



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header # 4

[List View](#)

[General Information](#) [Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Clarification Request](#)

Procurement Folder: 1685357

Procurement Type: Central Master Agreement

Vendor ID: VS0000037603

Legal Name: ADELPHI MEDICAL STAFFING LLC

Alias/DBA:

Total Bid: \$900,000.00

Response Date: 05/20/2025

Response Time: 9:58

Responded By User ID: Medrecruit

First Name: Dayne

Last Name: Troupe

Email: dtroupe@adelphistaffing.com

Phone: 678-439-0747

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2500000014

Published Date: 5/12/25

Close Date: 5/20/25

Close Time: 13:30

Status: Closed

Solicitation Description: Medical Director and Attending Physician

Total of Header Attachments: 4

Total of All Attachments: 4



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

State of West Virginia
Solicitation Response

Proc Folder: 1685357
Solicitation Description: Medical Director and Attending Physician
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-05-20 13:30	SR 0613 ESR05202500000007154	1

VENDOR
VS0000037603
ADELPHI MEDICAL STAFFING LLC

Solicitation Number: CRFQ 0613 VNF2500000014
Total Bid: 900000
Response Date: 2025-05-20
Response Time: 09:58:14
Comments:

FOR INFORMATION CONTACT THE BUYER
Joseph (Josh) E Hager III
(304) 558-2306
joseph.e.hageriii@wv.gov

Vendor		
Signature X	FEIN#	DATE

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Medical Director	0.00000			588000.00

Comm Code	Manufacturer	Specification	Model #
85121502			

Commodity Line Comments: Hourly On-site rate = \$300/h
On-call rate = \$50/h
Calculations:
Medical Director rate = (50x300)+ ((730-50)x50))= \$49,000 per month
* Using the 50h a month on-site estimation given and
* Assuming 730 hours are in a month (730-50 = on call hours, monthly)
N.B: The monthly rate is based on the on-site rate and 24/7 on call rate.

Extended Description:
Please see pricing pages to input pricing!
Medical Director for the WVVNF One freedom Way Clarksburg WV 26301

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Attending Physician	0.00000			312000.00

Comm Code	Manufacturer	Specification	Model #
85121502			

Commodity Line Comments: Hourly Clinical rate = \$260/h
On-call rate= \$50/h
Calculations:
Attending physician rate = 260x8 = \$2080 per visit
* Using the 8h minimum per visit requirement

Extended Description:
Please see pricing pages to input pricing!
Attending Physician for the WVVNF One freedom Way Clarksburg WV 26301



**REQUEST FOR QUOTE RESPONSE
SUBMITTED TO:**



**THE STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION,
PURCHASING DIVISION
CRFQ:0613 VNF2500000014
MEDICAL DIRECTOR AND ATTENDING PHYSICIAN
MAY 13TH 2025, 1:30 PM EST**

Prepared by
Dayne Troupe, Managing Partner
Adelphi Staffing, LLC
965 Geneva Walk NW
Kennesaw, GA, 30152
Tel:678-365-1101; Fax:678-257-2992
govt@adelphistaffing.com

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COST FORMS


REQUEST FOR QUOTATION
Medical Director and Attending Physicia
CRQM VNF25*14
EXHIBIT A - PRICING PAGE

Contracted Services	Months per Year	Monthly Rate	Annual Total	Separate Contract Required? (Yes or No)
MEDICAL DIRECTOR	12	\$ 49,000	\$ 588,000	No

PAYMENT: Agency shall pay the rate(s) awarded, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. The vendor must accept payment methods as stated in the General Terms and Conditions made part of this solicitation. Vendor must comply with the following invoicing requirements:

Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

Number of hours will vary and are estimated at 50 hours per month. These are estimates only. No future use of the Contract or any individual item is guaranteed or implied.

