

OFFICIAL BID PRICE SHEET

DH-26-0017R Medical Malpractice Insurance

Prospective Contractor Name:

Item	Description	Estimated Quantity	Unit of Measure	Unit Price	Extended Price
1	Malpractice Insurance for Physicians	8	Each		\$ -
2	Malpractice Insurance for Advanced Practice Registered Nurses (APRN)	29	Each		\$ -
3	Malpractice Insurance for Registered Nurse Practitioners (RNP)	1	Each		
3	Malpractice Insurance for Physician Assistants (PA)	1	Each		
Total Estimated Cost for Medical Malpractice Insurance					\$ -

Quantities stated within are for bidding purposes only. ADH may require more or less as needed.

All fields **must** be filled out on the Official Bid Price Sheet.

ADH will not be obligated to pay any costs not identified on the Official Bid Price Sheet.

Any cost not identified by the respondent but subsequently incurred in order to achieve service **shall** be borne by the respondent.

ALL Invoices and payments **must** be made to the awarded Contractor.

If the delivery date requested by ADH cannot be met, the Prospective Contractor **shall** state below the alternate number of days required to begin the service and/or place the commodity in the ordering agency's designated location. Failure to state the alternate delivery time obligates the Contractor to complete delivery by the agency's requested date. Extended delivery dates may be considered when in the best interest of the State.

Alternate Delivery: _____ **Days after receipt of order.**