

**PROPOSAL SUBMISSION
TO PROVIDE
MEDICAL HEALTH CARE SERVICES**

**WEST VIRGINIA DIVISION OF JUVENILE SERVICES
CRFQ 0621 DJS15000007**

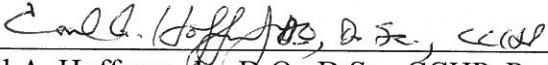
11/06/2014

11/06/14 11:23:06AM
West Virginia Purchasing Division

**PRIMECARE MEDICAL, INC.
3940 LOCUST LANE
HARRISBURG, PA 17109**

**PHONE: (717) 545-5787
(800) 245-7277
FAX: (717) 364-1227
EMAIL: dhoffman@primecaremedical.com**

Authorized contact persons to speak on behalf of PrimeCare Medical of West Virginia, Inc.



Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President

11/06/2014
Date

Rebecca F. Davis, RN, BSN, CCHP, Vice President of WV Operations
Daniel R. Hoffman, MBA, CCHP, Junior Vice President of WV Operations and Marketing

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November 6, 2014

Department of Administration, Purchasing Division
Attn: Bid Clerk
2019 Washington Street, East
Charleston, WV 25305-0130

RE: West Virginia Division of Juvenile Services
CRFQ 0621 DJS1500000007

To Whom It May Concern:

PrimeCare Medical of West Virginia, Inc. is pleased to submit this Proposal through the **West Virginia Purchasing Division** to provide all services necessary for the provision of comprehensive health care to all residents/patients who are under the care and custody of the **West Virginia Division of Juvenile Services**. **PrimeCare Medical of West Virginia, Inc.** shall fully comply with all mandatory terms, requirements, conditions, and specifications contained in the West Virginia Purchasing Division's Request for Quotation (RFQ), to include any and all Addendums issued thereafter. Pursuant to Addendum #1 of this RFQ, **PrimeCare Medical of West Virginia, Inc.** is only providing the required pricing forms and related documents with this Bid Submission. However, **PrimeCare Medical of West Virginia, Inc.** has already prepared a complete Technical Proposal related to this critical project, which will be submitted upon request by the Purchasing Division. Additionally, **PrimeCare Medical of West Virginia, Inc.**'s attached pricing forms include a modest increase to the compensation currently being received under our existing health services agreement with the **West Virginia Division of Juvenile Services** to allow for our staff to receive increases to their wages / salaries. In accordance with this RFQ, **PrimeCare Medical** acknowledges that future increases in compensation will not be authorized during the term of this agreement.

PrimeCare Medical of West Virginia, Inc. shall guarantee that all resident/patient health care services provided under this contract for the **West Virginia Division of Juvenile Services'** Facilities shall be in accordance with the standards of the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Juvenile Services' Policies and Procedures, PbS Standards where applicable, the Affordable Care Act, the American Medical Association (AMA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, PREA Regulations, and all other state and federal laws and guidelines.

PrimeCare Medical, Inc. is a Pennsylvania professional corporation founded in 1986 by **Carl A. Hoffman, Jr., D.O., D.Sc., CCHP**, who remains as the President, Corporate Medical

Director and primary stockholder. Dr. Hoffman brings **“thirty-nine (39) years”** of hands-on experience in correctional medicine. This experience is amplified by a senior management team that brings over **“200 combined years”** of correctional health care management experience. **PrimeCare Medical** is celebrating **“twenty-eight (28)”** years as a Harrisburg, Pennsylvania based Correctional Medical Corporation, which is corporately located at 3940 Locust Lane, Harrisburg, PA 17109 (www.primecaremedical.com). **PrimeCare Medical** currently provides complete medical / operational management in **three (3)** states (Pennsylvania, West Virginia, and New Hampshire) and in over **sixty (60)** correctional facilities company wide, covering over **“22,500”** inmate/patient lives.