Medical Director Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	<u></u>	*Signature	
Cell Phone:	<u>678-365-1101</u>	*I hereby certify I am authorized by the Vendor to sign this document.	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelphistaffing.com</u>

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRQM VNF25*14

EXHIBIT B - PRICING PAGE

Contracted Services	Visits per Year*	Fee per Visit	Annual Total	Separate Contract Required? (Yes or No)
ATTENDING PHYSICIAN	150	\$ 2,080	312,000	No

PAYMENT FOR PHYSICIAN SERVICES:

Vendor

must comply with the following invoicing requirements as listed in the Specifications:

7.1 Physician Services for NON-Service Connected (NSC) Residents and/or Uninsured:

7.1.1 Vendor must bill and collect from Medicare, Medicaid, and third-party insurance for services rendered for non-Service-Connected (NSC) residents only.

7.1.2 Vendor shall not "double bill" or collect from more than one source, whether it be Medicare, Medicaid, third-party insurance, private pay or Agency for any services rendered.

7.1.3 Vendor must agree that the Agency will not be held responsible for payment in any cases of non-collection from Medicare, Medicaid, or third-party insurance.

7.1.4 Vendor may bill the Agency for copay amounts not paid by Medicare, Medicaid, or third-party insurance. Proof of non-payment and amount of same must be submitted with the Vendor's invoice to Agency.

7.1.5 Vendor shall bill the Agency at the rate awarded in the contract document for each visit for any non-Service Connected resident who does not have Medicare, Medicaid, or third-party insurance.

7.2 Physician Services for Service-Connected (SC) Residents:

7.2.1 In accordance with Federal regulations, services rendered for Service-Connected (SC) residents may NOT be collected from Medicare, Medicaid, or third-party insurance.

7.2.2 Vendor shall bill the Agency ONLY, and NOT other insurance or Medicare etc. for all services rendered to Service-Connected (SC) residents at the rate awarded in the contract.

- Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

- * Visits per year are estimated based on 20% of 120 beds for two (2) visits per year to SC or Uninsured NSC Residents. These are estimates only. No future use of the Contract or any individual item is guaranteed or implied.

Attending Physician Vendor Information

Vendor:	Adelphi Staffing, LLC	Printed Name:	Dayne Troupe
Address:	3651 Peachtree Pkwy, Suite E439, Suwanee, GA 30024	Title:	Managing Partner
Office Phone:		*Signature	
Cell Phone:	678-365-1101	*I hereby certify I am authorized by the Vendor to sign this document.	
Fax:	678-257-2992	Email:	govt@adelphistaffing.com

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRQM VNF25*14
EXHIBIT C - PRICING PAGE ANNUAL
TOTALS

Contracted Services	Annual Total	Separate Contract Required (Yes or No)
Medical Director - Annual Total from Exhibit A:	\$ 588,000	No
Attending Physician - Annual Total from Exhibit B:	\$ 312,000	No
GRAND TOTAL ANNUAL AMOUNT:	\$ 900,000	


IMPORTANT:


Please read all Terms, Conditions and Specifications prior to bidding!
Your bid is your commitment to perform all services as listed.

Include all three (3) Exhibits A, B and C, with your bid.
Failure to do so may result in your bid being disqualified.

Vendor should enter the Grand Total Annual Amount in wvOASIS.
Failure to do so may result in your bid being disqualified.

PAYMENT: Agency shall pay the rate(s) awarded, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. The vendor must accept payment methods as stated in the General Terms and Conditions made part of this solicitation.

Medical Director Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:		*Signature	
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelpistaffing.com</u>

Attending Physician Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:		*Signature	
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelpistaffing.com</u>

COST SERVICES BREAKDOWN

Medical Director:

Hourly On-site rate = \$300/h

On-call rate = \$50/h

Calculations:

Medical Director rate = $(50 \times 300) + ((730 - 50) \times 50) = \textbf{\$49,000 per month}$

* Using the 50h a month on-site estimation given and

* Assuming 730 hours are in a month (730-50 = on call hours, monthly)

N.B: The monthly rate is based on the on-site rate and 24/7 on call rate.

