

MEDICAL SERVICES AGREEMENT

THIS MEDICAL SERVICES AGREEMENT ("Agreement") is made and entered this 19th day of January, 2011, by and between the VILLAGE OF WELLINGTON, a Florida municipal corporation, 12300 Forest Hill Boulevard, Wellington, FL 33414, (hereinafter referred to as "Wellington"), and MD Now Medical Centers, Inc., and Primary Care MD, Inc. Florida Corporations, 2007 Palm Beach Lakes Boulevard, West Palm Beach, FL 33409 (hereinafter referred to as "MD NOW").

RECITALS

WHEREAS, in an effort to promote wellness and save in healthcare premiums, Wellington solicited proposals (Employee Healthcare Provider RFP #032-11/ED) from healthcare providers for primary and urgent care services to be provided at or near Wellington's City Hall; and

WHEREAS, these services will not replace current healthcare coverage; rather it will augment the existing plan with a lower cost alternative;

WHEREAS, on August 23, 2011, Wellington's Council authorized staff to enter into contract negotiations with MD Now to provide primary and urgent care services to covered employees and dependents under Wellington's health insurance plan, at or near City Hall;

WHEREAS, MD Now is qualified, able and agrees to provide the medical services required by Wellington and to provide such services in accordance with the terms and provisions set forth in RFP #032-11/ED (attached hereto as **Exhibit "C"** and incorporated herein by this reference) and its proposal (attached hereto as **Exhibit "D"** and incorporated herein by this reference); and

WHEREAS, Wellington and MD NOW wish to enter into a Medical Services Agreement concerning the provision of primary and urgent care services to Wellington employees and their dependents.

TERMS

NOW THEREFORE, in consideration of the mutual promises set forth herein, and for good and valuable consideration, the receipt and the sufficiency of which are hereby acknowledged, Wellington and MD NOW, hereby agree as follows:

1. RECITALS

The above recitals are true and correct and are incorporated herein by this reference.

2. GENERAL RESPONSIBILITIES AND PROVISION OF MEDICAL SERVICES

a. Provision of Medical Personnel. MD NOW shall furnish medical professionals and medical assistants to provide the primary care and urgent care services in accordance with MD NOW's Proposal attached hereto as **Exhibit "D"**. "Medical professionals" shall mean a Medical Doctor ("M.D."), Doctor of Osteopathy ("D.O."), appropriately licensed in the State of Florida and Certified Registered Nurse Practitioner ("ARNP"), or Physician Assistant ("P.A") operating within the scope of their license (collectively hereinafter, "Medical Professionals"). "Medical assistants" shall mean a registered nurse ("RN"), licensed practical nurse ("LPN"), Medical Assistant ("M.A."), Emergency Medical Technician ("EMT"), X-ray Technician, Paramedic, or Phlebotomist operating under the scope of their certification and under the direction of a Nurse and/or Medical Professional appropriately licensed in the State of Florida (collectively hereinafter, "Medical Assistants"). Wellington shall be responsible for determining which employees and dependents are eligible for services ("Participants"). MD NOW shall provide those administrative and medical services as set forth in its Proposal, and as more specifically described in the "Scope of Services and Hours of Operation" which is attached hereto as **Exhibit "A"** and incorporated herein by this reference (collectively, "Medical Services"). Wellington and MD NOW may, at any time, and from time to time, amend or supplement the definition of Medical Services by mutual written agreement. MD NOW agrees not to hire any current/active employees of Wellington to perform any of the duties or services provided under this Agreement. MD NOW shall be responsible for providing Medical Assistants and Medical Professionals at all scheduled times of medical center operation.

b. Standards of Performance of Medical Services. MD NOW shall contract with Medical Professionals to comply with, perform, or deliver the following (with the support of a Medical Assistant under the Medical Professional's direction and control):

(1) Each Medical Professional shall determine his or her own means and methods of providing Medical Services in connection with this Agreement and the "Scope of Services and Hours of Operation" set forth in **Exhibit "A"**. Nothing in this Agreement is intended to create (nor shall be construed or deemed to create) any right of MD NOW or Wellington to intervene in any manner in the means and methods by which the Medical Professional renders Medical Services, unless otherwise agreed to or contracted by Medical Professional.

(2) All Medical Professionals shall comply with all applicable laws and regulations with respect to the licensing and the regulation of physicians, nurse practitioners, physician assistants, and shall ensure that the Medical Assistant does the same with respect to the licensing and regulation of nurses.

(3) All Medical Professionals and Medical Assistants shall provide the Medical Services in a manner consistent with all applicable laws and regulations and in a professional manner consistent with community standards.

(4) All Medical Professionals shall maintain the following, during the term of this Agreement, including:

- A. A duly issued and active license to practice medicine and prescribe medication in the State of Florida,
- B. A good standing with his or her profession and state professional association,
- C. The absence of any license restriction, revocation, or suspension,
- D. The absence of any involuntary restriction placed on his or her Federal Drug Enforcement Administration registration, and
- E. The absence of any conviction of a felony.

(5) In the event that any Medical Professional (A) has his or her license to practice medicine or prescribe medication restricted, revoked or suspended, (B) has an involuntary restriction placed on his or her federal DEA registration (C) is convicted of a felony, or (D) is no longer in good standing with his or her professional or state licensing authority, MD NOW shall promptly remove that Medical Professional and replace such Medical Professional with another Medical Professional that meets the requirements set forth above. MD NOW shall require any Medical Professional to remove and promptly replace any Medical Assistant who has his or her other professional license restricted, revoked or suspended, is convicted of a felony, or is no longer in good standing with his or her professional or state licensing authority. Further, MD NOW shall inform Wellington when any individual providing medical or administrative services at MD NOW is arrested for any criminal charge in Palm Beach County.

(6) MD NOW shall require the Medical Professional to ensure that any Medical Assistant complies with the requirements of subsection b.(2),(3), and (4) of this Section 2 with respect to performance, licensing, certification, and good standing, as applicable. MD NOW warrants and represents that it has full legal power and authority to bind the Medical Professionals to the aforementioned requirements of this Agreement. MD NOW shall require the Medical Professional to notify MD NOW immediately in the event the Medical Professional learns of the possibility that any of the events specified in subsection b.(5) of this Section 2 has occurred or may occur with respect to the Medical Professional or any Medical Assistant, and MD NOW shall immediately notify Wellington of the same.

a. Scheduling of Services and Hours of Operation. MD NOW shall contract with Medical Professionals and/or Medical Assistants for the provision of Medical Services at the location(s) and on schedules according to the Hours of Operation set forth in **Exhibit "A"**. MD NOW shall not change the "Hours of Operation" without prior approval of Wellington. The Wellington Manager may approve or deny such changes in Hours of Operation in his sole discretion on behalf of Wellington.

b. Place of Services. MD NOW shall provide primary care services at its medical center located at 11551 Southern Blvd., Suite 4, Royal Palm Beach. MD NOW shall provide urgent care services at its medical centers located at the following addresses: 4570 Lantana Road, Lake Worth; 11551 Southern Blvd., Ste. 4, Royal Palm Beach, 7035 Beracasa Way, Ste. 105, Boca Raton; 9060 North Military Trail, Palm Beach Gardens; 2272 North Congress Avenue, Boynton Beach; and 2007 Palm Beach Lakes Blvd., West Palm Beach. At its medical centers, MD NOW shall provide the full

measure of examination rooms, storage areas for medication, necessary equipment, supplies and Medical Personnel necessary for the provision of Medical Services in accordance with this Agreement.

c. Responsibilities of Parties. MD NOW and its Medical Professionals are independent contractors. Neither MD NOW nor its Medical Professionals or Medical Assistants are employees of Wellington. The Medical Professional shall be solely responsible for his or her actions or omissions and the actions or omissions of any agent or any employee used by him or her (including without limitation any Medical Assistant) in connection with providing Medical Services contemplated by this Agreement. Wellington shall have no control or involvement in the independent exercise of medical judgment by the Medical Professional or any Medical Personnel, and Wellington shall not incur any liability for the actions or the omissions of the Medical Professional or any agent or any employee used by the Medical Professional (including, but not limited to any Medical Assistant) in connection with this Agreement.

d. Other Licensed Physicians and Medical Professionals. MD NOW agrees that sections 2.b. and 2.f. shall apply in the same manner to any replacement physician or other Medical Professionals as such sections apply to the Medical Professional. Provided, however, any substitution of a Medical Professional shall be with a professional with the same level of medical license (i.e., physician with physician, nurse practitioner with nurse practitioner). MD NOW shall also ensure, or require the Medical Professional to ensure, and provide documentation of such, that all Medical Professionals who provide services hereunder have insurance coverage consistent with the requirements of Section 3 of this Agreement and comply with applicable provisions of HIPAA.

