Corporation, on the back of bond.
- Affix corporate seal as requested on face of bond;

SURETY

- Complete the applicable portion of bond;
- Notary Public must complete section of acknowledgement titled, Acknowledgement by Surety (back of bond);
- Attach Power of Attorney to bond if surety signatory is an Attorney In Fact;
- Affix raised Surety Seal to bond and to Power of Attorney.

LINE NUMBER INSTRUCTIONS

FACE OF BOND CANNOT CONTAIN WHITE-OUTS OR ALTERATIONS. REVERSE OF BOND MAY CONTAIN WHITE-OUTS OR ALTERATIONS PROVIDING CHANGES ARE INITIALED BY NOTARY.

- (1-2) Enter name and address of Principal (Specify individual, partnership, or corporation) to be covered by bond.
- (3-4) Enter name and address of Surety Company issuing bond.
- (5) Enter amount of bond.
- (6) Enter effective date of bond.
- (7) Enter execution date of bond.
- (8) Enter name of the Principal (individual, partnership, or corporation) covered by bond.
- (9-10) If principal is an individual, affix signature. If principal is a corporation, President or Vice-President must sign and print name on bond and underline the appropriate title. If bond is to be signed by one other than the President or Vice-President, affix a copy of corporate resolutions showing authorization of individual to bind corporation.
- (11) If Principal is a corporation, be sure to affix corporate seal, if not available, draw facsimile.
Note: LLC's are not required to provide a corporate seal.
- (12) Enter name of Surety.
- (13) Affix signature and title of person having Power of Attorney to bind Surety.
- (14) Affix corporate seal of Surety.

ACKNOWLEDGEMENT PREPARATION INSTRUCTIONS:

(Acknowledgements must be completed where applicable)

- If Principal is an Individual, LLC, or Partnership: A Notary Public must complete lines (15) through (23).
- If Principal is a Corporation: A Notary Public must complete lines (24) through (34).
- Surety Company: A Notary Public must complete lines (35) through (45).

ACKNOWLEDGEMENT BY PRINCIPAL IF INDIVIDUAL, LLC, OR PARTNERSHIP (Must be completed if you qualify)

- (15) Enter name of State or Commonwealth.
- (16) Enter name of County.
- (17) Enter name of Notary Public witnessing transactions.
- (18) Enter name of Principal covered by bond if Individual or Partnership.
- (19) Enter bearing date of bond (also known as execution date). Must be same date entered on Line 8 of bond.
- (20) Notary Public enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (21) Affix Notary Seal. If Notary Public is located outside of West Virginia, seal must be affixed.
- (22) Notary Public affix signature.
- (23) Notary Public enters commission expiration date.

ACKNOWLEDGEMENT BY PRINCIPAL IF CORPORATION (Must be completed if you qualify)

- (24) Enter name of State or Commonwealth.
- (25) Enter name of County.
- (26) Enter name of Notary Public witnessing transactions.
- (27) Enter name of Corporate Officer signing bond. (Should be President or Vice-President)
- (28) Enter designate Title of Corporate Officer signing bond.
- (29) Enter name of Company or Corporation.
- (30) Enter bearing date of bond (also known as execution date). Must be same date entered on Line 8 of bond.
- (31) Notary Public enters date bond witnessed. May be same as bearing date or any date thereafter.
- (32) Affix Notary Seal. If Notary Public is located outside of West Virginia, seal must be affixed.
- (33) Notary Public affix signature.
- (34) Notary Public enters commission expiration date.

ACKNOWLEDGEMENT BY SURETY (Must be completed by the Surety Company)

- (35) Enter name of State or Commonwealth.
- (36) Enter name of County.
- (37) Enter name of Notary Public witnessing transactions.
- (38) Enter name of person having power of attorney to bind Surety Company.
- (39) Designate title of person binding Surety Company.
- (40) Enter name of Insurance Company (Surety).
- (41) Enter bearing date of bond (also known as execution date). Must be same date entered on Line 8 of bond.
- (42) Notary Public enters date bond witnessed. May be same as bearing date or any date thereafter.
- (43) Affix Notary Seal. If Notary Public is located outside of West Virginia, seal must be affixed.
- (44) Notary Public affix signature.
- (45) Notary Public enters commission expiration date.