Attending Physician:

Hourly Clinical rate = \$260/h

On-call rate= \$50/h

Calculations:

Attending physician rate = $260 \times 8 = \textbf{\$2080 per visit}$

* Using the 8h minimum per visit requirement

RFQ FORMS



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

State of West Virginia
Centralized Request for Quote
Medical

Proc Folder: 1685357			Reason for Modification: Addendum #1 is issued to correct Section 4.4 of the project specifications from 4 hours to 8 hours.
Doc Description: Medical Director and Attending Physician			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2025-04-30	2025-05-13 13:30	CRFQ 0613 VNF2500000014	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: VS0000037603
Vendor Name : Adelphi Staffing, LLC
Address : 3651 Peachtree Pkwy, Suite E439
Street :
City : Suwanee
State : GA **Country :** USA **Zip :** 30024-6034
Principal Contact : Dayne Troupe
Vendor Contact Phone: 678-365-1101 **Extension:** N/A

FOR INFORMATION CONTACT THE BUYER

Joseph E Hager III
(304) 558-2306
joseph.e.hageriii@wv.gov

Vendor Signature X  **FEIN#** 81-4797062 **DATE** 5/13/2025

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

The West Virginia Purchasing Division, is soliciting bids on behalf of the WV Veterans Nursing Facility, to establish an open-end contract for a Physicain/Medical Director per the attached specifications and documentation.

INVOICE TO				SHIP TO			
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV US				VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Medical Director	0.00000			

Comm Code	Manufacturer	Specification	Model #
85121502			

Extended Description:

Please see pricing pages to input pricing!

Medical Director for the WVVNF One freedom Way Clarksburg WV 26301

INVOICE TO				SHIP TO			
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV US				VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Attending Physician	0.00000			

Comm Code	Manufacturer	Specification	Model #
85121502			

Extended Description:

Please see pricing pages to input pricing!

Attending Physician for the WVVNF One freedom Way Clarksburg WV 26301

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Vendor Technical Questions Due By 11:00 am., EST.	2025-05-05

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Dayne Troupe, Managing Partner

(Address) 3651 Peachtree Pkwy, Suite E439, Suwanee, GA 30024

(Phone Number) / (Fax Number) Phone: 678-365-1101 Fax: 678-257-2992


(email address) dtroupe@adelphistaffing.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Adelphi Staffing, LLC

(Company)



(Signature of Authorized Representative)

Dayne Troupe, Managing Partner,

05/13/2025

(Printed Name and Title of Authorized Representative) (Date)

Phone: 678-365-1101 Fax: 678-257-2992

(Phone Number) (Fax Number)

govt@adelphistaffing.com

(Email Address)

BIDDER LICENSES AND CERTIFICATIONS



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

ADELPHI MEDICAL STAFFING, LLC

was duly authorized under the laws of this state to transact business in West Virginia as a foreign limited liability company on November 04, 2021.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:8WV0Q_A3DME



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

April 30, 2024

Mac Warner

Secretary of State

WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE

ISSUED TO:
ADELPHI MEDICAL STAFFING, LLC
965 GENEVA WALK NW
KENNESAW, GA 30152-2895

BUSINESS REGISTRATION ACCOUNT NUMBER: **2415-3273**

This certificate is issued on: **11/05/2021**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

*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.

atL006 v.19
L0007482912

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Adelphi Medical Staffing, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26928815
Date Inc/Auth/Filed: 01/17/2017
Jurisdiction : Georgia
Print Date : 03/15/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Adelphi Medical Staffing, LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/29/2024 changing its name to

Adelphi Staffing, LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 10/31/2024.



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Adelphi Staffing, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

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This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28194780
Date Inc/Auth/Filed: 01/17/2017
Jurisdiction : Georgia
Print Date : 11/01/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

CERTIFICATE OF DISTINCTION

has been awarded to

Adelphi Medical Staffing, LLC
Kennesaw, GA

for
Health Care Staffing
by



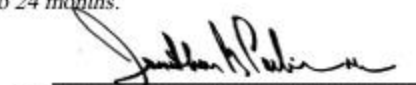
The Joint Commission
based on a review of compliance with national standards.