e. Employee/Health Plan Cost. The Medical Professional shall not bill or otherwise solicit payment from Wellington, its Participants or from the group health plan for the Medical Services provided pursuant to this Agreement. *(unless agreed to by City)*

f. Medical Records: The Medical Professional shall maintain medical records with respect to all of the patients, all of which medical records shall be maintained in a professional manner consistent with the accepted practice of the community in which the Medical Professional provides the Medical Services in connection with this Agreement. MD NOW shall also require the Medical Professional to comply with state and federal privacy standards. All patient records maintained by the Medical Professional in connection with this Agreement shall be the sole property of the Medical Professional and MD NOW. MD NOW's medical centers will comply with HIPAA standards including patient access to medical records. Wellington understands and agrees that all of the medical records and other protected health information maintained by the Medical Professional will be held by the Medical Professional in strictest confidence. Wellington is not entitled to have access to the medical records (as defined by state law) or protected health information (as defined by federal regulations) maintained by the Medical Professional without the appropriate written

authorization from the Participant, or unless medical records are a result of occupational medical services provided (i.e. Worker's Compensation & Pre-Employment Physicals) or otherwise permitted by law. The retention of all medical records shall be in compliance with applicable State and/or Federal laws. To ensure compliance with the above, MD NOW and/or the Medical Professional shall develop and implement policies, standards and procedures to protect the confidentiality and security of the medical records and ensure that all employees are trained to adhere to these policies, standards and procedures.

g. Quarterly Reports. MD NOW shall provide to Wellington no later than the last day of each quarter during the contract period, a written report with respect to the provision of Medical Services for Wellington during the immediately preceding quarter. The written report shall be in form and content reasonably satisfactory to Wellington and MD NOW. The written report shall include (a) the number of Participants treated by Medical Professionals during such immediately preceding quarter, (b) the number of Participants for whom urgent care related treatments were provided, (c) the number of Participants for whom primary care services were provided, and (d) the type and number of prescriptions dispensed. The report shall set forth total numbers for services and prescriptions. Any reports shall comply with HIPAA and all other related privacy requirements. Wellington may request additional information from MD NOW as to reporting requirements, i.e., worker's compensation claims information, and allowable pre-employment physical reports which may require various reporting periods, etc.

h. List of Participants. Wellington shall provide MD NOW a monthly listing of eligible "Participants" as defined by Wellington. Eligible participants shall include covered employees and dependents under Wellington's health insurance plan.

i. Noncompliance by the Medical Professional. In the event that Wellington becomes aware of any failure by the Medical Professional to comply with the obligations of the Medical Professional which are contemplated by this Agreement, Wellington shall immediately provide written notification to MD NOW of such failure, which written notification shall describe the failure in reasonable detail, and MD NOW shall use its best efforts to resolve such failure as soon as possible. In the alternative, MD NOW may arrange for the substitution of another person as the Medical Professional in accordance with this Agreement.

j. After Hours Use. In the event a Participant seeks medical service on a walk-in basis outside the scheduled hours of operation at a MD NOW medical center, the following provisions shall apply:

1. Participant shall be seen as a priority walk-in basis, or even by special appointment;
2. Participant shall receive a VIP Card to identify him/herself as a Wellington employee; and
3. Participant shall have preferred pricing for the services.

3. INSURANCE

a. Professional Liability Insurance. MD NOW shall maintain a Professional Liability Medical Malpractice Liability policy in the name of the entity with a specific schedule of all Medical Professionals, including both employed and independent contractors with limits of liability not less than \$1,000,000 each occurrence/\$3,000,000 aggregate. All other Medical Assistants shall also be covered under this policy, including both employed and independent contractors. When a self-insured retention ("SIR") or deductible exceeds \$10,000, Wellington reserves the right, but not the obligation, to review and request a copy of MD NOW's most recent annual report or audited financial statement. For policies written on a claims-made basis, MD NOW warrants the retroactive date equals or precedes the effective date of this Agreement. In the event the policy is canceled, non-renewed, switched to an occurrence form, retroactive date advanced, or any other event triggering the right to purchase a supplemental extended reporting period ("SERP") during the life of this Agreement, MD NOW shall agree to purchase an SERP with a minimum reporting period not less than three (3) years. Further, MD NOW shall maintain on behalf of, or contract with to maintain, any Medical Professionals, throughout the term of this Agreement, professional liability insurance covering the acts and omissions of the Medical Professional in the amount of \$1,000,000/\$3,000,000. MD NOW shall contract with the Medical Professional to notify MD NOW immediately in the event he or she does not have the required coverage and shall promptly remove and replace such Medical Professional with another qualified Medical Professional, with Wellington's approval. MD NOW shall provide Wellington proof of such professional liability insurance maintained by the Medical Professional. MD NOW shall also maintain professional liability and general liability insurance during the term of this Agreement, which will include, but be limited to, coverage for any negligent acts, errors, or omissions, on the part of Medical Assistants. Any insurance policy shall include a schedule of all employed or independent contractors.

* Insurance policies submitted were approved by town/plants vary

b. Workers' Compensation. MD NOW shall maintain Workers' Compensation Insurance & Employers' Liability in accordance with Chapter 440, Florida Statutes. Employers Liability coverage should be included with limits of at least \$500,000 each accident and \$500,000 each disease/Employee and \$500,000 each disease/maximum.

c. Business Auto Policy. MD NOW shall maintain business automobile liability insurance at a limit of liability of not less than \$500,000 each occurrence for owned, non-owned, and hired automobiles. In the event MD NOW does not own any automobiles, the business auto liability requirement shall be amended allowing MD NOW to maintain only hired and non-owned auto liability insurance. This amended requirement may be satisfied by way of endorsement to the commercial general liability insurance policy, or separate business auto coverage form.

d. Commercial General Liability. MD NOW shall maintain commercial general liability insurance for public liability during the lifetime of this Agreement which shall have minimum limits of \$3,000,000 per occurrence for personal injury, bodily injury, and property damage liability. Coverage shall include premises, operations, independent contractors, products, complete operations, contractual liability and broad form property damage endorsements. Coverage shall not contain an exclusion or limitation endorsement for contractual

liability or cross liability. All insurance policies shall be issued from a company or companies duly licensed by the State of Florida. All policies shall be on an occurrence-made basis; Wellington shall not accept claims-made policies. Specific endorsements shall be requested depending upon the type and scope of work to be performed.

e. Additional Insured Requirements. Except as to Medical Malpractice, Workers' Compensation, Professional Liability and Employers' Liability, said insurance certificate(s) shall state that coverage required by the Agreement has been endorsed to include the Village of Wellington, a Florida municipal corporation, and its officers, agents and employees as additional insured. The names for the additional insured endorsement issued by the insurer shall read "Village of Wellington, a Florida municipal corporation, its officers, employees, and agents." The contract number shall be included. The certificate of insurance and policy shall unequivocally provide thirty (30) days written notice to Wellington prior to any adverse changes, cancellation, or non-renewal of coverage thereunder. Said liability insurance must be acceptable by and approved by Wellington as to form and types of coverage. In the event that the statutory liability of Wellington is amended during the term of this Agreement to exceed the above limits, MD NOW shall be required, upon thirty (30) days written notice by Wellington to provide coverage at least equal to the amended statutory limit of liability of Wellington.

f. Waiver of Subrogation. MD NOW shall agree by entering into this Agreement to a waiver of subrogation for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive and subrogation without an endorsement, MD NOW shall notify the insurer and request the policy be endorsed with a waiver of transfer of rights of recovery against others, or its equivalent. This waiver of subrogation requirement shall not apply to any policy which a condition to the policy specifically prohibits such an endorsement, or voids coverage should MD NOW enter into such an agreement on a pre-loss basis.

g. MD NOW, Subcontractors, and Independent Contractors. It shall be the responsibility of MD NOW to ensure that all independent contractors and subcontractors comply with the same insurance requirements referenced above.

h. Deductible Amounts. All deductible amounts shall be paid for and be the responsibility of MD NOW for any and all liability insurance claims under this Agreement.

i. Certificate(s) of Insurance. Within thirty (30) days of the date of this Agreement, MD NOW shall deliver to WELLINGTON a certificate(s) of insurance evidencing that all types and amounts of insurance coverage required by this Agreement have been obtained and are in full force and effect. Such certificate(s) and policy will include a minimum thirty (30) day requirement to notify due to cancellation or non-renewal of coverage.

j. Umbrella or Excess Liability. MD NOW may satisfy the minimum limits required above for commercial general liability, business auto liability, and employer's liability coverage under an existing policy umbrella coverage or excess liability. The umbrella or excess liability coverage shall have an aggregate limit not less than the highest "each occurrence" limit for commercial general liability, business auto liability, or employer's liability. When required

by the insurer, or when umbrella or excess liability is written on "non-follow form" WELLINGTON shall be added as an additional insured by an endorsement of the policy.

k. Right to Review. WELLINGTON reserves the right, but not the obligation, to review and reject any insurer providing coverage.

