



**JACKSON
& COKER**

ORIGINAL

Jackson & Coker
3000 Old Alabama Road
Suite 119-608
Alpharetta, GA 30022

www.jacksoncoker.com
phone 800.272.2707
fax 800.936.4562

August 31, 2011

State of West Virginia
2019 Washington Street East
Charleston, WV 25305-0130

RE: BHS12045

Ms. Wagner

Thank you for this opportunity to provide Psychiatry coverage to the West Virginia Behavioral Health & Health Facilities. Jackson & Coker has a long history with the State of West Virginia in Psychiatry and Obstetrics & Gynecology services and look forward to continuing our working relationship. Please review the proposal and should you have any questions or want to schedule a phone interview, please feel free to call me at (800) 272-2707 x3066 or by email at vpichardo@jacksoncoker.com.

Sincerely,

Valerie Pichardo
Contract Administrator



Contractor personnel (service providers) are not employees of contractor. J&C, the Contractor, does not provide social security benefit, tax or worker's compensation withholdings for contractor personnel. Contractor personnel who furnish services under a non-personal services order shall not be considered providers of the Government for any purposes. Contractor's employment relationship and resulting obligations to its personnel shall be determined by applicable federal, state, and local laws and regulations (including, but not limited to, tax and labor laws and regulations) and compliance with such laws and regulations shall be the sole responsibility of the contractor.



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Past Performance with the State of West Virginia

Mildred Mitchell Bateman Hospital Psychiatry Services
Contact Lois Viars, (304) 525-7801 x238, lois.a.viars@wv.gov

- Contract BHS90004DA, 8/6/09 - 8/4/10, Open ended
Extended to 8/5/2011, Open ended
- Contract MMB1059A 1/22/10 – 1/22/12, Open ended

John Manchin, Sr. Health Care Psychiatry Services
Bonnie Jones (304) 363-2500, bonnie.j.jones@wv.gov

- MHC10061 11/9/0 – 12/11/09 \$24,400

Welch Community Hospital OB/BYN Services
Contact Hazel Adair (304) 436-8461, hazel.a.addar@wv.gov

- Contract WEH50232, 06/07/05 – 06/06/06, \$286,000
- Contract #: A050380, 03/09/05 – 03/15/05, \$10,000



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

Request for Quotation

RFQ NUMBER
BHS12045

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1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

VENDOR

*A18141406 800-272-2707
 JACKSON & COKER LOCUMTENENS LL
 3000 OLD ALABAMA RD
 #119-608
 ALPHARETTA GA 30023

SHIP TO

HEALTH AND HUMAN RESOURCES
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/04/2011				

BID OPENING DATE: 09/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-21		
OPEN-END BLANKET CONTRACT						
TO PROVIDE LOCUM TENEN PSYCHIATRIC PHYSICIAN SERVICE						
OPEN END CONTRACT						
TO PROVIDE "LOCUM" PSYCHIATRIC PHYSICIAN(S) SERVICES TO COMPLY WITH STAFFING NEEDS OF THE BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES, IT'S PSYCHIATRIC FACILITIES (WILLIAM R. SHARPE, JR. HOSPITAL AND MILDRED MITCHELL-BATEMAN HOSPITAL) AND ANY OTHER STATE FACILITY THAT WOULD REQUIRE PSYCHIATRIC SERVICES, PER THE ATTACHED SPECIFICATIONS.						
EXHIBIT 3						
LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD AND EXTENDS FOR A ONE YEAR PERIOD OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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



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<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 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</p>						

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<p>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>REV. 04/11/2001</p> <p>INQUIRIES WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 08/16/2011. 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:</p>						
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<p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88 PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING</p>						

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<p>CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22</p> <p>RFQ. NO.: BHS12045</p> <p>BID OPENING DATE: 09/01/2011</p>						

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
BID OPENING TIME: 1:30PM PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: (800) 936-4562 ----- CONTACT PERSON (PLEASE PRINT CLEARLY): Randy Weikle (800) 272-2707 x. 3058 Vice President, Government Healthcare ----- ***** THIS IS THE END OF RFQ BHS12045 ***** TOTAL: _____						

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WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES
BHS12045

“Locum” Psychiatric Physician(s) Services

To provide an open end contract for “locum” psychiatric physician(s) services to comply with the staffing needs of the Bureau for Behavioral Health and Health Facilities, it’s psychiatric facilities (William R. Sharpe, Jr Hospital and Mildred-Mitchell Bateman Hospital) and any other state facility that would require psychiatric services.