September 22, 2022

Certification is customarily valid for up to 24 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #664336
Print/Reprint Date: 09/22/2022


Jonathan B. Perlman, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



AMA
AMERICAN
MEDICAL
ASSOCIATION



This reproduction of the original certification certificate has been issued for use in regulatory/payer agency verification of certification by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current certification status and for a listing of the organization's locations of care.

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRFQ VNF25*14
EXHIBIT A - PRICING PAGE

Contracted Services	Months per Year	Monthly Rate	Annual Total	Separate Contract Required? (Yes or No)
MEDICAL DIRECTOR	12	\$ 49,000.00	\$ 588,000.00	NO

PAYMENT: Agency shall pay the rate(s) awarded, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. The vendor must accept payment methods as stated in the General Terms and Conditions made part of this solicitation. Vendor must comply with the following invoicing requirements:

Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

Number of hours will vary and are estimated at 50 hours per month. These are estimates only. No future use of the Contract or any individual item is guaranteed or implied.

Medical Director Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E436</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	<u></u>	*Signature	<u>Dayne Troupe</u>
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelphistaffing.com</u>

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRFQ VNF25*14

EXHIBIT B - PRICING PAGE

Contracted Services	Visits per Year*	Fee per Visit	Annual Total	Separate Contract Required? (Yes or No)
ATTENDING PHYSICIAN	150	\$ 2,080.00	\$ 312,000.00	NO

PAYMENT FOR PHYSICIAN SERVICES:

Vendor

must comply with the following invoicing requirements as listed in the Specifications:

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7.2.2 Vendor shall bill the Agency ONLY, and NOT other insurance or Medicare etc. for all services rendered to Service-Connected (SC) residents at the rate awarded in the contract.

- Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
- * Visits per year are estimated based on 20% of 120 beds for two (2) visits per year to SC or Uninsured NSC Residents. These are estimates only. No future use of the Contract or any individual item is guaranteed or implied.

Attending Physician Vendor Information

Vendor:	Adelphi Staffing, LLC	Printed Name:	Dayne Troupe
Address:	3651 Peachtree Pkwy, Suite E43	Title:	Managing Partner
	Suwanee, GA 30024		
Office Phone:		*Signature	Dayne Troupe
Cell Phone:	678-365-1101	*I hereby certify I am authorized by the Vendor to sign this document.	
Fax:	678-257-2992	Email:	govt@adelphistaffing.com

REQUEST FOR QUOTATION
Medical Director and Attending Physician

CRFQ VNF25*14
EXHIBIT C - PRICING PAGE
ANNUAL TOTALS

Contracted Services	Annual Total	Separate Contract Required (Yes or No)
Medical Director - Annual Total from Exhibit A:	\$ 588,000.00	NO
Attending Physician - Annual Total from Exhibit B:	\$ 312,000.00	NO
GRAND TOTAL ANNUAL AMOUNT:	\$ 900,000.00	

IMPORTANT:

Please read all Terms, Conditions and Specifications prior to bidding!
Your bid is your commitment to perform all services as listed.

Include all three (3) Exhibits A, B and C, with your bid.
Failure to do so may result in your bid being disqualified.

Vendor should enter the Grand Total Annual Amount in wvOASIS.
Failure to do so may result in your bid being disqualified.

PAYMENT: Agency shall pay the rate(s) awarded, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. The vendor must accept payment methods as stated in the General Terms and Conditions made part of this solicitation.

Medical Director Vendor Information			
Vendor:	Adelphi Staffing, LLC	Printed Name:	Dayne Troupe
Address:	3651 Peachtree Pkwy, Suite E439, Suwanee, GA 30024	Title:	Managing Partner
Office Phone:		*Signature	Dayne Troupe
Cell Phone:	678-365-1101	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	678-257-2992	Email:	

Attending Physician Vendor Information			
Vendor:	Adelphi Staffing, LLC	Printed Name:	Dayne Troupe
Address:	3651 Peachtree Pkwy, Suite E439, Suwanee, GA 30024	Title:	Managing Partner
Office Phone:		*Signature	Dayne Troupe
Cell Phone:	678-365-1101	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	678-257-2992	Email:	govt@adelphistaffing.com