4. INDEMNIFICATION

In exchange for other consideration furnished, MD NOW shall indemnify, defend and hold harmless Wellington, its representatives, employees and elected and appointed officials, from and against any and all claims, liabilities, costs, demands, legal fees, costs of action, losses, damages or other expenses, including, but not limited to reasonable attorneys' fees and court costs, including appeals, arising as a result of any negligent act, conduct, error or omission by MD NOW, or its agents, employees or independent contractors, in the performance of this Agreement. Further, MD NOW agrees to indemnify and hold harmless Wellington from and against any and all claims, liabilities, costs, demands, legal fees, costs of action, losses, damages or other expenses, including, but not limited to reasonable attorneys' fees and court costs, including appeals, or obligation of any kind which Wellington may incur in connection with MD NOW's furnishing of Medical Professionals, Medical Assistants, or the Medical Services provided by them under this Agreement. MD NOW and Wellington agree and acknowledge that this indemnity provision is supported by adequate consideration. Nothing contained herein or elsewhere in this Agreement shall be construed or interpreted as consent by Wellington to be sued, nor as a waiver of sovereign immunity beyond the waiver or monetary limits provided in section 768.28, Florida Statutes.

Upon completion of all Medical Services, obligations and duties provided for in this Agreement or in the event of termination of this Agreement for any reason, the terms and conditions of this provision shall survive.

5. COMPENSATION

As compensation for providing the Medical Services, Wellington shall pay MD NOW in accordance with the Pricing Schedule attached hereto as **Exhibit "B"** and incorporated herein by this reference. In no event shall Wellington be responsible for services or for costs not provided for in this Agreement.

6. TERM AND TERMINATION

a. Term. This Agreement shall be for a term of one (1) year commencing on the effective date of this Agreement, unless otherwise terminated. Unless either Wellington or MD NOW gives written notice of non-renewal to the other party at least sixty (60) calendar days prior to the end of the initial term or of any renewal term, this Agreement shall be automatically renewed and adjusted for one (1) additional year with the option of an additional one (1) year renewal.

b. Termination Without Cause. This Agreement may be terminated by either party for any or no cause by providing the other party at least ninety (90) calendar days' written notice prior to termination.

c. Effect of Expiration or Termination. The expiration or the termination of the Agreement shall not affect the obligation of WELLINGTON to pay compensation to MD NOW for any outstanding invoice for the period prior to such expiration or termination and shall not affect the obligation of MD NOW to provide monthly reports for the period prior to the effective date of such expiration or such termination.

d. Non-funding. In the event sufficient budgeted funds are not available or become depleted, Wellington shall notify MD NOW of such occurrence and the Contract shall be terminated without penalty or expense to Wellington, as provided in Section 5.b. above.

e. Non-Compete. In the event of termination without cause, WELLINGTON shall not contract, either directly or indirectly, through an independent company, any of the Medical Professionals or Medical Assistants furnished by MD NOW for the purposes of continuing provision of Medical Services for WELLINGTON, for the period of one (1) year from date of termination.

7. MISCELLANEOUS

a. Notice. All notices and other communications permitted or required pursuant to this Agreement shall be in writing, addressed to the party at the address set forth at the end of this Agreement or to such other address as the party may designate from time to time in accordance with this Section. All notices and other communications shall be (a) mailed by certified or registered mail, return receipt requested, postage pre-paid, (b) personally delivered or (c) sent by telecopy with a receipt confirmation. Notices mailed pursuant to this Section shall be deemed given as of three days after the date of mailing and notices personally delivered or sent by telecopy shall be deemed given at time of receipt.

b. Transferability. Unless otherwise set forth in this Agreement, (1) Wellington may not assign or otherwise transfer this Agreement to a third party without the prior, written consent of MD NOW; and (2) MD NOW may not assign or otherwise transfer this Agreement to a third party without the prior written consent of Wellington.

c. Entire Agreement and Amendments. This Agreement constitutes the entire understanding between Wellington and MD NOW with respect to the subject matter herein and supersedes all prior agreements. This Agreement shall not be amended or waived, in whole or in part, except in writing signed by Wellington and MD NOW.

d. Governing Law and Venue. This Agreement shall be governed by, and interpreted in accordance with, the laws of the State of Florida, without giving effect to its conflict of laws provisions. The venue of any action taken pursuant to this agreement shall be Palm Beach County, Florida.

e. Waiver of Jury Trial. The parties knowingly and voluntarily waive their right to trial by jury in any litigation arising out of or relating to this Agreement.

f. Access to Books and Records. During the term of this Agreement and for a period as required by Florida or federal law, each party shall, upon written request of the other party, provide the other party and its representatives reasonable access to its books and records related to this Agreement, during reasonable business hours for the limited purposes of ensuring compliance with this Agreement and in accordance with and in compliance with HIPAA/privacy requirements.

g. Audit Requirements. MD NOW shall establish and maintain a reasonable accounting system, which enables ready identification of contractor's cost of goods and/or services and use of funds. Such accounting system shall also include adequate records and documents to justify all prices for all items invoiced as well as all charges, expenses and costs incurred in providing the goods and/or services for five (5) years after completion of this contract. Wellington or its designee shall have access to such books, records, subcontract(s), financial operations, and documents of the contractor or its subcontractors as required to comply with this section for the purpose of inspection or audit anytime during normal business hours at the contractor's headquarters. This right to audit shall include the contractor's subcontractors used to procure goods and services under the contract with Wellington. Audit of subcontractors and subconsultants shall be limited to those records associated with the goods and services provided under this contract.

h. Successors. This Agreement is binding upon the parties, their successors and assigns. Thirty (30) days notice of any change in ownership, management, or control shall be given the other parties by the party experiencing the change. In such event, the rights, responsibilities, and obligations of this Agreement shall bind the new owners or managers, upon such change of ownership, management, or control, so long as all other parties consent and are in mutual agreement to continue this Agreement. Notice of non-acceptance of the change by any party must be provided in writing within 30 days to the other party or parties, and could result in termination without cause of the Agreement by any party.

i. Force Majeure. Neither party shall be liable for nor deemed to be in default for any delay or failure to perform under this Agreement deemed to result, directly or indirectly, from acts of God, civil or military authority, wars, accidents, fires, explosions, hurricanes, or any other like cause beyond the reasonable control of the parties.

j. Severability. In the event any portion of this Agreement is found to be void unenforceable, or illegal, the validity or enforceability of any other portion shall not be affected.

k. Preparation of Agreement. This Agreement shall not be construed more strongly against either party regardless of who was more responsible for its preparation.

l. Survival. Any provision of this Agreement which is of a continuing nature or imposes an obligation which extends beyond the term of this Agreement shall survive its expiration or earlier termination.

m. Contract Documents and Controlling Provisions. This Agreement consists of the RFP (Exhibit "C"), MD NOW's Proposal (Exhibit "D"), the Scope of Services and Hours of

Operation (**Exhibit "A"**), and the Pricing Schedule (**Exhibit "B"**) and this Agreement. MD NOW agrees to be bound by all the terms and conditions set forth in the aforementioned documents. To the extent that there exists a conflict between this Agreement and the remaining documents, the order of precedence shall be as follows:

1. This Agreement;
2. Exhibit "A" and Exhibit "B";
3. The RFP; and
4. MD Now's Proposal.

[THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.]

IN WITNESS WHEREOF, Wellington and MD NOW have caused this Agreement to be executed in their names by the undersigned representatives, the same duly authorized to do so.

MD NOW MEDICAL CENTERS, INC.

VILLAGE OF WELLINGTON

By: 

Name: Peter Lameelas MD

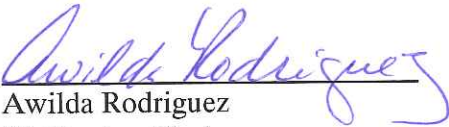
Title: CBO & Medical Director


Darell Bowen

Mayor

ATTEST:

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:


Awilda Rodriguez
Wellington Clerk


Jeffrey S. Kurtz
Wellington Attorney

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 5 day of Jan, 2012, ~~2011~~, by Peter Lameelas, MD, on behalf of MD NOW Medical Centers, Inc., who is ☒ personally known to me or ☐ has produced _____ as identification, and acknowledged the execution thereof to be her/his free act and deed as such officer for the use and purpose therein mentioned, and that such instrument is the act and deed of such company.