POWER OF ATTORNEY INSTRUCTIONS

Power of Attorney for Surety must be attached and must show that it was in full force and effect on the bearing date (execution date) indicated on the face of the bond; also the raised corporate seal must be affixed to the Power of Attorney.

- > Name of Attorney on Fact must be listed.
- > Power of Attorney may not exceed imposed limitations.
- > Certificate date must be the bearing date (execution date) of bond. Must be same date entered on Line 8 of bond.
- > Signature of authorizing official must be affixed. (Signature may be facsimile).
- > Raised seal must be affixed.

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

D. Bult of Sioux Falls,
State of South Dakota, with limited authority, its true and lawful Attorney-in-Fact, with full power and authority hereby conferred to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One COLLECTION AGENCY

bond with bond number 69414473

CHARLESTON AREA MEDICAL CENTER, INC., COLLECTION AGENCY DBA HEALTH CARE FINANCIAL
for SERVICES

as Principal in the penalty amount not to exceed: \$5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 15th day of June, 2010.

ATTEST

A. Victor

A. Victor, Assistant Secretary

WESTERN SURETY COMPANY

By

Paul T. Bruflat

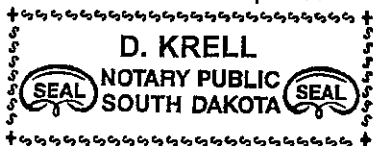
Paul T. Bruflat, Senior Vice President



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 15th day of June, 2010, before me, a Notary Public, personally appeared Paul T. Bruflat and A. Victor

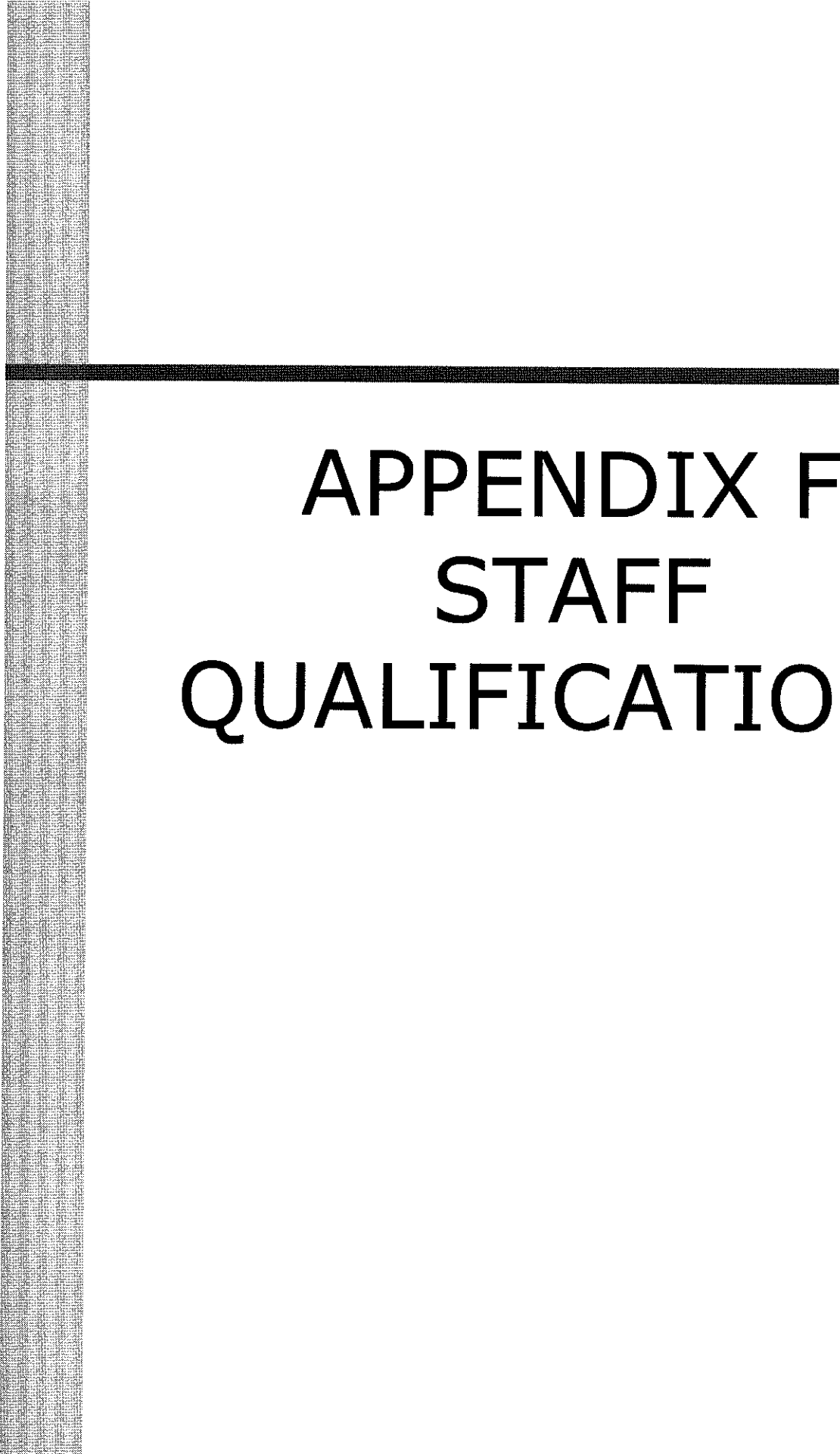
who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



D. Krell

Notary Public

My Commission Expires November 30, 2012



APPENDIX F STAFF QUALIFICATIONS

HEALTHCARE FINANCIAL SERVICES

KEY CONTACT PERSONNEL

Joan Namey, Operations Manager (7 years in current position)

Responsibilities are to effectively manage all phases of the operations of HealthCare Financial Services. Acquired 34 years experience with Charleston Area Medical Center, Inc. in admitting, billing, customer service and collection positions. Nineteen of those years were in a management/supervisory capacity. Currently working on Executive Management Certification through the National HealthCare Collectors Association followed by Agency Certification. Member of the WV HFMA and served on 3 committees. Graduated Stonewall Jackson High School. Employed HFS 20 years.

Savannah Adkins, Client Services Coordinator (7 years in current position)

Responsible for client service related issues, account inquiries, month-end reporting and business activities. Assists Operations Manager in day-to-day operations. Supervises clerical staff. Acquired 22 years medical collection experience with 9 years supervisory capacity. Received a Bachelor of Science degree in Business Administration Management through WV State College. Employed HFS 22 years.

Jill Epstein, Sales Manager (6 years in current position)

Responsible for new and existing client relationships, new programs and projects. Contact for performance inquiries, etc. Acquired 24 years experience in Sales and Customer Service with 11 years in a Management/Supervisory capacity and 14 years experience in Collections. Member of the WV HFMA and Board Member ACA of WV, Inc. Attended Penn State University, WV State University and Slippery Rock University. Employed HFS 6 years.

Ron Davis, Sales Manager (8 months in current position)

Responsible for new and existing client relationships, new programs and projects. Contact for performance inquires, etc. Acquired 29 years of experience in accounts receivable and collections to include 12 years as an actual business owner. Has received 3 national service awards. A member of WV HFMA and serving on one committee. Attended WV State College. Employed HFS for 8 months.

Reva Nichols, Collections Coordinator (7 years in current position)

Responsible for the front line supervision of collection staff. Training, quality assurance monitoring and adherence to state and federal laws by collection staff. Evaluates performance of collection staff to ensure maximum collection recoveries for all clients. Received National Certification on the FDCPA through National Healthcare Collectors Association. Acquired 20 years medical collection experience, with 7 years supervisory capacity. Received a Bachelor of Science Degree in Business Administration Management through WV State College. Served as Commission Officer in the US Army for 10 years. Employed HFS 20 years.

Ellen Click, Collections Coordinator (1 year in current position)

Responsible for the front line supervision of collection staff. Training, quality assurance monitoring and adherence to state and federal laws by collection staff. Evaluates performance of collection staff to ensure maximum collection recoveries for all clients. Received National Certification on the FDCPA through National Healthcare Collectors Association. Acquired 27 years collection experience, with 4 years supervisory capacity. Graduated Clay County High School. Employed HFS 12 years.

Pam West, Collections Coordinator/Insurance (4 years in current position)

Responsible for all insurance billing, follow up, attorney and estate claims. Trains, supervises and monitors staff for quality assurance and evaluating performance. Verifies and maintains electronic billing submissions. Also responsible for the front line supervision of collection staff. Training, quality assurance monitoring and adherence to state and federal laws by collection staff. Evaluates performance of collection staff to ensure maximum collection recoveries for all clients. Received National Certification on the FDCPA through National Healthcare Collectors Association. Acquired 26 years collection experience. Graduated Poca High School. Employed HFS 23 years.

COLLECTION STAFF

Our Collection Staff of 20 employees averages 8 years experience per collector. They go through a 6-month rigorous training program and have received National Certification on the FDCPA through National Healthcare Collectors Association. HFS Collectors are trained on state and federal laws pertaining to collections as well as HIPAA. We maintain quarterly and annual in-services on policy and procedures, confidentiality, safety, FDCPA and customer service.

INSURANCE DEPARTMENT

We have proficient third party billing department with an average experience of 10 years per employee. We handle re-billing and follow up for all clients on bad debt placement accounts. HFS employs 2 insurance collectors.

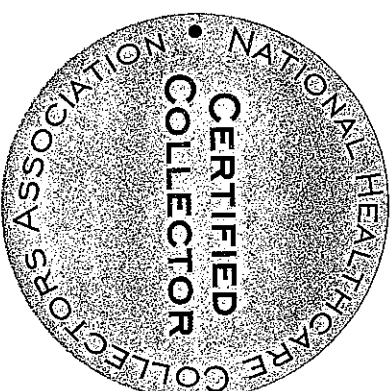
National Healthcare Collectors Association, Inc.

An association of professional collectors promoting excellence in Healthcare Collections




Having provided affidavits and other proofs of knowledge and ability and having demonstrated consistent meritorious performance as a healthcare collector, you are hereby certified under the power and authority of the Board of Directors of the National Healthcare Collectors Association Inc. to be capable of handling all aspects of healthcare account collections.

Certified Healthcare Collector




Mr. Tom Minuchi, President


Mr. Kenneth W. Smith, Executive Director

Certification Date: 2010
Expires: 2013



**APPENDIX G
LITIGATION
REFERRAL FORM**

LITIGATION REFERRAL FORM

REFERRING STATE SPENDING UNIT

DEBTOR NAME

DEBTOR ADDRESS

SPENDING UNIT ACCOUNT NUMBER

CASE NUMBER WITH AGENCY

ORIGINAL BALANCE

ENDING BALANCE

ORIGINAL DATE OF SERVICE

DATE PLACED WITH AGENCY

DATE CLOSED AT AGENCY

REASON FOR CLOSE

REMARKS



APPENDIX H

REFERENCES

KANAWHA COUNTY SCHOOLS

3302 Pennsylvania Avenue
Charleston, WV 25302
Gary Hendricks
304-348-6660
ghendricks@kcs.kana.k12.wv.us

BOONE MEMORIAL HOSPITAL

701 Madison Avenue
Madison, WV 25130
Randy Foxx
304-369-1230
rfoxx@bmh.org

CABELL COUNTY SCHOOLS

2850 Fifth Avenue
Huntington, WV 25702
Rhonda McCoy
304- 528-5068
vchapman@access.k12.wv.us

WVU PHYSICIANS OF CHARLESTON

3110 MacCorkle Avenue Southeast
Charleston, WV 25304
Jean Ann Jones
304-347-1296
jonesje@rcbhsc.wvu.edu