PrimeCare Medical of West Virginia, Inc. began its special **“partnership”** with the **State of West Virginia** over twenty-one (21) years ago, on February 22, 1993, when it assumed medical operations at the Eastern Regional Jail. **PrimeCare Medical of West Virginia, Inc.** has since expanded its operations to include eleven (11) facilities under the jurisdiction of the **West Virginia Regional Jail and Correctional Facility Authority**, as well as nine (9) **Juvenile Correctional and Detention facilities** under the jurisdiction of the **West Virginia Division of Juvenile Services**. In that context, **PrimeCare Medical of West Virginia, Inc.** was awarded an emergency services contract by the **West Virginia Division of Juvenile Services** on January 15, 2001 for the **West Virginia Industrial Home for Youth** in Salem, West Virginia. **PrimeCare Medical of West Virginia, Inc.** is proud to say that it has been the **only** correctional health care firm to have ever serviced this unique and diverse multi-facility system since its inception.

Recognizing this **“special relationship”** with the **State of West Virginia**, **PrimeCare Medical of West Virginia, Inc.** was formed as a domestic West Virginia corporation on July 28, 1998, which is now located at 89 Richard Minnich Drive, Suite 102B, Sutton, West Virginia. Accordingly, **PrimeCare Medical of West Virginia, Inc.** is a recognized Corporation in West Virginia, paying local property taxes at each of its facilities, as well as the Health Care Provider Tax. We employ **“280”** West Virginia Nurses, Medical Assistants, and Administrative Assistants; as well as Physicians, Dentists, Psychologists, Psychiatrists and **“10”** other Independent Sub-Contractors. To our knowledge, **PrimeCare Medical of West Virginia, Inc.** is the only correctional health care firm responding to this RFQ that has actually been incorporated in the State of West Virginia. It is this footprint that has uniquely positioned **PrimeCare Medical of West Virginia, Inc.** to meet the needs of the resident/patient population of the **West Virginia Division of Juvenile Services** and to seamlessly transition this Proposal.

Now, celebrating our **“28” Year Anniversary**, **PrimeCare Medical** has continued to build and expand its leadership and support structures for all contracted facilities, to include our long-standing contract with the **West Virginia Division of Juvenile Services**. The **Vice President of West Virginia Operations** for this critical project is **Rebecca F. Davis, RN, BSN, CCHP**, who resides in Braxton County, West Virginia. Mrs. Davis works very closely with the **West Virginia Division of Juvenile Services** and provides all direct clinical and operational supervision to these facilities. The **Junior Vice Presidents of West Virginia Operations**

assigned to this project are **Timothy L. Bowen, A.S.**, and **Daniel R. Hoffman, MBA, CCHP**, who have worked for **PrimeCare Medical of West Virginia, Inc.** for a combined “twenty-five (25)” years. All three (3) of these individuals are available to the **West Virginia Division of Juvenile Services** and its staff to resolve any medical emergencies and/or other complex issues that may arise during the term of this agreement.

Through the commitment from, and the support of the **West Virginia Division of Juvenile Services** Facilities’ Senior Administrative leadership, **PrimeCare Medical of West Virginia, Inc.** successfully achieved a “100%” success rate in receiving and maintaining Accreditation from the **National Commission on Correctional Health Care (NCCHC)** for the entire **West Virginia Division of Juvenile Services**, making it one of the first state-wide juvenile systems in the Country to have achieved this milestone. As a result of this proven “TEAM” approach, **PrimeCare Medical of West Virginia, Inc.** is in an excellent position to continue to improve and efficiently operate the Medical Departments of the **West Virginia Division of Juvenile Services**.

In an effort to continue to show **PrimeCare Medical of West Virginia, Inc.’s** commitment to the partnership already established in **West Virginia**, we are prepared to provide the **West Virginia Division of Juvenile Services** with a complete “electronic medical records system”. **PrimeCare Medical of West Virginia, Inc.** is willing to provide this electronic medical records system to the **West Virginia Division of Juvenile Services** at our actual acquisition cost, should the Division request this service. PrimeCare Medical of West Virginia, Inc. continues to believe and promote this type of system which has demonstrated improved patient outcomes, improved continuity of care and most importantly, improved efficiencies throughout our Corporation through the use of this “state-of-the-art technology”. The **West Virginia Division of Juvenile Services** is ideally suited for this type of system. Additionally, this system can be integrated with the Division’s Offender Information System (OIS).