NOTARY PUBLIC

(Seal)



AMY M. KOVACH
MY COMMISSION # DD 842345
EXPIRES: December 2, 2012
Bonded Thru Budget Notary Services

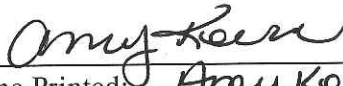

Name Printed: Amy Kovach
State of Florida at Large
My Commission Expires: 12.2.12

EXHIBIT "A"
Scope of Services and Hours of Operation



Scope of Services:

MD Now shall provide all of the services listed below:

I. Standard Services

- a. Scheduled regular primary care office visits ¹
- b. Scheduled Wellness visits
- c. Health Risk Assessment & Wellness Exam (CLIA waived testing. Included in proposal as noted below) ¹
 - Computerized HRA and Biometric Testing Patient Profile
 - Physical Exam
 - Lipids
 - Glucose
 - EKG
 - CXR
 - Spirometry
 - BMI, Height, Weight, Waist Circum., Etc.
 - Pulse Oximetry and Vital Signs
 - Send out testing (CBC, CMP, TSH, HA1C, Hgb/Hcf) ³
 - Other
- d. Urgent care visits (includes usual and customary services provided at all of our centers) & the following tests and treatments: ¹
 - Digital X-Rays
 - Visual Acuity
 - Ear Lavage
 - Nebulizer Treatments
 - IV Hydration
 - Selected IV/IM Medications
 - Laceration Repairs and Wound Care
 - Initial Fracture Treatment (splinting and immobilization)
 - Abscess & Wound Treatment
 - Trigger Point Injections & Joint Aspirations
 - Simple Foreign Body Removal of Eye, Skin, etc.
 - Lesion Removal (biopsy)
 - Simple Burn Treatment
 - Foreign Body Removal
 - Acute Pain Treatment
 - Blood draws and Urine sample collections

e. CLIA Waived Testing (in office testing included) ¹

- Influenza Test
- Strep Test
- Monospot
- Pregnancy Test
- Urinalysis
- Hemocult
- Pulse Oximetry
- Glucose Testing
- Other

f. Send out Labs (Blood Work & Cultures) ³

- Send out labs available STAT (same day) or next day
- Billed separately to Wellington or Insurance carrier by lab company
- MD Now can contract with lab company for any send out lab testing and invoice Wellington at a discounted cost

II. Optional Services

- a.** Occupational medicine visits; such as pre-employment drug screens, PPD/Chest X-ray, Audiometry, BAT, Spirometry, Titmus eye testing and other exams performed on site at pre-negotiated discount cost. ²
- b.** Will provide pre-negotiated diagnostic ultrasound service for selected patients, as appropriate. ⁴
 - Echocardiogram
 - Carotid Artery Ultrasound
 - Ultrasound (Doppler, abdomen, and pelvis)
- c.** Stress Testing (treadmill) ^{2,4}
- d.** Discounted Diagnostic Imaging (MRI, CT Scans, etc.) ⁴

¹ Included in all inclusive flat fee

² Contracted Occupational Medical services (pre-negotiated discount pricing)

³ Discounted pricing to be negotiated & invoiced to Wellington directly by MD Now, or to Wellington's insurance carrier by an outside lab company.

⁴ MD Now has pre-negotiated Ultrasound and MRI Imaging discounted to 70% of the Medicare Fee Schedule or 25% off of Cigna's current fee schedule, as approved. We will work to obtain other negotiated discounted pricing as may be required and pass through those savings to the City of Wellington.



West Palm Beach: 2007 Palm Beach Lakes Blvd, West Palm Beach, FL 33409 561-688-5808 Fax: 561-420-8560
Palm Beach Gardens – North Palm Beach: 9060 N. Military Tr., Palm Beach Gardens, FL 33410 561-622-2442 Fax: 561-622-6235
Lake Worth: 4570 Lantana Rd., Lake Worth, FL 33463 561-963-9881 Fax: 561-963-1390
Wellington – Royal Palm Beach: 11551 Southern Blvd., Suite 4, Royal Palm Beach, FL 33411 561-798-9411 Fax: 561-422-8161
Boca Raton – Delray Beach: 7035 Beracasa Way, Suite 105, Boca Raton, FL 33433 561-361-1515 Fax: 561-361-6441
Boynton Beach: 2272 N Congress Ave, Boynton Beach, FL 33426 561-737-1927 Fax: 561-742-3436

Summary of Services

Primary Care

- Health promotion
- Disease prevention (Hypertension, Diabetes, High Cholesterol, etc.)
- Health maintenance, counseling & patient education
- Diagnosis and treatment of acute and chronic illnesses
- Includes all onsite testing – CLIA waived labs and any blood draws
- Annual HRA / Wellness and biometric testing
- EKG, X-ray and select diagnostic imaging (ultrasound) available
- Basic Women's Health (Pap smears, etc.); Outside pathology/lab separate
- Administration of Medication & Immunizations
- Physical Exams

Urgent Care

- Allergies & Asthma
- Bronchitis & Cough
- Earache
- Sore or Strep Throat
- Pink Eye
- Upper Respiratory Infections
- Infections (Sinus, Urinary Tract, Respiratory)
- Skin Lesion Removal
- Burns & Rashes
- Sprains, Strains, Injuries and Minor Fractures
- Animal Bites
- Acute Injuries
- Immunizations & Vaccinations
- Breathing Treatments (Nebulizer)
- IV Hydration and Selected IV/IM Medications
- Cuts and Laceration Repairs
- Abscess & Wound Treatment
- Trigger Point Injections & Joint Aspirations
- Simple Foreign Body Removal of Eye, Skin, etc.
- Acute Pain Treatment
- Blood draws and Urine sample collections
- Other comprehensive medical services

MD Now Hours of Operation for Wellington Employees and Dependents

	Primary Care Services (Southern Blvd Location Only)	Urgent Care Services (6 Locations in PB County, including Southern Blvd)
Hours	9:00 AM – 5:00 PM Monday thru Friday	8:00 AM -8:00 PM 7 Days per Week

- Primary Care Services to be provided at the Southern Boulevard location only, Monday through Friday 9:00 AM to 5:00 PM including holidays.
- Urgent Care Services to be provided seven days per week at all MD Now locations, 8:00 AM-8:00 PM (365 days per year including weekends and holidays).

EXHIBIT "B"
Pricing Schedule

0

MD Now Pricing Schedule

Service	Cost to Wellington	Employee Co-Pay
Primary Care Services	\$85.00 per visit	\$0 per visit
Urgent Care services	\$100.00 per visit	\$25.00 per visit
Follow-up Assessments	\$50.00 per visit	\$0 per visit

- Primary Care Services to be billed directly to Wellington at a cost of \$85.00 per visit and patient co-pay shall be \$0. Patient shall be responsible for any costs associated with prescription medicine dispensed.
- Urgent Care Services to be billed directly to Wellington at a cost of \$100.00 per visit and patient co-pay shall be \$25.00 per visit. Up to two Prescription medicines dispensed shall be billed directly by MD Now to Wellington at the agreed rates. Patient shall be responsible for any costs associated for any prescription medicine dispensed above the two.
- Follow-up assessments to be billed directly to Wellington at a cost of \$50.00 per visit and patient co-pay shall be \$0.

Medication	Dose	Amount	Cost
AMOXIL (AMOXICILLIN)	500 mg	30 tabs	\$10.00
AMOXIL (AMOXICILLIN)	250mg/5ml	150 ml	\$10.00
AMOXIL (AMOXICILLIN)	125mg/5ml	150 ml	\$10.00
BACTRIM (SMZ-TMP-DS)	800 mg	20 tabs	\$10.00
DIFLUCAN (FLUCONAZOLE)	150 mg	1 tab	\$10.00
FLAGYL (METRONIDAZOLE)	500 mg	20 tabs	\$10.00
IMMODIUM AD (LOPERAMIDE HCL)	1mg/5ml	4 oz	\$10.00
LOTRISONE (CLOTRIMAZOLE/BETAMETH)	1%/0.05%	15 gm	\$10.00
MOTRIN (IBUPROFEN)	800 mg	30 tabs	\$10.00
NAPROSYN (NAPROXEN)	500 mg	30 tabs	\$10.00
ORASONE (PREDNISONE)	20 mg	14 tabs	\$10.00
PEPCID (FAMOTIDINE)	20 mg	30 tabs	\$10.00
PYRIDIUM (PHENAZOPYRIDINE)	200 mg	15 tabs	\$10.00
VIBRAMYCIN (DOXYCYCLINE)	100 mg	20 tabs	\$10.00
BIOFREEZE			\$15.00
ANTIVERT (MECLIZINE)	25 mg	30 tabs	\$20.00
ATARAX (HYDROXYZINE HCL)	25 mg	30 tabs	\$20.00
BACTROBAN (MUPIROCIN)	2%	22gm	\$20.00
CIPRO (CIPROFLOXAIN)	500 mg	20 tabs	\$20.00
CIPRO-OPHTHALMIC (CIPROFLOXAIN) EYES	0.30%	5 ml	\$20.00
FLEXERIL (CYCLOBENZAPRINE)	10 mg	20 tabs	\$20.00
GARAMYCIN (GENTAMICIN) EYES	0.30%	5 ml	\$20.00
HIBICLENS	4%	960 ml	\$20.00
HYDROCORTISONE (LOW STR)	2.50%	30 gm	\$20.00
KEFLEX (CEPHALEXIN)	500 mg	30 tabs	\$20.00
KENALOG (TRIAMCINOLONE-ACETONIDE)	0.10%	80 gm	\$20.00
MUCINEX-D	600 mg	18 tabs	\$20.00
MYCOLOG (NYSTATIN/TRIAMCINOLONE)		30 gm	\$20.00
ORASONE (PREDNISONE) (<i>New to Formulary</i>)	5 mg	21 tabs	\$20.00
PHENERGAN (PROMETHAZINE)	25 mg	20 tabs	\$20.00
PHENERGAN W/ CODEINE (PROMETHAZINE W/CODEINE)	6.25mg/10mg	4 oz	\$20.00
SILVADENE (SSD CRM)	1%	50 gm	\$20.00
SOMA (CARISOPRODOL)	350 mg	30 tabs	\$20.00
TEMOVATE(CLOBETASOL-PROPIONATE) HIGH STR	0.05%	30 gm	\$20.00
TESSALON PERLES (BENZONATATE)	100 mg	20 tabs	\$20.00
TOBRAMYCIN (OPHTHALMIC) EYES	0.30%	5 ml	\$20.00
ULTRAM (TRAMADOL)	50 mg	30 TABS	\$20.00
XANAX (ALPRAZOLAM)	0.5 mg	20 TABS	\$20.00
ZITHROMAX (AZITHROMYCIN) Z-PACK	250 mg	6 pack	\$20.00
ZOVIRAX (ACYCLOVIR)	800 mg	35 tabs	\$20.00
AUGMENTIN (AMOXICILLIN/CLAVULANATE)	875/125 mg	20 tabs	\$30.00
CORTISPORIN OTIC SOLUTION		10 ml	\$30.00

NO LONGER AVAILABLE ON FORMULARY:

Biaxin (Clarithromycin)

Medrol Dosepack (Methylpred-DP)

Lorcet (Hydrocodone/APAP)

Tylenol w/ Codeine

Vicodin (Hydrocodone/APAP)

Medication	Dose	Amount	Cost
AMOXIL (AMOXICILLIN)	500 mg	30 tabs	\$10.00
AMOXIL (AMOXICILLIN)	250mg/5ml	150 ml	\$10.00
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BIOFREEZE			\$15.00
ANTIVERT (MECLIZINE)	25 mg	30 tabs	\$20.00
ATARAX (HYDROXYZINE HCL)	25 mg	30 tabs	\$20.00
BACTROBAN (MUPIROCIN)	2%	22gm	\$20.00
CIPRO (CIRROFLOXAIN)	500 mg	20 tabs	\$20.00
CIPRO-OPHTHALMIC (CIPROFLOXAIN) EYES	0.30%	5 ml	\$20.00
FLEXERIL (CYCLOBENZAPRINE)	10 mg	20 tabs	\$20.00
GARAMYCIN (GENTAMICIN) EYES	0.30%	5 ml	\$20.00
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CORTISPORIN OTIC SOLUTION		10 ml	\$30.00

NO LONGER AVAILABLE ON FORMULARY:

Biaxin (Clarithromycin)
 Medrol Dosepack (Methylpred-DP)
 Lorcet (Hydrocodone/APAP)
 Tylenol w/ Codeine
 Vicodin (Hydrocodone/APAP)

EXHIBIT "C"
Employee Healthcare Provider RFP #032-11/ED

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized, starting with a large 'e' and ending with a long, sweeping horizontal line.



REQUEST FOR PROPOSALS
EMPLOYEE HEALTHCARE PROVIDER

RFP# 032-11/ED

12300 W.Forest Hill Boulevard
Wellington, FL 33414

PURCHASING DIVISION
561-791-4055
FAX 561-791-4045



LEGAL NOTICE

REQUEST FOR PROPOSALS (RFP# 032-11/ED)

Wellington seeks a company to offer medical services to employees, retirees and covered dependents covered under Wellington's medical plan to include but not limited to primary care, preventive screenings, health risk assessments, acute and urgent care, immunizations, injections, new hire physicals, exams and screenings (including random and required drug testing), prescriptions, pharmaceutical dispensing, disease management, and primary care case management *through the utilization of a current medical facility, practice, clinic, urgent care center, etc., located within/near Wellington, Palm Beach County, Florida.* As an option, Wellington will provide limited in house space for a doctor or nurse practitioner to be on site for limited hours with the availability of basic supplies. The primary facility should be able to handle job injury services including initial treatment of work related injuries. Please outline the exclusivity that could be offered to Wellington employees and dependents under this model. Additionally, the ability to provide Health Risk Assessments as well as working with Wellington's existing wellness program to provide educational, intervention and incentive programs is required. The company must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) and Clinical Laboratory Improvement Act (CLIA). Wellington would like staffing to include at least one medical doctor and necessary support staff for the employee and dependent population.

PROPOSAL SUBMISSION

Proposals will be received by sealed envelope in the Wellington City Hall Clerk's Office, 12300 W. Forest Hill Boulevard, Wellington, Florida 33414 by **Wednesday, April 20, 2011 at 10:00 AM Local Time** at which time they will be opened and read. Proposals received after this time will not be considered and no time extensions will be permitted. Receipt of a response by any Wellington office, receptionist or personnel other than the Clerk's Office does not constitute "receipt" as required by this solicitation. Please clearly mark proposals:

"RFP# 032-11/ED - EMPLOYEE HEALTHCARE PROVIDER"

Copies of this Proposal Document may be obtained via Onvia at www.demandstar.com or by contacting Ed DeLaVega in the Purchasing Department at (561) 791-4055, edelavega@wellingtonfl.gov beginning on Thursday March 10, 2011. Proposal documents will not be issued unless the request is received at least 24 hours prior to the proposal opening date.

OPTIONAL PRE-PROPOSAL MEETING:

An Optional Pre-Proposal Meeting will be held on Monday March 28, 2011 at 10:00 AM Local Time, at the Wellington City Hall located at 12300 W. Forest Hill Boulevard, Wellington, Florida 33414.

EVALUATION COMMITTEE:

An Evaluation Committee meeting will be held on Monday May 16, 2011 at 10:00 AM Local Time at the Wellington City Hall located at 12300 Forest Hill Boulevard, Wellington, FL 33414. Oral interviews / presentations will be conducted on Tuesday May 31, 2011 at 10:00 AM at the Wellington City Hall located at 12300 Forest Hill Boulevard, Wellington, Florida 33414. At that time, a recommendation for contract award will be considered.

FOR INFORMATION

For information on this Request for Proposal, contact Ed DeLaVega in the Purchasing Division, (561) 791-4055.

ACCEPTANCE AND REJECTIONS

Wellington reserves the right to reject any or all proposals with or without cause; to waive any or all irregularities with regard to the specifications and to make the award to the firm offering the greatest advantage to the Wellington.

Publish: Palm Beach Post –
Account #9-657448

EMPLOYEE HEALTHCARE SERVICES

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Employee Healthcare Provider

TIMELINE

1. **TIMELINE:** The Event Timeline below gives the date and time (where applicable) for major activities in the solicitation.

