



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
DRS120032

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
SHELLY MURRAY
304-558-8801

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SUPERIOR TRANSCRIBING Service LLC
2950 AVENUE S
BROOKLYN, N.Y. 11229

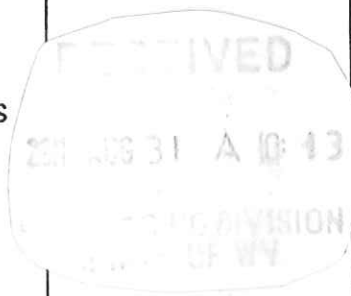
SHIP TO

DIV OF REHABILITATION SERVICES
 DISABILITY DETERMINATION SECT.
 500 QUARRIER ST
 SUITE 500
 CHARLESTON, WV
 25301
 304-558-5340

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/26/2011				

BID OPENING DATE: **08/31/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		961-72		
<p>OPEN END CONTRACT</p> <p>THE WEST VIRGINIA PURCHASING DIVISION, FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF REHABILITATION SERVICES, DISABILITY DETERMINATION SECTION, IS SOLICITING BIDS FOR TELE-TRANSCRIPTION SERVICES PER THE ATTACHED SPECIFICATIONS.</p> <p>TECHNICAL QUESTIONS MUST BE SUBMITTED IN WRITING TO SHELLY MURRAY IN THE WEST VIRGINIA PURCHASING DIVISION VIA MAIL AT THE ADDRESS SHOWN AT THE TOP OF THIS RFQ, VIA FAX AT 304-558-4115, OR VIA EMAIL AT SHELLY.L.MURRAY@WV.GOV. DEADLINE FOR ALL TECHNICAL QUESTIONS IS 08/15/2011 AT THE CLOSE OF BUSINESS. ALL TECHNICAL QUESTIONS RECEIVED, IF ANY, WILL BE ADDRESSED BY ADDENDUM AFTER THE DEADLINE.</p> <p>TRANSCRIPTION SERVICES, LEGAL AND MEDICAL</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD 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</p>						



SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Gladys Penberth</i>	TELEPHONE <i>866-318-5885</i>	DATE <i>8/30/11</i>
TITLE <i>Managing Partner</i>	FEIN <i>74-3042083</i>	ADDRESS CHANGES TO BE NOTED ABOVE

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



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BROOKLYN, NY 11229

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<p>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 APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Gladys Pemberton</i>	TELEPHONE <i>800-312-5885</i>	DATE <i>8/30/11</i>
TITLE <i>MANAGING PARTNER</i>	FEIN <i>74-3042083</i>	ADDRESS CHANGES TO BE NOTED ABOVE

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VENDOR

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SUPERIOR TRANSCRIBING Services LLC
290 AVENUE S
BROOKLYN, N.Y. 11229

SHIP TO

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 DISABILITY DETERMINATION SECT.
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 25301 304-558-5340

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<p>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, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT 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 6</p> <p>PRICE ADJUSTMENT PROVISION: THE STATE OF WEST VIRGINIA WILL CONSIDER BIDS THAT CONTAIN PROVISIONS FOR PRICE ADJUSTMENTS PRIOR TO THE ORIGINAL EXPIRATION OF THE CONTRACT, PROVIDED THAT SUCH PRICE ADJUSTMENT COVERS BOTH UPWARD AND DOWNWARD MOVEMENT OF THE COMMODITY PRICE, AND THAT ADJUSTMENT IS BASED ON THE "PASS THROUGH" INCREASE OR DECREASE OF RAW MATERIALS AND/OR LABOR, WHICH MAKE UP ALL OR A</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Geeky Pemberton</i>	TELEPHONE 866-312-5825	DATE 8/30/2011
TITLE <i>MANAGING PARTNER</i>	FEIN 74.3042083	ADDRESS CHANGES TO BE NOTED ABOVE

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SUPERIOR TRANSCRIBING Service LLC
2950 AVENUE S
BROOKLYN, N.Y. 11229