William R. Sharpe, Jr. Hospital is a 150 bed acute care state supported psychiatric hospital located at 936 Sharpe Hospital Road in Weston, West Virginia 26452.

Mildred-Mitchell Bateman Hospital is a 110 bed acute care state supported psychiatric hospital located at 1530 Norway Avenue, Huntington, West Virginia 25705.

The purpose of this request is to obtain multiple vendors to provide “locum tenens” psychiatric physician(s) licensed to practice in the State of West Virginia in an adult and young adult psychiatric hospital that also serves a forensic population.

This shall be a progressive award contract and the award will be made according to each vendor’s bid response and lowest costs. Low bid will be designated as BHS12045A, next lowest bid will be designated as BHS12045B, and so on. If vendor “A” cannot provide services, agency will go to vendor “B”, and so on

The vendor will observe the following holidays:

New Year’s Day	Labor Day	Christmas Day
Memorial Day	Day before Thanksgiving	New Year’s Eve
Independence Day	Thanksgiving Day	

Mandatory Requirements:

Vendor must agree to monitor, assure and document the competence of the staff assigned to provide the aforementioned services to William R. Sharpe, Jr. Hospital, Mildred-Mitchell Bateman Hospital or any facility requesting these services and will provide documentation of such, when requested. The competency assessment must include age-specific and cultural competencies for services provided to patients.

Minimum Qualifications:

- a. Must have completed an accredited 3-year residency program in psychiatry or equivalent.
- b. Must have at least nine (9) months of psychiatric inpatient practice (can be during residency)
- c. Must be Board eligible / certified in psychiatry.
- d. Must have a current West Virginia Board of Medicine license.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES
BHS12045
“Locum” Psychiatric Physician(s) Services

- e. Must have a current DEA certificate.

Essential Duties and Responsibilities:

- a. Will make daily rounds with the treatment team, do consultations, perform physical examinations as needed.
- b. Will perform and dictate initial psychiatric evaluations.
- c. Will refer patients to other disciplines if needed.
- d. Will write progress notes, medication review, mental status, AIMS, and any other reports as needed per Medical Staff rules.
- e. Will do psychiatric consultation when needed.
- f. Will read, review and dictate discharge summaries.
- g. Will testify in court and commitment hearings, when needed.
- h. Will meet with families and other interested members as well as answer telephone calls from family members and other people and agencies about patients.
- i. Will attend committee meetings, as required.
- j. Will be present in the hospital each business day – minimum 8:00 am – 4:00 pm (Monday thru Friday)

Hospital will:

- a. Provide vendor with specific positions for recruitment purposes.
- b. Provide an adequate orientation for each locum tenens.
- c. Provide work schedule for locum tenens.
- d. Provide vendor a written evaluation of locum tenens.
- e. Agree not to offer permanent employment to locum tenens provided by vendor until the completion of the current assignment and to pay a placement fee, to the vendor for hiring of any vendor’s locum tenen referred or contracted to the hospital.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES
BHS12045
"Locum" Psychiatric Physician(s) Services

Special Terms and Conditions:

Insurance Requirements:

The vendor, as an independent contractor is solely liable for the acts and omissions of its locum tenens and agents.

The vendor shall maintain and furnish proof of coverage liability insurance for loss, damage or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and locum tenens in the following amounts:

1. For bodily injury (including death) \$500,000.00 per person: minimum amount of \$1,000,000 per occurrence.
2. For property damage and professional liability: Minimum amount of \$1,000,000 per occurrence.

License Requirements:

The successful vendor must present evidence of certification or licensure with WV Workers Compensation and Unemployment Funds, a copy of its WV Business Certificate and any other license it may be required to hold by the nature of its operation. State of West Virginia, Department of Health & Human Resources, needs to be listed as the certificate holder.

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. All bids will be reviewed and the award will be based on bidders meeting mandatory specifications with the lowest responsible bid. Bidders must include the rate for the service listed within the RFQ.