EVENT	TIME	DUE DATE	LOCATION
Request for proposals (RFP) Advertised	N/A	March 10, 2011	Palm Beach Post; Demandstar.com;
Pre-Proposal Meeting (Optional)	10:00 AM Local Time	March 28, 2011	12300 Forest Hill Blvd. Wellington, FL 33414
Number of Proposal Copies Including Original	1 original & 3 electronic (pdf) copies (CD's)	N/A	Delivered to Wellington Clerk's Office
Questions from Proposers to Warrant Response/Addendum	06:00 p.m. local time	April 6, 2011	Demandstar.com for final Response/Addendum
Bids Received By – (Deadline & Opening)	10:00 AM Local Time	April 20, 2011	Wellington Clerk's Office 12300 Forest Hill Blvd, Wellington, FL 33414
Evaluation Committee Meeting	10:00 AM Local Time	May 16, 2011	Wellington City Hall 12300 Forest Hill Blvd, Wellington, FL 33414
Oral Interviews	10:00 AM Local Time	May 31, 2011	Wellington City Hall 12300 Forest Hill Blvd, Wellington, FL 33414
Posted Notice of Intended Award	Tentative	TBD	Clerk's Office & Demandstar.com
Contract Award by City Council	Tentative	TBD	N/A

* Dates above are subject to change based on the number of respondents, availability of the members, or other unforeseen circumstances.

GENERAL TERMS AND CONDITIONS

1. GENERAL INFORMATION

Notice is hereby given that Request for Proposal submittal packages will be received until Wednesday April 20, 2011 at 10:00 AM Local Time. Mail or deliver all proposals to Clerk's Office, 12300 Forest Hill Blvd., Wellington, Florida 33414. All submittals must be clearly marked on the outside **RFP #032-11/ED - EMPLOYEE HEALTHCARE PROVIDER**. Any proposer desiring to provide the required services should submit **one (1) original signed in ink and THREE (3) ELECTRONIC PDF COPIES (CD'S)** of the RFP Submittal Package including all Request for Proposal documents as required by **RFP #032-11/ED**. Proposal must be completely filled in, signed, sealed, and returned to the Clerk's office on or before the specified time and date.

It is the sole responsibility of the Proposer to ensure that his or her Proposal reaches the Clerk's Office on or before the closing date and time. Wellington shall in no way be responsible for delays caused by any other occurrence. Offers by telephone, e-mail or facsimile shall not be accepted.

Proposers shall not be allowed to modify their Proposals after the opening time and date.

For information concerning this proposal, please contact:

Ed DeLaVega – Purchasing Department
Phone: 561-791-4055
Fax: 561-791-4045
edelavega@wellingtonfl.gov

2. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA):

The successful proposer warrants that the services provided to Wellington shall conform in all respects to the standards set forth in the Occupational Safety and Health Act of 1970, as amended, and the failure to comply with this condition will be considered as a breach of contract. Any fines levied because of inadequacies to comply with these requirements shall be borne solely by the successful proposer responsible for same.

3. LIABILITY, INSURANCE, LICENSES, PERMITS:

Where the successful proposer is required to enter or go onto Wellington property to deliver goods, materials, or perform work or services as a result of an RFP award, the successful proposer will assume the full duty, obligation, and expense of obtaining all necessary licenses, permits, and insurance and assure all work complies with all Federal, State, Local, Palm Beach County and Wellington ordinances, orders, codes, laws, rules, regulations, directives, and guidelines. The successful proposer shall be liable for any damages or loss to Wellington occasioned by negligence of the successful proposer (or agent) or any person the successful proposer has designated in the completion of the contract as a result of the proposal of this RFP.

4. DEFAULT/FAILURE TO PERFORM:

Wellington shall be the sole judge of nonperformance, which shall include any failure on the part of the successful proposer to accept the award, to furnish required documents, and/or to fulfill any portion of this contract within the time stipulated.

Upon default by the successful Proposer to meet any terms of this Request for Proposal submittal, related agreement, and work authorization(s) Wellington will notify the successful proposer (3) days (Fridays, Saturdays, Sundays and Holidays excluded) to remedy the default. Failure on the successful proposer's part to correct the default within the required three

(3) days shall result in the contract being terminated and upon Wellington notifying in writing the successful proposer of its intentions and the effective date of the termination. The following shall constitute default:

- Failure to perform the work required under the contract and/or within the time required or failing to use the subcontractors, entities, and personnel as identified and set forth, and to the degree specified in the contract.
- Failure to begin the work under this contract within the time specified.
- Failure to perform the work with sufficient workers and equipment, or with sufficient materials to ensure timely completion.
- Neglecting or refusing to remove materials or perform new work where prior work has been rejected as nonconforming with the terms of the contract.
- Becoming insolvent, being declared bankrupt, or committing act of bankruptcy or insolvency, or making an assignment renders the successful proposer incapable of performing the work in accordance with and as required by the contract.
- Failure to comply with any of the terms of the contract in any material respect.
- Failure to pay subcontractors or others pursuant to work done under this contract.

In the event of default of a contract, the successful proposer shall pay the entire Wellington's attorney's fees and court costs incurred in collecting any damages. The successful proposer shall pay Wellington for any and all costs incurred in ensuring the completion of the project, subject however to the terms and conditions herein. To the extent of a conflict with this provision and the contract the successful proposer enters into the terms and conditions of the contract shall control.

5. CANCELLATION:

Wellington reserves the right to cancel this contract by written notice to the successful proposer effective the date specified in the notice, and the following will apply:

- The successful proposer is determined by Wellington to be in breach of any of the terms and conditions of the contract and/or to have failed to perform his/her services in a manner satisfactory to Wellington. In the event the successful proposer is found to be in default, the successful proposer will be paid for all labor and materials provided to the satisfaction of Wellington as of the termination date. No consideration will be given for anticipated loss of revenue or the canceled portions of the contract. The successful proposer waives any claims to the same.
- Wellington has determined that such cancellation will be in the best interest of Wellington to cancel the contract for its own convenience.
- Funds are not available to cover the cost of the services. Wellington's obligation is contingent upon the availability of appropriate funds.
- To the extent of a conflict with this provision and the contract successful proposer enters into the terms and conditions of the contract shall control.

6. BILLING INSTRUCTIONS-AWARDED FIRM:

Invoices, unless otherwise indicated by Wellington's Finance Department must show purchase order numbers and shall be

submitted to Accounts Payable, 12300 Forest Hill Boulevard, Wellington, FL 33414. Payment shall be made in accordance with the Florida Prompt Payment Act, as amended from time to time.

7. APPLICABLE LAW AND VENUE:

The law of the State of Florida shall govern the contract between Wellington and the successful proposer, and any action shall be brought in Palm Beach County, Florida. In the event of litigation to settle issues arising hereunder, the prevailing party in such litigation shall be entitled to recover against the other party its costs and expenses, including reasonable attorney's fees, which shall include any fees and costs attributable to appellate proceedings arising on and of such litigation.

8. LEGAL REQUIREMENTS:

Federal, State, County, local and Wellington laws, ordinances, orders, rules, regulations, guidelines, and directives that in any manner affect the items covered herein apply. Lack of knowledge by the successful proposer will in no way be a cause for relief from responsibility.

9. INSURANCE:

During the term of the contract, the successful proposer shall procure and maintain liability and Malpractice coverage of the following types and amounts:

- a) Comprehensive General Liability insurance on an occurrence basis in an amount not less than \$2,000,000 combined single limit Bodily Injury Liability and Property Damage Liability.
- b) Worker's Compensation Insurance applicable to its employees, if any, for statutory coverage limits in compliance with Florida laws, including Employers' Liability which meets all state and federal laws.
- c) Professional Liability/Malpractice/Errors or Omissions Insurance, as appropriate for the type of business engaged in by the Vendor, shall be purchased and maintained by the Vendor with minimum limits of \$1,000,000 per occurrence.
- d) Products Liability Insurance as appropriate for the type of product sold or dispensed by Vendor in an amount of not less than \$1,000,000.

10. RECORDS AND AUDITS:

Successful proposer shall maintain, during the term of the contract, all books of account, receipt invoices, reports, and records in accordance with generally accepted accounting practices and standards (GAAP). The successful proposer shall maintain and make available such records and files for the duration of the contract and retain them beyond the last day of the contract term for the period of three (3) years.

11. DUTY TO UPDATE RECORDS:

It shall be the responsibility of any individual or firm contracted by Wellington for any Type(s) of Work to notify Wellington promptly of any substantive amendment to the information provided in this Request for Proposal package submittal, as well as to update that information on an annual basis.

12. DISPUTES:

Any actual or prospective Proposer, offeror or Contractor who is aggrieved in connection with a solicitation or award of a Bid or Contract may avail themselves of the procedures contained in Ordinance 98-36 in order to resolve disputed matters or complaints.

