



RETURN THIS QUOTATION TO:

**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK****118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375
SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.****QUOTATION****This is not an order - submit all
quotations on this form.**

DATE 7/16/2008	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 79912 OR	RESPOND BY 8/5/2008	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 2
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Vendor Address

Product Delivery Point

**Provident Hospital of Cook County
500 E. 51st St
CHICAGO IL 60615**TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers and agrees to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, subject to all terms and conditions endorsed herein.

Bidding: The right is reserved to reject any and all bids; to waive a formality in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery point.

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue of exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

DELIVERY IN WORKING DAYS _____

PHONE NUMBER _____

SIGNED BY _____

(PLEASE PRINT) _____

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
TEMP STAFFING, MEDICAL CODERS PER SPECIFICATIONS The contractor will provide certified medical record coders to perform the following: Review patient medical records and assign ICD-9 and CPT-4 coding including DRG assignments for both inpatient and outpatient medical records. The vendor must provide trained personnel to review the medical records; with three year minimum coding experience and be credentialed with RHIT and RHIA and CCA credentials. The vendor must present a report of the reasons for any coding changes to the Health Information and Records Department; At the conclusion of each visit, the vendor must provide the Health Information and Records Department with a summary reports of all coding; All work must be performed in accordance with a written schedule agreed upon by both parties. At no time will the contractor be permitted in the Department of Health Information & Records other than approved hours, unless approval is obtained from the Director of Health Information & Records; The vendor must have three (3) years prior experience in providing coding services from other hospital Health Information & Records Department. The vendor must be able to establish compliance capabilities with all specified requirements pertaining to procedures and including a list of credentials of individual staff and years of experience in the area of Health Information & Records coding services; The vendor will provide commercial liability insurance coverage and workers' compensation for staff while present at Provident Hospital of Cook County and for the duration of the contract; The vendor acknowledges and agrees that all patient information is absolutely confidential and shall not be disclosed	380.00	HR		

TOTALOFFICE USE ONLY PURCHASE ORDER #
ADDITIONAL TERMS ON REVERSE SIDE

DATE 7/16/2008	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 799120R	RESPOND BY 8/5/2008		Page 2 of 2
DESCRIPTION			QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
directly, indirectly, or by implication, or used by the contractor in any way, either during the term of this contract or at any time thereafter, except solely as required in the courses of the contractor's performance of services; This service to be provided as directed by the department;						
OFFICE USE ONLY	PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE				

INSTRUCTIONS FOR DELIVERY AND FOR INVOICING OF GOODS

1. Clearly mark every package with the name of the institution, department or agency to which goods are to be delivered. **MARK ALL PACKAGES WITH THE COOK COUNTY PURCHASE ORDER NUMBER.**
2. Stencil on or attach a tag to every package that bears your own names so the receiving clerk will know from whom the order was shipped.
3. Delivery time, unless otherwise stipulated, is Monday through Friday between 9:00 a.m. and 3:00 p.m.
4. Charge all goods to Cook County.
5. For the Bureau of Health Facilities, direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County invoice with the proper Cook County invoice forms (i.e., 29A voucher form) to the appropriate address as follows:

For John H. Stroger Hospital
John H. Stroger Hospital
P.O. BOX 12950
Chicago, Il. 60612-5041
Attn: Accts. Payable
(312) 864-0101 x1

For Provident Hospital
Provident Hospital
P.O. BOX 12940
Chicago, Il. 60612-5031
Attn: Accts. Payable
(312) 864-0101 x2

For Cermak Health Services
John H. Stroger Hospital
P.O. BOX 12950
Chicago, Il. 60612-5041
Attn: Cermak Health
Services Accts. Payable
(312) 890-0101 x4

For Oak Forest Hospital
Oak Forest Hospital
P.O. BOX 12920
Chicago, Il. 60612-5015
Attn: Accts. Payable
(312) 864-0101 x3

6. For all other County Offices, direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County invoice forms (i.e., 29A voucher form) to the following address:
Cook County Department of Purchasing
118 North Clark Street – Room 1018
Chicago, Illinois 60602
7. Never include goods furnished on two or more purchase orders on a single invoice.
8. All prices must be in compliance with federal, state, and local regulations.
9. Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Purchasing Agent.
10. The law provides that every person selling goods to Cook County must make invoice form with certification as to the correctness of the bill.
11. Execute certification on the bottom of the invoice before mailing.
12. All pay warrants will be mailed to you by the County Comptroller.
13. **INDEMNITY** – The contractor shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgements, costs and expenses, which may in anywise accrue against the County in consequence of the granting of this contract of which may in anywise result therefrom, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Contractor or his employees, of the subcontractor or his employees, if any, or of the County of Cook or its employees, and the Contractor shall, at his own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses, arising therefrom or incurred in connection therewith, and, if any judgement shall be rendered against the County in any such action, the Contractor shall, at his own expense, satisfy and discharge the same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. If this purchase order covers services, a Certificate of Insurance must be submitted before performance of service.
14. Compliance with the above will help avoid errors and delays.

CHECKLIST

FOR

REQUEST FOR QUOTATION SUBMISSION

Here's a check list for you to make sure the bid document you submit is complete.

Incomplete bid documents will not be considered for award so please contact us at VendorServices@cookcountygov.com with your questions, but be sure to allow enough time for us receive your inquiry and reply.

For the bid documents you are submitting, did you:

- **FILL OUT** the Vendor Address section of the *Request for Quotation* with your name and address.
- Be sure to **SIGN** the *Request for Quotation*
- **DOUBLE CHECK** the unit, extended, and total price of the *Request for Quotation* you are submitting.
- **READ** the Terms and Conditions, Instructions on Marking Bid Envelope directions, located on the front of the *Request for Quotation* page and the Instructions for Delivery and for Invoicing of Goods page.

Finally, make sure you:

- **Submit** your bid documents on or before the **Respond by Date and Time** listed at the top of the page.
- **Deposit** your bid documents in the bid box located in Room 1018 of the County Building, 118 North Clark Street, Chicago, Illinois 60602 before 10:00 a.m. the date of the Bid Opening.
- **Send** in all pages of the *Request for Quotation*.

Bid documents submitted late or deposited in the wrong location will not be considered for award.

Good luck!