PrimeCare Medical of West Virginia, Inc. has considerable experience in providing treatment to residents/patients with mental illness. PrimeCare Medical understands the unique challenges and individual needs of this critical population. However, **PrimeCare Medical** acknowledges that pursuant to this RFQ, Comprehensive Mental Health Services shall not be our responsibility as such services are separately contracted by the Division. Of note, **PrimeCare Medical of West Virginia, Inc.** and **PSIMED** have been partnering to provide all mental health services to the residents/patients housed within the **West Virginia Division of Juvenile Services** for the past seven (7) years and for the inmates/patients housed within the **West Virginia Regional Jail Authority** for the past seven (7) years. As such, we have already established an excellent, collaborative working relationship and have a thorough understanding of each other’s policies and procedures as they pertain to mental health treatment. Consistent with West Virginia’s goal of improving the integration and communication between medical and mental health care providers, **PrimeCare Medical of West Virginia, Inc.** and **PSIMED** will ensure this is successfully maintained during the life of this medical services contract.

PrimeCare Medical of West Virginia, Inc.'s proven business model, coupled with its senior leadership, core values, business philosophies, and continuous desire to be the premier provider of correctional health care services in the industry are what makes **PrimeCare Medical of West Virginia, Inc.** a true leader in the correctional health care environment today. Due to the unique and diverse composition of its senior corporate leadership, **PrimeCare Medical of West Virginia, Inc.** has the unparalleled capability to effectively engage in the type of strategic operational planning, medical / administrative consultation, professional liability / aggressive litigation management, and rapid response to emergent / client issues necessary for the proper delivery of medical services. Because of this experience, **PrimeCare Medical of West Virginia, Inc.** fully understands the needs and concerns of the **West Virginia Division of Juvenile Services** and is committed to further customizing a medical delivery system based upon nationally accepted standards.

PrimeCare Medical of West Virginia, Inc.'s entire proposal is based on an attempt to continue to provide high quality, cost effective health care systems for the **West Virginia Division of Juvenile Services**. **PrimeCare Medical of West Virginia, Inc.** will not only meet, but far exceed all levels of service required through this RFQ. The Company has been in existence for "twenty-eight (28) years" and is highly qualified to implement this proposal, which is designed specifically to service the health care delivery systems in the **West Virginia Division of Juvenile Services**. We are hopeful that, following your review of our submittal, you will renew the medical services contract with **PrimeCare Medical of West Virginia, Inc.** We have enjoyed a strong "partnership" with the **West Virginia Division of Juvenile Services** for over thirteen (13) years and are anxiously looking forward to continuing with the challenging opportunity of providing quality, comprehensive health care services to the **State of West Virginia**.

If there are any questions or concerns, please do not hesitate to call **Rebecca F. Davis, RN, BSN, CCHP; Daniel R. Hoffman, MBA, CCHP, Junior Vice President of West Virginia Operations and Marketing; or myself**. These are the only three (3) officers that are authorized to speak on behalf of the Company or negotiate contractual provisions for this contract.

Sincerely,



Carl A. Hoffman, Jr., D.O., D.Sc., CCHP
President and Corporate Medical Director

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Monthly Administration Fee	1.00000	EA	\$19,131.72	\$19,131.72

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Monthly Administration Fee- Contract Administrator. Vendor will bid an all inclusive fee to cover the cost of managing the contract. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Monthly Maintenance Fee-Bed Count of 15-30 (7) facilities	1.00000	EA	\$3,307.91	\$23,155.34*

(*Total Monthly Fee for all 7 Facilities)

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There are seven (7) facilities with this bed count. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Monthly Maintenance Fee-Bed Count of 31-50 (1) facility	1.00000	EA	\$4,817.07	\$4,817.07

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There is one(1) facility with this bed count."See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Monthly Maintenance Fee-Bed Count of 50-100 (1) facility	1.00000	EA	\$6,981.67	\$6,981.67

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There is one(1) facility with this bed count."See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Hourly rate for Medical Personel PHYSICIAN (MEDICAL DIRECTOR)	1092.00000	HOURL	\$154.63	\$168,851.06

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personel- PHYSICIAN (MEDICAL DIRECTOR)

The vendor will bid an hourly rates for the each category of medical personel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Hourly Rate for Medical Personnel- DENTIST	312.00000	HOUR	\$114.29	\$35,657.99

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- DENTIST.