Life of Contract:

Date of Coverage: upon award and continue for a period of one (1) year, with the option of two (2), one (1) year renewals. Actual start date for staff will be based on the credentialing process to be performed by the hospital(s).

Invoices and Payments

The vendor shall submit monthly invoices, in arrears, to the Accounts Payable office at each facility for all services provided pursuant to the terms of the contract. Each invoice will contain sufficient documentation to determine the actual hours worked and cost per project. The Hospital reserves the right to reject any or all invoices for which proper documentation has not been provided. Vendor will be notified within ten (10) working days of any invoice deficiencies.

State law forbids payment of invoices prior to receipt of services

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/23/2011

PRODUCER
DENISE D. BARNES
HEALTHCARE LIABILITY SOLUTIONS, INC.
840 GESSNER, SUITE 500
HOUSTON, TX 77024
PH: 800-732-8619 FAX: 713-343-5025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
JACKSON HEALTHCARE, LLC
2655 NORTHWINDS PARKWAY, STE. 300
ALPHARETTA, GA, 30009

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	LEXINGTON INSURANCE COMPANY	19437
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS															
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	6440019	07/01/11	07/01/12	EACH OCCURRENCE \$1,000,000															
		<table border="1"> <tr> <td colspan="2">DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td> <td>\$1,000,000</td> </tr> <tr> <td colspan="2">MED EXP (Any one person)</td> <td>\$ NIL</td> </tr> <tr> <td colspan="2">PERSONAL & ADV INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td colspan="2">GENERAL AGGREGATE</td> <td>\$3,000,000</td> </tr> <tr> <td colspan="2">PRODUCTS - COMP/OP AGG</td> <td>\$ INCLUDED</td> </tr> </table>				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)		\$1,000,000	MED EXP (Any one person)		\$ NIL	PERSONAL & ADV INJURY		\$1,000,000	GENERAL AGGREGATE		\$3,000,000	PRODUCTS - COMP/OP AGG		\$ INCLUDED	
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		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																			
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A	N/A	N/A	<table border="1"> <tr> <td colspan="2">COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2">BODILY INJURY (Per person)</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2">BODILY INJURY (Per accident)</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2">PROPERTY DAMAGE (Per accident)</td> <td>\$ N/A</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)		\$ N/A	BODILY INJURY (Per person)		\$ N/A	BODILY INJURY (Per accident)		\$ N/A	PROPERTY DAMAGE (Per accident)		\$ N/A			
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OTHER THAN AUTO ONLY:	EA ACC	\$ N/A																			
	AGG	\$ N/A																			
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	<table border="1"> <tr> <td colspan="2">EACH OCCURRENCE</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2">AGGREGATE</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2"></td> <td>\$ N/A</td> </tr> <tr> <td colspan="2"></td> <td>\$ N/A</td> </tr> <tr> <td colspan="2"></td> <td>\$ N/A</td> </tr> </table>	EACH OCCURRENCE		\$ N/A	AGGREGATE		\$ N/A			\$ N/A			\$ N/A			\$ N/A
EACH OCCURRENCE		\$ N/A																			
AGGREGATE		\$ N/A																			
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		\$ N/A																			
		\$ N/A																			
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	<table border="1"> <tr> <td></td> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$ N/A</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td>\$ N/A</td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT		\$ N/A	E.L. DISEASE - EA EMPLOYEE		\$ N/A	E.L. DISEASE - POLICY LIMIT		\$ N/A			
	WC STATU-TORY LIMITS	OTH-ER																			
E.L. EACH ACCIDENT		\$ N/A																			
E.L. DISEASE - EA EMPLOYEE		\$ N/A																			
E.L. DISEASE - POLICY LIMIT		\$ N/A																			
		OTHER	N/A	N/A	N/A	N/A															

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

LIMITS INCLUDE ALL SELF-INSURED RETENTION AMOUNTS
IF APPLICABLE EXCESS/UMBRELLA LIABILITY COVERAGE CERTIFICATES OF INSURANCE WILL BE ISSUED BY AON RISK SERVICES SOUTH, INC., 847-953-7205.

