

**DEPARTMENT OF FINANCIAL SERVICES
Contract Signature Page**

Contract Title	P.O. No. or Solicitation No., if any	Contract Number
Medical Bill Review Services	2324-01 RCP RM	TBD

1. This Contract is entered into between the parties named below, located at the addresses which follow:

The Department of Financial Services, 200 East Gaines Street, Tallahassee, FL 32399 (hereinafter called the "Department")

[Contractor's Name, address] (hereinafter called the "Contractor")

2. Contract to Begin:	Date of Completion:	Renewals:
Date last signed below ("Effective Date")	Five (5) years from Effective Date	Up to five (5) years

3. Total Price of Contract Term:	Total Price of Renewal Term:	Total Price of Contract Term Plus Renewal Term:
TBD	TBD	TBD

4. Performance Bond, if any:	Other Bonds, if any:
N/A	N/A

5. Reference to Appropriation for Year 1 of the Contract (if the Contract is over \$5 million pursuant to section 216.313, F.S.):

6. Department's Contract Manager	Contractor's Contract Manager
Name: Samantha Griner	Name:
Address: 200 East Gaines Street, Tallahassee, FL 32399	Address:
Phone: 850-413-4820	Phone:

7. The parties agree to comply with the terms and conditions of the following attachments which are hereby incorporated by reference:

- | |
|------------------------------------------------------------------------------------|
| Attachment 1: Standard Terms and Conditions |
| Attachment 2: Statement of Work, including its Exhibit A, Exhibit B, and Exhibit C |
| Attachment 3: Price Response |

8. The parties agree to comply with the terms and conditions of the following addenda which are hereby incorporated by reference:

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|--------------------------------------------------------|
| Addendum A: Public Records Requirements |
| Addendum B: Data Security Requirements |
| Addendum C: Relevant Portions of Contractor's Response |

IN WITNESS WHEREOF, this Contract is being executed by the parties and will begin on the Effective Date.

CONTRACTOR

Contractor's Name (if other than individual, state whether corporation, partnership, etc.)

By (Authorized Signature) _____ Date Signed _____

Printed Name and Title of Person Signing _____

Department of Financial Services **DEPARTMENT**

By (Authorized Signature) _____ Date Signed _____

Printed Name and Title of Person Signing _____