The vendor will bid an hourly rates for the each category of medical personel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Hourly Rate for Medical Personnel- PHYSICIAN ASSISTANT.	150.00000	HOUR	\$56.63	\$8,494.02

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- PHYSICIAN ASSISTANT.

The vendor will bid an hourly rates for the each category of medical personel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Hourly Rate for Medical Personel-NURSE PRACTITIONER	150.00000	HOUR	\$56.63	\$8,494.02

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- NURSE PRACTITIONER
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Hourly Rate for Medical Personnel- REGISTERED NURSE.	18720.00000	HOUR	\$25.81	\$483,077.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- REGISTERED NURSE.
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Hourly Rate for Medical Personnel- LICENSED PRACTICAL NURSE	42432.00000	HOUR	\$18.98	\$805,321.95

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- LICENSED PRACTICAL NURSE.
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DJS150000007

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

PrimeCare Medical of West Virginia, Inc.

Company

Carl G. Hoff Jr., D.O., D.Sc., CCGP
Authorized Signature

11/06/2014

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 6/8/2012

RFQ No. DJS150000007

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: PrimeCare Medical of West Virginia, Inc.

Authorized Signature: *[Signature]* Date: 11/06/2014

State of Pennsylvania

County of Dauphin, to-wit:

Taken, subscribed, and sworn to before me this 6th day of November, 2014.

My Commission expires June 18, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature: Sandra M. Ulerick]

Purchasing Affidavit (Revised 07/01/2012)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Sandra M. Ulerick, Notary Public
Lower Paxton Twp, Dauphin County
My commission expires June 18, 2017

Attachment # 3

Non-termination of Medical Contract

As per the specifications contained in the Medical Healthcare RFQ, Section 3.3, by signing below, vendor acknowledges that there has been no termination of a medical contract within the last four (4) years prior to the release of this RFQ. This form must be signed, notarized and submitted with the bid.

I hereby acknowledge that PrimeCare Medical of West Virginia, Inc. has not
(Vendor Name)

had a contract terminated for lack of compliance or for the failure to fulfill the terms of a contract within the last four years.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: PrimeCare Medical of West Virginia, Inc.

Authorized Signature: Carol Hoff, Date: 11/06/2014

State of Pennsylvania

County of Dauphin, to-wit:

Taken, subscribed, and sworn to before me this 6th day of November 2014.

My Commission expires June 18, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC Sandra M. Ulerick

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Sandra M. Ulerick, Notary Public
Lower Paxton Twp, Dauphin County
My commission expires June 18, 2017

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with *West Virginia Code* § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: CRFQ 0621 DJS 1500000007

Contract Purpose: Medical Health Care Services

Agency Requesting Work: West Virginia Division of Juvenile Services

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of *West Virginia Code* § 21-1D-5 was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: PrimeCare Medical of West Virginia, Inc. Vendor Telephone: 1-800-245-7277

Vendor Address: 3940 Locust Lane Vendor Fax: 717-364-1227

Harrisburg, PA 17109



**State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5**

**STATE OF WEST VIRGINIA,
COUNTY OF _____, TO-WIT:**

I, Carl A. Hoffman, Jr., D.O. D.Sc., C.C.H.P., after being first duly sworn, depose and state as follows: *

1. I am an employee of PrimeCare Medical of West Virginia, Inc.; and,
(Company Name)
2. I do hereby attest that PrimeCare Medical of West Virginia, Inc.
(Company Name)

maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D.**

The above statements are sworn to under the penalty of perjury.

