

APPENDIX I
Bidder References Form

To
OFM CP 16-100

For
All Payer Health Care Claims Database (APCD)
Lead Organization and Data Vendor Services

References must be an individual at an organization for whom work was completed in the last 3 years. Explain the relationship between the reference and the proposed organization and the type of work completed. Do not include OFM staff or work as references. Provide the reference name, reference title, reference phone number, reference email address, reference organization name, dates of work performed, description of work performed.

Explain the relationship between the reference and the proposed organization and the type of work completed. Do not include OFM staff or work as references.

Lead Organization References

1. Organization name:

Name of Contact:

Title of Contact:

Phone number:

E-mail address:

Dates of work performed:

Description of work performed:

2. Organization name:

Name of Contact:

Title of Contact:

Phone number:

E-mail address:

Dates of work performed:

Description of work performed:

3. Organization name:

Name of Contact:

Title of Contact:

Phone number:

E-mail address:

Dates of work performed:

Description of work performed:

Data Vendor Organization References

1. Organization name:

Name of Contact:

Title of Contact:

Phone number:

E-mail address:

Dates of work performed:

Description of work performed:

2. Organization name:

Name of Contact:

Title of Contact:

Phone number:

E-mail address:

Dates of work performed:

Description of work performed:

3. Organization name:

Name of Contact:

Title of Contact:

Phone number:

E-mail address:

Dates of work performed:

Description of work performed: