

Standard Bid Acceptance Form – AMBULATORY SERVICES
Medical Assistance Non-Emergency Transportation Services
(Solicitation/Contract Title)

Original Contract Term – July 1, 2021– June 30, 2022

Ambulatory Transport Services; \$_____ fixed rate per trip,
and \$_____ fixed rate per mile.

Option Year 1 (July 1, 2022 – June 30, 2023)

Ambulatory Transport Services; \$_____ fixed rate per trip,
and \$_____ fixed rate per mile.

Option Year 2 (July 1, 2023 – June 30, 2024)

Ambulatory Transport Services; \$_____ fixed rate per trip,
and \$_____ fixed rate per mile.

Option Year 3 (July 1, 2024– June 30, 2025)

Ambulatory Transport Services; \$_____ fixed rate per trip,
and \$_____ fixed rate per mile.

Note: Mileage must not be billed for more than one NEMT Program participant in a vehicle at the same time. For this program, duplicate mileage for additional occupants in a vehicle is considered inappropriate billing practice.

Note: The historical statistics under Section C., pages 19 and 20 are provided for the sole purpose of assisting vendors in preparing their bids. The TCHD NEMT Program does not guarantee a maximum or minimum number of trips or miles.

Note: It is the intent of TCHD to award a contract, or multiple contracts, to the lowest qualified responsive and responsible bidders.

Bid Price Attested to by _____ Date _____
(Signature)

Important: Do not alter this page. Failure to fill out this bid page completely or altering the bid page in any way may render your bid non-responsive. Should you have any questions regarding this bid page, contact the Procurement Officer identified in Section A. 1.