By: Carl A. Hoffman, Jr., D.Sc., C.C.H.P.
 Title: President
 Company Name: PrimeCare Medical of West Virginia, Inc.
 Date: 11/06/2014

Taken, subscribed and sworn to before me this 6th day of November, 2014.
 By Commission expires June 18, 2017

(Seal) COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Sandra M. Ulerick, Notary Public
 Lower Paxton Twp, Dauphin County
 My commission expires June 18, 2017

Sandra M. Ulerick
 (Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

* The West Virginia Alcohol and Drug - Free Workplace Act is applicable only to public improvement construction contracts. See West Virginia Code §21-1D-3-4. With that understood, PrimeCare Medical of West Virginia, Inc. does have a comprehensive drug free workplace policy that includes training, education and drug testing.

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 Vendor Preference, if applicable.

1. **Application is made for 2.5% 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% 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% 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% 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% 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% 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.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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: PrimeCare Medical of West Virginia, Inc. Signed: Carl A. Hoff, Jr., D.Sc., CCRP

Date: 11/06/2014

Title: President

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; 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.

PrimeCare Medical of West Virginia, Inc.
(Company)

Carl A. Hoffman Jr., D.O., President
(Authorized Signature) (Representative Name, Title)

717-545-5787 / 717-651-1866 11/06/2014
(Phone Number) (Fax Number) (Date)

11. MISCELLANEOUS:

11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Rebecca F. Davis, RN, BSN, CCHP
Vice President of West Virginia Operations
Telephone Number: (304) 765-9190
Fax Number: (717) 364-1328
Email Address: rdavis@primecaremedical.com

State of West Virginia



Certificate

I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

PRIMECARE MEDICAL OF WEST VIRGINIA, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on July 28, 1998.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:0WV79_WPTDF

*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
January 03, 2014*



Natalie E. Tennant

Secretary of State

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

ISSUED TO:
**PRIMECARE MEDICAL OF WEST VIRGINIA INC
3940 LOCUST LN
HARRISBURG, PA 17109-4023**

BUSINESS REGISTRATION ACCOUNT NUMBER: 1023-6354

This certificate is issued on: 07/7/2010

*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.

State of West Virginia



Certificate

I, Ken Hechler, Secretary of State of the State of West Virginia, hereby certify that

by the provisions of Chapter 31, Article 1, Sections 27 and 28 of the West Virginia Code, the Articles of Incorporation of

PRIMECARE MEDICAL OF WEST VIRGINIA, INC.

conform to law and are filed in my office. I therefore declare the organization to be a Corporation for the purposes set forth in its Articles, with the right of perpetual existence.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION

to which I have attached a duplicate original of the Articles of Incorporation



*Given under my hand and the
Great Seal of the State of
West Virginia on this
Twenty-Eighth day of
July 19⁹⁸*

Ken Hechler

Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: JD

DATE (MM/DD/YYYY)
03/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Northeast Ins & Fltn Consultant 10 Meadow Avenue Scranton, PA 18505 Anthony DiLeo	CONTACT NAME: Anthony DiLeo PHONE (A/C, No, Ext): 570-344-5160 FAX (A/C, No): 570-558-3745 E-MAIL ADDRESS: adnifc@comcast.net
INSURER(S) AFFORDING COVERAGE	
INSURER A: Mt. Hawley Insurance Co.	NAIC #: 37974
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MMM0000050	03/16/2014	03/16/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Medical Prof Liab						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of Insurance for Certificate Holder added as an Additional Insured listed below

CERTIFICATE HOLDER STATE-3 State of West Virginia WV Div of Juvenile Services 2nd Floor 1200 Quarrier Street Charleston, WV 25301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: JD

DATE (MM/DD/YYYY)
03/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Northeast Ins & Fin Consultant 10 Meadow Avenue Scranton, PA 18505 Anthony Dileo	CONTACT NAME: Anthony DiLeo	
	PHONE (A/C, No, Ext): 570-344-5150	FAX (A/C, No): 570-558-3745
E-MAIL ADDRESS: adnifc@comcast.net		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Mt. Hawley Insurance Co.		37974
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED PrimeCare Medical, Inc. &
PrimeCare Medical of West
Virginia, Inc.
3940 Locust Lane
Harrisburg, PA 17109

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		MMM0000050	03/16/2014	03/16/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Medical Prof Liab					PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ \$
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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of Insurance for Certificate Holder added as an Additional Insured listed below naming Legal Entity: Dr. Carl A. Hoffman Jr., D.O.