CERTIFICATE HOLDER

JACKSON HEALTHCARE, LLC
2655 NORTHWINDS PARKWAY, STE. 300
ALPHARETTA, GA 30009

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

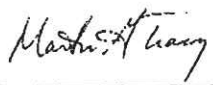
AUTHORIZED REPRESENTATIVE



THE PSYCHIATRISTS'S PROGRAM

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.
This certificate does not amend, extend or alter the coverage provided by the insurance policy below.

1. NAME AND ADDRESS OF NAMED INSURED				
Jackson & Coker LocumTenens, LLC 3000 Old Alabama Road, Suite 119-608 Alpharetta, GA 30022		The policy of insurance listed below has been issued to the named insured for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.		
2. COMPANY		3. POLICY NUMBER		4. CERTIFICATE NUMBER
National Union Fire Insurance Company of Pittsburgh, PA		GP - PSC04 - 000354406		600524
5. POLICY PERIOD				
From:	October 01, 2010 at 12:01 A.M. Standard Time	To:	October 01, 2011 at 12:01 A.M. Standard Time	
Retro Date (Group):	N/A at 12:01 A.M. Standard Time	Retro Date (N.I.):	N/A at 12:01 A.M. Standard Time	
6. TYPE OF INSURANCE			7. COVERED SPECIALTY	
Professional Liability				
8. EFFECTIVE	LIMITS OF LIABILITY	COVERAGE	STATE/RATING AREA OTHER STATES	
	<i>Each Medical Incident/Each Policy Period</i>			
10/01/2010	\$1,000,000 / \$3,000,000	Occurrence	GA1	MI
9. NAME AND ADDRESS OF CERTIFICATE HOLDER				
Jackson & Coker LocumTenens, LLC 3000 Old Alabama Road, Suite 119-608 Alpharetta, GA 30022		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
10. NAME AND ADDRESS OF ADMINISTRATOR				
Professional Risk Management Services, Inc. 1515 Wilson Boulevard, Suite 800 Arlington, VA 22209 Telephone: (800) 245-3333		<div style="text-align: right;">  _____ President and CEO Professional Risk Management Services, Inc. </div>		
September 30, 2010 _____ Date				

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES
BHS12045
"Locum" Psychiatric Physician(s) Services

Cost Bid Sheet

Estimated
Annual

<u>Usage:</u>	<u>Description</u>	<u>Unit Cost</u>	<u>Total Cost</u>
2080 hrs.	Psychiatric Physician Coverage & Rates: Full time, Hourly Rate = \$ <u>180.00</u>	\$ <u>180.00</u>	\$ <u>374,440</u> All inclusive (2080hrs. x \$180.00 = \$374,440)
365 days	Psychiatric Physician Coverage & Rates: (8 hrs x hourly rate)	Daily Rate: = \$ <u>180.00/hr</u>	\$ <u>1,440.00</u> Per one 8 hour Day.
520 hrs	Psychiatric Physician Coverage & Rates: Overtime Rate = \$ <u>270.00/</u>	\$ <u>140,400</u> Hourly rate (520 hrs::x \$270.00 = \$140,400)	
	Grand Total:		\$ <u>514,840.00</u>
Permanent Placement Fee:		= \$ <u>28,000</u>	One time fee

**Permanent Placement fee will not be used to determine the lowest responsible bidder.*

***Hourly wages are guaranteed minimum 40 hour work week, and includes all payroll taxes and worker's compensation insurance expenses.*

Jackson & Collier LT
Company Name

Randy Weikle
Signature

Randy Weikle
Vice President, Government Healthcare

8/31/11
Date

RFQ No. BAS12045

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 exceed 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: Jackson & Coher Locum Tenens, LLC

Authorized Signature: *Kathy Walker* Date: 8/31/11

State of Georgia

County of Forsyth, to-wit:

Taken, subscribed, and sworn to before me this 31 day of August, 2011.

My Commission expires February 23, 2015.

AFFIX SEAL HERE



NOTARY PUBLIC *Courtney Lenke*

State of West Virginia VENDOR PREFERENCE CERTIFICATE *N/A*

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.

Bidder: *Jackson & Colter LT* Signed: *Randy Weikle*
Date: *8/31/11* Title: *Randy Weikle*
Vice President, Government Healthcare

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