DIV OF REHABILITATION SERVICES
 DISABILITY DETERMINATION SECT.
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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>SUBSTANTIAL PART OF A PRODUCT. ADJUSTMENTS ARE TO BE BASED UPON AN ACTUAL DOLLAR FIGURE, NOT A PERCENTAGE. ALL PRICE ADJUSTMENT REQUESTS MUST BE SUBSTANTIATED IN A MANNER ACCEPTABLE TO THE DIRECTOR PURCHASING, E.G. GOVERNMENTAL BENCH MARKS, GENERAL MARKET INCREASE, PUBLISHED PRICE LISTS. SUCH REQUESTS FOR AND INCREASE SHOULD BE RECEIVED IN WRITING BY THE DIRECTOR OF PURCHASING AT LEAST 30 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE INCREASE. ANY TIME THE VENDOR REQUESTS A PRICE ADJUSTMENT, THE PURCHASING DIVISION MAY EITHER ACCEPT THE PRICE ADJUSTMENT AND AMEND THE CONTRACT ACCORDINGLY OR REJECT THE ADJUSTMENT IN ITS ENTIRETY AND CANCEL THE CONTRACT.</p> <p>PREFERRED TERMS: IT IS PREFERRED THAT THE PRICES ON THIS CONTRACT ARE FIRM FOR LIFE OF THE CONTRACT, AS INDICATED IN THE LIFE OF CONTRACT CLAUSE CONTAINED HEREIN, NOT TO EXCEED ONE (1) YEAR.</p> <p>PASS THROUGH PRICE INCREASES WILL BE CONSIDERED AT TIME OF CONTRACT RENWAL ONLY.</p> <p>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 CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Gladys Pemberton</i>	TELEPHONE <i>866-312-5885</i>	DATE <i>8/30/2011</i>
TITLE <i>MANAGING PARTNER</i>	FEIN <i>74-3042083</i>	ADDRESS CHANGES TO BE NOTED ABOVE

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PAGE
5

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SUPERIOR TRANSCRIBING SERVICES PCO
2950 AVENUE S
BROOKLYN, NY 11229

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
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:				SHELLY MURRAY		
RFQ. NO.:				DRS120032		
BID OPENING DATE:				08/31/2011		
BID OPENING TIME:				1:30 PM		
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: <i>718-339-4170</i>						
CONTACT PERSON (PLEASE PRINT CLEARLY): <i>GLADYS PEMBERTON - 866-312-5885</i>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Glady Pemberton</i>	TELEPHONE <i>866-312-5885</i>	DATE <i>8/30/2011</i>
TITLE <i>MANAGING PARTNER</i>	FEIN <i>74-304 0083</i>	ADDRESS CHANGES TO BE NOTED ABOVE

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

DRS120032
BID SHEET

All inclusive per line cost.....\$ 109

SUPERIOR TRANSCRIBING Service
Gladys Amberton
8/30/11

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: SUPERIOR TRANSCRIBING SERVICE LLC

Authorized Signature: Gladys Pemberton Date: 8/29/2011

State of N.Y.

County of KINGS, to-wit:

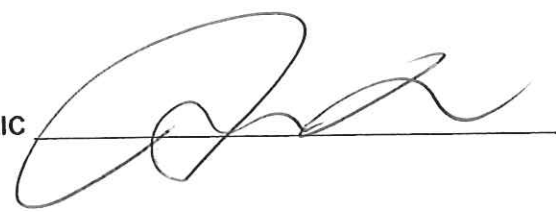
Taken, subscribed, and sworn to before me this 29 day of August, 2011.

My Commission expires 11/27, 2014

AFFIX SEAL HERE

NOTARY PUBLIC

BARRY BESHKIN
Notary Public State Of New York
No. 01BE5060375
Qualified in Kings County
Commission Expires Nov. 23 2014



Superior Transcribing Service, LLC
2950 Avenue S
Brooklyn, NY 11229

RFQ # DRS120032
Due Date: August 31, 2011

We agree to all items listed under GENERAL INFORMATION – Part 1 - sections 1.1 to and including 1.12.

We agree to all items set forth in Part 2 – section 2.1 to and including section 2.3

We agree to all items set forth in Part 3 – Specifications.

3.1 General Requirements:

We agree to all items set forth from a. to and including item d.

3.2 Scope of Work:

3.2.1. Superior will provide toll-free telephone access telephone number with sufficient telephone lines to enable physicians from any location in the United States to telephone and dictate reports for transcription by Superior's personnel without busy signals. These lines will provide continuous 24 hour accessibility, seven days a week, for the exclusive use of physicians, psychologists and others that perform examinations for The West Virginia Disability Determination Services DDS under this agreement at no charge to DDS. We will provide a central dictation system with the capacity for 30 or more dictators to dictate at any given time for receiving work.

A. We agree to printing and distribution of material for providers that will explain the use of our dictation system at no cost to DDS. Composition and content to be approved before printing by the DDS.

B. We will provide additional toll free number(s) and email address to handle questions from dictating sources. As a medium size organization, we are able to provide the "personal touch" to our clients providing excellent customer service and availability. We provide 24 hour toll-free, non-automated customer service representative(s) for medical sources that dictate after working hours and weekends.

Our system provides a verbal message giving instructions to the caller. This system includes control features such as, but not limited to, pause, rewind to listen, and access confirmation job number.

C. We agree to maintain email, phone numbers, fax and mailing addresses of medical providers in the event contact needs to be made to notify of change of instructions, times of service interruptions or any individual problems related to transcription. If we fail to resolve any issues due to unsuccessful attempts to make contact, correspondence will be referred to Professional Relations at DDS.

3.2.2. Superior Transcribing will be utilizing VoiceWare Server 241 which is a state of the art dictation system with sufficient capacity to handle all incoming work from the CE sources. This equipment is available 24 hours a day, seven days a week for the exclusive use of CE sources who work for the department of disability services. The system has dialing pad activated stop/start and playback capability and automatic "hunt system." As to audible end-of-tape warning, the system does not use tapes. It is strictly digital dictation and is configured so that a dictator has unlimited time for dictation.

We agree to requirements regarding "lost" dictations, missing or incomplete information. We have adequate fax machines and email access to comply with PII protocols. This will be used for sending and receiving of communications from the DDS and CE providers, but will not be used for transcription of reports.

As to A. B. and C. we have the capability and ability to meet all of these requirements.

3.2.3 Our telephone system for recording of dictations meets all of the specifications as outlined in this section.

3.2.4 We have the appropriate security certificates as outlined in this section. If a provider wishes to have reports sent via fax, this will be done on the same day the report is transcribed. All reports will be sent to the DDS as soon as they are transcribed. Documents will be stored for at least 12 months in the manner set forth in this section.

3.2.5 We agree to all requirements set forth in this section.

3.2.6 Superior Transcribing has the resources to access the ERR Web Site as per the requirements set forth in this section. If requirements change, we will provide any additional services necessary to maintain compliancy at no additional cost to DDS. We agree to all provisions of this section.

3.2.7 Attached are references from UMC Medical Consultants for whom we have been transcribing reports for over 15 years. Also attached is a reference from the Commonwealth of Virginia, Woodrow Wilson Rehabilitation Center for whom we have been transcribing since 2007 as part of a 5 year contract. Also attached is a questionnaire form that had been completed for a recent RFP by the IMA Group. We have been transcribing disability reports for the state of New York for them for 20 years. They have faxed me a copy and have given permission to use the questionnaire as a reference. We currently have a 5 year contract with the Commonwealth of Virginia to transcribe CE reports in all specialties. The

reference from them will be submitted at a later date as the Professional Relations Coordinator is presently on vacation.

3.2.8 We agree to all provisions in subsection A, B and C.

3.2.9 Our quotation as submitted is as outlined in this section.

3.2.10 to and including 3.2.20 – We agree to all provisions as outlined in these sections.

3.3 General Terms and Conditions

We agree to all provisions as outlined in this section from 3.3.1 to and including 3.3.19 in its entirety.

A handwritten signature in cursive script, reading "Gladys Pemberton", is written over a horizontal line.

Dated: 8/30/2011

UMC Medical Consultants, P.C.

UMC

Corporate Office:
2975 Westchester Avenue
Suite 101
Purchase, NY 10577
Tel: 914-251-1717
Fax: 914-251-1350

Syracuse Office:
100 Elwood Davis Road, Suite 106
North Syracuse, NY 13212
Tel: 315-453-1787
Fax: 315-453-2884

August 30, 2011

RE: Superior Transcribing Service

To Whom it May Concern:

I am writing this letter to express my complete satisfaction with the services provided by Superior Transcribing Service.

Superior Transcribing Service has been the primary transcription service of UMC Medical Consultants for over 15 years. Our account has always been handled with professionalism and prompt attention. Turnaround time for our transcription always meets our expectations. We receive completed transcriptions within 24 hours of dictation and in most cases, the same calendar day. For dictations where there may be additional information pending, Superior works closely with us to get the document completed. Rush and priority assignments are always completed by our deadlines, and in many cases before our deadlines.

Their work product is accurate and of high quality. Superior's transcriptionists take great pride in their work and are detailed oriented. Our company's products are medical reports in various specialties and Superior's staff is well versed in medical and legal terminology. In the event there is a question regarding content or pronunciation, these sections are highlighted in the document so clarification can be made by the doctor and our QA team.

Our doctor panel and QA staff are very pleased with Superior's services. They appreciate their accuracy and the ability of their transcriptionists to maintain the integrity of the dictations during the transcription process.

In summary, we have a long term relationship with Superior Transcribing Service and have been very pleased and satisfied with their timeliness, turnaround time, accuracy and quality of their service. I highly recommend Superior Transcribing Service.

Sincerely,



Eleanor Bellows
Office Manager of Purchase Office
UMC Medical Consultants, P.C.



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF REHABILITATIVE SERVICES WOODROW WILSON REHABILITATION CENTER

JAMES A. ROTHROCK
COMMISSIONER
TEL (604) 662-7010

P. O. Box 1500
Fishersville, Virginia 22939

RICHARD L. SIZEMORE
DIRECTOR
TEL (540) 332-7214

August 29, 2011

To Whom It May Concern:

Woodrow Wilson Rehabilitation Center (WWRC) has utilized the services of Superior Transcribing Services, LLC (STS) since 2007. STS has always provided high quality reports within the timeframes specified in the contract. The staff is always very friendly and helpful.

The clinical staff at WWRC, including myself has enjoyed a mutually collaborative relationship to maintain production, perform any troubleshooting, or just obtain clarification on a dictation. At the time the contract began, STS initiated a very thorough quality assurance review on transcribed reports prior to forwarding on to us and they continue to monitor the quality and accuracy of our reports. STS takes great pride in their work. For example, any time a transcriptionist has a difficult time hearing a particular phrase in a dictation, they will email for clarification rather than send a report back with incorrect or missing information. WWRC staff that use the service are very pleased with the quality of their reports when they review the transcribed content.

I highly recommend Superior Transcribing Services, LLC for medical transcription due to their dedication to timeliness and quality of transcribed reports and for their fast, friendly customer service.

If you have any questions, please do not hesitate to contact me, (540) 332-7904.

Sincerely,

A handwritten signature in black ink that reads "Donna S. Hoover".

Donna S. Hoover, MBA, RHIA
Records Management Services Director

A Community of Service Excellence in Medical and Vocational Rehabilitation for People with Disabilities

An Equal Opportunity / Affirmative Action Employer

RFP # 33917-11011 PROPOSAL REFERENCE QUESTIONNAIRE

REFERENCE SUBJECT: PROPOSER NAME SUPERIOR TRANSCRIBING SERVICE, LLC

The "reference subject" specified above, intends to submit a proposal to the State of Tennessee in response to the Request for Proposals (RFP) indicated. As a part of such proposal, the reference subject must include a number of completed and sealed reference questionnaires (using this form).

Each individual responding to this reference questionnaire is asked to follow these instructions:

- complete this questionnaire (either using the form provided or an exact duplicate of this document);
- sign and date the completed questionnaire;
- seal the completed, signed, and dated questionnaire in a new standard #10 envelope;
- sign in ink across the sealed portion of the envelope; and
- return the sealed envelope containing the completed questionnaire directly to the reference subject.

(1) What is the name of the individual, company, organization, or entity responding to this reference questionnaire?

The IMA Group

(2) Please provide the following information about the individual completing this reference questionnaire on behalf of the above-named individual, company, organization, or entity.

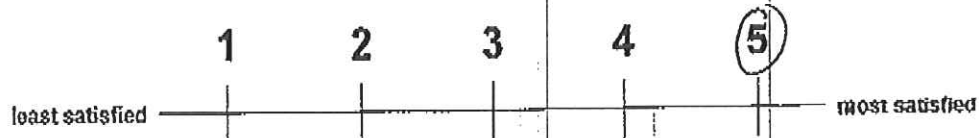
NAME:	Anthony Scheckler
TITLE:	Director of Operations
TELEPHONE #	518-389-1353
E-MAIL ADDRESS:	anthony.scheckler@ima-us.com

(3) What services does /did the reference subject provide to your company or organization?

Transcription services

(4) What is the level of your overall satisfaction with the reference subject as a vendor of the services described above?

Please respond by circling the appropriate number on the scale below.



RFP # 33917-11011 PROPOSAL REFERENCE QUESTIONNAIRE — PAGE 2

If you circled 3 or less above, what could the reference subject have done to improve that rating?

(5) If the services that the reference subject provided to your company or organization are completed, were the services completed in compliance with the terms of the contract, on time, and within budget? If not, please explain.

Yes

(6) If the reference subject is still providing services to your company or organization, are these services being provided in compliance with the terms of the contract, on time, and within budget? If not, please explain.

Yes

(7) How satisfied are you with the reference subject's ability to perform based on your expectations and according to the contractual arrangements?

Very satisfied

(8) In what areas of service delivery does /did the reference subject excel?

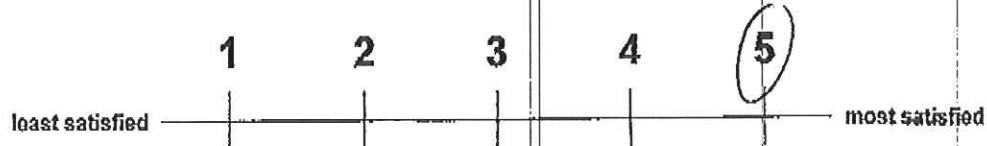
Timeliness of delivery
Quality

(9) In what areas of service delivery does /did the reference subject fall short?

None

(10) What is the level of your satisfaction with the reference subject's project management structures, processes, and personnel?

Please respond by circling the appropriate number on the scale below.

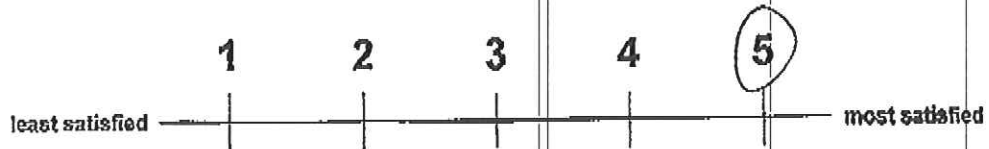


What, if any, comments do you have regarding the score selected above?

RFP # 33917-11011 PROPOSAL REFERENCE QUESTIONNAIRE — PAGE 3

(11) Considering the staff assigned by the reference subject to deliver the services described in response to question 3 above, how satisfied are you with the technical abilities, professionalism, and interpersonal skills of the individuals assigned?

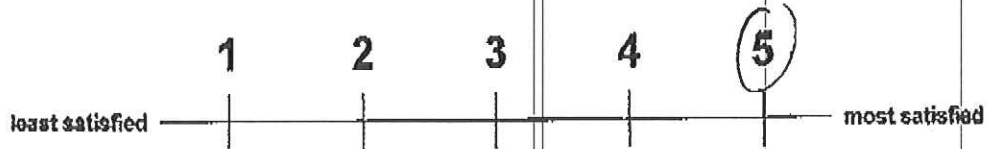
Please respond by circling the appropriate number on the scale below.



What, if any, comments do you have regarding the score selected above?

(12) Would you contract again with the reference subject for the same or similar services?

Please respond by circling the appropriate number on the scale below.



What, if any, comments do you have regarding the score selected above?

REFERENCE SIGNATURE:
(by the individual completing this request for reference information)

(must be the same as the signature across the envelope seal)

DATE:

7/8/11