CERTIFICATE HOLDER

STATE-3

State of West Virginia
 WV Div of Juvenile Services
 2nd Floor
 1200 Quarrier Street
 Charleston, WV 25301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: JD

DATE (MM/DD/YYYY)

03/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Northeast Ins & Fin Consultant 10 Meadow Avenue Scranton, PA 18506 Anthony Dileo	CONTACT NAME: Anthony DiLeo PHONE (A/C, No, Ext): 570-344-5150	FAX (A/C, No): 570-558-3745
	E-MAIL ADDRESS: adnifc@comcast.net	
INSURER(S) AFFORDING COVERAGE INSURER A: Mt. Hawley Insurance Co.		NAIC # 37974
INSURED Primecare Medical, Inc Primecare Medical of West Virginia, Inc 3940 Locust Lane Harrisburg, PA 17109	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MMM0000050	03/16/2014	03/16/2015	EACH OCCURRENCE \$ 500,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Medical Prof Liab						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 1,500,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COM/POP AGG \$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR							EACH OCCURRENCE \$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$
DED <input type="checkbox"/> RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A							E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of Insurance for Certificate Holder listed below added as an Additional Insured naming all PrimeCare Medical Inc.'s Scheduled Physicians.

CERTIFICATE HOLDER

STATE-3

State of West Virginia
 WV Div of Juvenile Services
 2nd Floor
 1200 Quarrier Street
 Charleston, WV 25301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: JD

DATE (MM/DD/YYYY)
03/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Northeast Ins & Fin Consultant 10 Meadow Avenue Scranton, PA 18505 Anthony DiLeo	CONTACT NAME: Anthony DiLeo PHONE (A/C, No., Ext): 570-344-5150 E-MAIL ADDRESS: adnlfc@comcast.net	FAX (A/C, No.): 570-558-3745
	INSURER(S) AFFORDING COVERAGE INSURER A: Mt. Hawley Insurance Co.	
INSURED PrimeCare Medical, Inc. & PrimeCare Medical of West Virginia, Inc. 3940 Locust Lane Harrisburg, PA 17109	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSR) (MWD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		MMM0000050	03/16/2014	03/16/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Medical Prof Llab					PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 10,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance for Certificate Holder added as an Additional Insured naming all PrimeCare Medical Inc.'s Employed Non-Physician Healthcare Providers.

CERTIFICATE HOLDER

STATE-3

State of West Virginia
 WV Div of Juvenile Services
 2nd Floor
 1200 Quarrier Street
 Charleston, WV 25301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: SF

DATE (MM/DD/YYYY)

10/31/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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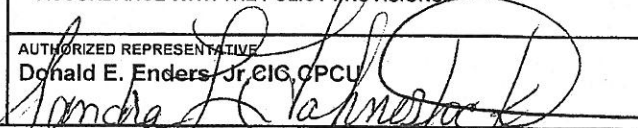
PRODUCER Enders Insurance Associates 5912 Linglestown Road P O Box 6118 Harrisburg, PA 17112-0118 Donald E. Enders, Jr, CIC, CPCU	717-652-4902	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Cincinnati Insurance Company	
		NAIC # 10677	
INSURED PrimeCare Medical Inc PrimeCare Medical of WV Inc PrimeCare Medical of NY Inc 3940 Locust Lane Harrisburg, PA 17109	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPP 081 63 72	01/01/14	01/01/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPI/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		CAA 587 96 61	07/01/14	07/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CPP 081 63 72	01/01/14	01/01/15	EACH OCCURRENCE \$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 15,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ None					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER STATEWV State of WV Division of Juvenile Services 1200 Quarrier Street 2nd Floor Charleston, WV 25301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS
	AUTHORIZED REPRESENTATIVE Donald E. Enders Jr, CIC, CPCU 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Franchise Insurance Agency Inc. 4942 Reed Road Columbus OH 43220	CONTACT NAME:	
	PHONE (A/C, No., Ext): (614) 451-2232	FAX (A/C, No.): (855) 720-4940
INSURED PrimeCare Medical, Inc.; PrimeCare Medical of WV, Inc. 3940 Locust Lane Harrisburg PA 17109	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Prop Casualty Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

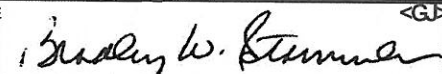
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Fa occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Fa accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6B199033	09/01/2014	09/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

State of West Virginia WV Div of Juvenile Services 1200 Quarrier Street, 2nd Floor Charleston, WV 25301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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

State of West Virginia
 Request for Quotation

Proc Folder: 33208

Doc Description: WVDJS RFQ for MEDICAL HEALTHCARE SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-09-22	2014-10-28 13:30:00	CRFQ 0621 DJS1500000007	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

PrimeCare Medical of West Virginia, Inc.
 3940 Locust Lane
 Harrisburg, PA 17109
 (800) 245-7277

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
 (304) 558-0067
 robert.p.kilpatrick@wv.gov

Signature X *Robert Kilpatrick, A.S., C.C.P.* FEIN # 25-1816888

DATE 11/06/2014

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



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

State of West Virginia
 Request for Quotation

—

Proc Folder: 33208

Doc Description: ADDENDUM NO. 1 MEDICAL HEALTHCARE SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-10-22	2014-11-06 13:30:00	CRFQ 0621 DJS1500000007	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 PrimeCare Medical of West Virginia, Inc.
 3940 Locust Lane
 Harrisburg, PA 17109
 (717) 545-5787

FOR INFORMATION CONTACT THE BUYER

Dean Wingerd
 (304) 558-0468
 dean.c.wingerd@wv.gov

Signature X *Carol Hoff* FEIN # 25-1816888

DATE 11/06/2014

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



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

State of West Virginia
 Request for Quotation

—

Proc Folder: 33208

Doc Description: ADDENDUM NO. 2 MEDICAL HEALTHCARE SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-10-24	2014-11-06 13:30:00	CRFQ 0621 DJS1500000007	3

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 PrimeCare Medical of West Virginia, Inc.
 3940 Locust Lane
 Harrisburg, PA 17109
 (717) 545-5787

FOR INFORMATION CONTACT THE BUYER

Dean Wingerd
 (304) 558-0468
 dean.c.wingerd@wv.gov

Signature X *Carla Hoffas, DSc, CPA* FEIN # 25-1816888

DATE 11/06/2014

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



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

State of West Virginia
 Request for Quotation

—

Proc Folder: 33208

Doc Description: ADDENDUM NO. 2 MEDICAL HEALTHCARE SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-10-24	2014-11-06 13:30:00	CRFQ 0621 DJS1500000007	4

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

PrimeCare Medical of West Virginia, Inc.
 3940 Locust Lane
 Harrisburg, PA 17109
 (717) 545-5787

FOR INFORMATION CONTACT THE BUYER

Darlene Hovatter
 3043692976
 darlene.l.hovatter@wv.gov

Signature X *Carole Hoff*, D.Sc., *CCM* FEIN # 25-1816888

DATE 11/06/2014

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



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

State of West Virginia
 Request for Quotation

—

Proc Folder: 33208

Doc Description: ADDENDUM NO. 4 MEDICAL HEALTHCARE SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-10-24	2014-11-06 13:30:00	CRFQ 0621 DJS1500000007	5

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 PrimeCare Medical of West Virginia, Inc.
 3940 Locust Lane
 Harrisburg, PA 17109
 (717) 545-5787

FOR INFORMATION CONTACT THE BUYER

Dean Wingerd
 (304) 558-0468
 dean.c.wingerd@wv.gov

Signature X *Carl Q. Hoff* FEIN # 25-1816888

DATE 11/06/2014

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