The Purchasing Division shall post a tabulation of the solicitation results with intended award recommendations. Posting shall be in the Clerk's Office and shall be on display for public viewing. All bidders, Proposers, offerors or contractors affected by the proposed award of contract will also be notified by the Purchasing Division at the time of posting, via telefax or other means, of the intended award.

Any actual or prospective Proposer, offeror, or contractor who is aggrieved in connection with the solicitation or award of contract may file a written protest to the Purchasing Division. Protestors shall file their written protests with the Purchasing Division between the hours of 7:00 a.m. and 6:00 p.m. (Monday through Thursday). Protests shall contain the name, address and phone number of the petitioner, name of petitioner's representative (if applicable), the name and bid number of the solicitation. The protest shall specifically describe the subject matter, facts giving rise to the protest and also the action requested from Wellington.

The written protest must be received no later than 72 consecutive hours (excluding Fridays, Saturdays, Sundays and legal holidays) from the time of initial posting of the Evaluation Committee's recommendation. Failure to file a timely formal written protest within the time period specified shall constitute a waiver by the vendor of all rights of protest under this Bid/Proposal Protest Procedure.

In the event of a timely protest, Wellington shall not proceed further with the solicitation or with the award of the bid/contract until all administrative remedies have been exhausted or until the City Manager determines that, the award of the bid/contract without delay is necessary to protect the public health, welfare, or safety.

13. LEGAL REQUIREMENTS:

Federal, State, County and Wellington laws, ordinances, rules and regulations that in any manner affect the items covered herein apply. Lack of knowledge by the Proposer will in no way be a cause for relief from responsibility.

14. PUBLIC ENTITY CRIMES:

As provided in Section 287.133(2) (a), Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Bid on a contract to provide any goods or services to a public entity, may not submit a Bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided S.S. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

15. CONFLICT OF INTEREST AND CODE OF ETHICS:

The award is subject to provisions of State Statutes and Wellington policies. All Proposers must disclose with their Proposal the name of any officer, director, or agent who is also a Wellington employee. Further, all Proposers must disclose the name of any Wellington employee who owns, directly or indirectly, an interest of 5% or more in the Proposer's firm or any of its branches.

If any Proposer violates or is a party to a violation of the Wellington and Florida Code of Ethics with respect to this Proposal, such Proposer may be disqualified from performing the work described in this Proposal or from furnishing the goods or services for which the Proposal is submitted and shall be further disqualified from bidding on any future Proposals/Bids for work or for goods or services for Wellington. A copy of the Wellington and State Ethics Codes is available at the Wellington Clerk's Office, 12300 Forest Hill Boulevard, Wellington FL 33414.

16. FLORIDA PUBLIC RECORDS ACT:

All material submitted regarding this proposal becomes the property of Wellington. Proposals may be reviewed by any person ten (10) days after the public opening. Proposers should take special note of this as it relates to any proprietary information that might be included in their offer.

Any resulting contract may be reviewed by any person after the contract has been executed by Wellington. Wellington has the right to use any or all information/material submitted in response to this bid and/or any resulting contract from same. Disqualification of a bidder does not eliminate this right.

17. TIED PROPOSALS/DRUG FREE WORKPLACE PROGRAMS :

In the event of an identical tied proposal, preference shall be given in order as follows:

- Drug Free Workplace
- Headquarters (or principal place of business) within Wellington
- Branch office exists within Wellington
- Headquarters (or principal place of business) within Palm Beach County
- Branch office exists within Palm Beach County
- If proposals remain tied after items a-e the final tie breaker will be by drawing lots in public

18. INDEMNIFICATION:

Regardless of the coverage provided by any insurance, the successful bidder/proposer shall indemnify, save harmless and defend Wellington, its agents, servants, or employees from and against any and all claims, liability, losses and/or causes of action which may arise from any negligent act or omission of the successful bidder/proposer, its subcontractors, agents, servants or employees during the course of performing services or caused by the goods provided pursuant to these bid documents and/or resultant contract.

19. LOBBYING:

All firms are hereby placed on notice that the Council, Selection Committee, and Staff do not wish to be lobbied, either individually or collectively about the project for which the firm has a submitted proposal. During the process, from the proposal publish date to Council selection, no firm or its agent shall contact any member of Council, employee of Wellington, or member of the Selection Committees in reference to this proposal, with the exception of the Purchasing Agent or designee(s). Failure to abide by this provision may serve as grounds for disqualification for award contract to the firm.

20. INQUIRIES/REQUEST FOR CLARIFICATION:

All questions about the meaning or intent of the RFP Documents must be directed, in writing, to Ed DeLaVega, Wellington Purchasing Department, as provided in the advertisement/Request for Proposal. Questions received after April 6, 2011 shall not be answered. Only questions answered by formal written Addenda will be binding. Oral and other interpretations or clarifications will be without legal effect. All inquiries, addendums and request for clarifications will be posted on www.demandstar.com. Demandstar will automatically notify all plan holders of any inquiries, addendums and request for clarifications once posted by Wellington.

21. LOCAL PREFERENCE POLICY:

The Evaluation Committee will take into consideration when making their recommendation the proposer's business location and award additional points to local businesses in accordance with the Wellington's Local Preference Policy found in Resolution No. R2009-91 Section 2.12.F of Wellington's Purchasing and Procurement Manual, as amended from time to time. This Preference includes: (A) Western Communities local business with permanent location and headquarters zoned within the boundaries west of the Florida Turnpike, north of Lantana Road, south of Okeechobee Boulevard and U.S. Highway 98, east of Palm Beach County western boundary; (B) Palm Beach County local business with principal permanent location and corporate headquarters within Palm Beach County, Florida.

22. EVALUATION OF WRITTEN PROPOSALS:

Following the opening of the proposal packages, the proposals will be evaluated by an Evaluation/Selection Committee consisting of five members. Four members are pre-determined from multiple departments with experience and general knowledge. The fifth member will be selected by the Village Manager or designee and shall possess technical expertise on the subject matter. Scoring proposals are based on a point total and not a percentage. The Selection Committee will consist of the following members:

- A. Deputy Village Manager
- B. City Engineer
- C. Director of Financial Management and Budget
- D. A Wellington 2060 Director
- E. To Be Determined by Village Manager or Designee

Awards shall be made to the responsible consultants whose qualifications are determined to be the most advantageous to Wellington. Proposals will be evaluated based on the criteria listed below:

Written Proposal Criteria	Points
1. Past performance providing on-site healthcare clinic services	20
2. Demonstrate plan for the reduction of healthcare costs as a result of the provision of on-site clinic services including financial savings projections	20
3. Overall approach to the provisions of on-site clinic services	20
4. Overall Total Cost to provide all services including additional services as described in the Technical Specifications (General information and Background) section of the RFP.	20
5. Years of Experience providing on-site healthcare clinic services	10
6. Number of active contracts providing on-site healthcare clinics for Public sector clients.	10

Each Selection Committee member will convert the Maximum Available Point score (cardinal number) for each proposer into an ordinal number designating the ranking (as first, second, or third of each proposer. For example:

Cardinal Number	Ordinal Number
100	1
95	2
92	3
91	4
86	5
75	6

The ordinal scores from each Selection Committee member for each proposer, will be added together to calculate a total ordinal score. The proposer with the lowest total ordinal score will be ranked highest for award preference. The proposer with the second lowest total ordinal score will be ranked second highest for award preference, and so on, until all proposers are ranked.

Upon completion of the technical criteria evaluation, rating and ranking, Wellington will conduct oral interviews with the short listed firms. Upon completion of the oral interviews, the Committee will re-evaluate, re-rate and re-rank the proposals remaining in consideration based upon the interview criteria listed below:

23. EVALUATION OF ORAL PRESENTATIONS / INTERVIEWS:

Proposers selected for the short-list, as described above, shall be requested to provide a presentation on their Proposal to the Selection Committee. The Selection Committee will evaluate the presentations in accordance with the criteria listed below:

Oral Presentation Criteria	Points
1. Specific Project Experience	10
2. Proposers' Qualifications	10
3. Presentation and Answers to Questions	10
4. Overall Proposal and Price	10
5. Team Member Interaction	10

Each Selection Committee member will convert the Maximum Available Point score (cardinal number) for each proposer into an ordinal number designating the ranking (as first, second, or third) of each proposer. For example:

Cardinal Number	Ordinal Number
50	1
45	2
43	3
40	4
36	5
35	6

The ordinal scores from each Selection Committee member for each proposer, will be added together to calculate a total ordinal score. The proposer with the lowest total ordinal score will be ranked highest for award preference. The proposer with the second lowest total ordinal score will be ranked second highest for award preference, and so on, until all proposers are ranked.

Please note that the scores/rankings from the written proposal process are not included in the final ranking for award preference – only the scores/rankings from the Oral Interview process will be used.

Wellington will request approval from Wellington Council to negotiate with the highest ranked firm. In the case where negotiations with the highest ranked firm are unsuccessful, a subsequent request for Council approval to negotiate with the next highest ranked firm will be made and so forth until an agreement can be reached.

24. TECHNICAL SPECIFICATIONS:

GENERAL INFORMATION & BACKGROUND

Wellington seeks a company to offer medical services to employees, retirees and covered dependents covered under Wellington's medical plan to include but not limited to primary care, preventive screenings, health risk assessments, acute and urgent care, immunizations, injections, new hire physicals, exams and screenings (including random and required drug testing), prescriptions, pharmaceutical dispensing, disease management, and primary care case management *through the utilization of a current medical facility, practice, clinic, urgent care center, etc., located within/near Wellington, Palm Beach County, Florida.* As an option, Wellington will provide limited in house space for a doctor or nurse practitioner to

be on site for limited hours with the availability of limited supplies. The primary facility should be able to handle job injury services including initial treatment of work related injuries. Please outline the exclusivity that could be offered to Wellington employees and dependents under this model. Additionally, the ability to provide Health Risk Assessments as well as working with Wellington's existing wellness program to provide educational, intervention and incentive programs is required. The company must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) and Clinical Laboratory Improvement Act (CLIA). Wellington would like staffing to include at least one medical doctor and necessary support staff for the employee and dependent population.

The services will be provided to Wellington employees, retirees, and dependents enrolled in Wellington's health insurance program. Wellington currently offers health insurance through CIGNA Healthcare. Wellington offers employees and their dependents CIGNA HealthCare Open Access coverage and a Health Reimbursement Account (HRA). As of January 1, 2011, enrollment was as follows:

Active Employees

Plan	Employee	Employee + Spouse	Employee + Children	Employee + Family	Total
Open Access	92	26	46	74	238

Retired Employees

Plan	Employee	Employee + Spouse	Employee + Children	Employee + Family	Total
Open Access	4	2		2	8

COBRA Participants

Plan	Employee	Employee + Spouse	Employee + Children	Employee + Family	Total
Open Access	1				1

Attached to this RFP is Wellington's most recent claims experience and utilization reports

<p style="text-align: center;">QUESTIONNAIRE A FIRM QUALIFICATIONS (MODEL B)</p>
--

1. Please include the following information about your firm in your response.
 - a. Qualifications and experience of the proposer, including type of business entity, organizational size, structure and history of the organization, experience in the provision of services, and location of the office that would contract for services to the Client.
 - b. List at least three current contracts for the services described in this questionnaire, indicating the type of entity, the name and telephone number of the public officer in charge of the contract, and the years in which the services have been provided. Were services performed at an on-site facility or in a facility that was dedicated to that particular employer group only?
 - c. Have any contracts been terminated for any reason? If so, please elaborate.
 - d. Key Person Designation – Identify the individual who will have primary responsibility for the contract and ongoing service with the Client and the Gehring Group.
 - e. Claims and Complaint History – List any claims filed against the proposer (or its agents or employees) with the proposer's liability insurance carrier for professional error and omissions, including the nature and resolution of such claims; list all written complaints filed with local, state or federal regulatory agencies, business organizations, or other outside agencies against the proposer or any of its agents or employee within the past five (5) years, together with an explanation of their resolution.
 - f. Any other information that the proposer believes would be helpful to the Client in evaluating the proposer's ability to provide the services described in this questionnaire. Please provide performance results, if available, from current clients, including Return on Investment.
 - g. Financial Statement: Provide the most recent certified business financial statements as of a date not earlier than the end of the Proposer's preceding official tax accounting period, together with a statement in writing, signed by a duly authorized representative, stating that the present financial condition is materially the same as that shown on the balance sheet and income statement submitted, or with an explanation for a material change in the financial condition. In lieu of a financial statement, Proposer shall provide Dunn and Bradstreet rating as evidence of financial ability.
 - h. Describe firm's technology capabilities to maintain patient health records, billing, and performance reporting.

QUESTIONNAIRE B
PRIMARY CARE (MODEL B)

1. How are appointments scheduled?
2. What is the time allowed / allotted for each appointment?
3. Is the appointment scheduling process available online?
4. Describe the types of problems that can be addressed on-site.
5. Will medications be dispensed on-site? If so, please elaborate in the selection process, scope and type to be administered, as well as the cost and/or claims filing process for dispensed medications.
6. How do your providers outreach to a patient and their providers (if applicable) if their illness/disease escalates?
7. How will the clinic providers coordinate and communicate care with existing providers, including primary care physicians and specialists?
8. Will your physician(s) have hospital privileges? Where?
9. Please provide the following information on your proposed medical staff for each position proposed:
 - a. Minimum Qualifications / Experience
 - b. Job Duties for each individual
10. Estimated Hourly Pay Rate(s) Describe the primary care case management process.
11. How is care handled in the event the medical team is not available?
12. How does the medical staff handle emergencies that arise during a patient visit?
13. How will the clinic handle medical staff vacations, illness, etc? As administrator will you provide alternate staffing?
14. How will the clinic coordinate with the Client calendar (i.e. summer break, holidays, etc.)?
15. Describe methods for which patients communicate to medical staff during or after business hours?
16. How does the medical staff communicate with patients (i.e. secure email, telephone call, texting)?
17. Outline how patient complaints are addressed and handled. List protocols.
18. How will your company provide wellness, nutrition, and disease management programs?

19. How will your company provide urgent care services? Include examples of emergency medical conditions which will be treated on site.
20. How will urgent care issues that cannot be treated at the clinic be handled?

<p style="text-align: center;">QUESTIONNAIRE C COMMUNICATION PLAN & MEMBER SERVICES (MODEL B)</p>

Please provide a proposed communication plan for introducing the Client's on-site healthcare and wellness program to the employee population and reference the firm's ongoing communication process to Client staff, retirees & covered dependents. Outline your company's responsibilities in these processes. Please include copies of your educational materials and timelines for distribution.

1. How do you determine locations of service and standard hours of operation for member services?
2. Will you utilize existing resources for clinics? If so, please describe.
3. Can your website be linked with the Client's respective website?
4. Describe your ability to communicate and service an employee population that is geographically dispersed.
Describe your ability to communicate with a bilingual population (Spanish). Provide examples if appropriate.
5. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
6. How can an employee access your company for member services after hours?
7. Are you willing to allow the Client to use its own branding in communication and program materials?
8. Are there associated costs for providing communication materials? If so, please provide.

<p style="text-align: center;">QUESTIONNAIRE D IDENTIFICATION OF HIGH RISK INDIVIDUALS (MODEL B)</p>
--

Understanding there is a variety of methodologies for implementing a HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPAA guidelines.

1. How would your company identify high-risk members (i.e. health risk assessment, member services calls, medical claims data, pharmacy claims data, etc.)?
2. Please describe your methodology for tracking and engaging with high-risk members on an on-going basis.
3. Do you stratify members by severity of risk for complication? Please elaborate.
4. What Health Risk Assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.
5. How often do you recommend distributing the HRA? Is your health risk assessment available both on-line and off-line?
6. Is your HRA available in Spanish (both on-line and off-line)?
7. Describe your organization's ability to export HRA results to an insurance carrier. Describe your ability to import data from an outside HRA vendor.
8. Please describe turnaround time for each of the following areas:
 - a. Providing the HRA results to individuals.
 - b. Contacting individuals for possible interventions.
 - c. Providing each patient with a summary report of the initial HRA results.
 - d. How do providers monitor and motivate patients after completion of HRA?
9. Please describe how your organization would provide a system to assist HRA participants' in completion of their questionnaires and in the interpretation of their personal profile.
10. What level of participation can we expect in years one, two and three of this program?
11. Describe how your organization will set and reach participation goals.
12. Do you recommend using incentives? If so, please describe the incentives your organization recommends.
13. Please describe your plan to involve employees in the HRA process.

14. Please describe your capabilities to update an individual's HRA record.
15. How does your HRA monitor and report individual change from year to year?
16. Describe the process for engaging an individual with a targeted health condition.
17. Describe the process for persons you are unable to reach.
18. Please provide a detailed timeline covering the period from Contract Award/Notice to Proceed through the first day of operation.

<p style="text-align: center;">QUESTIONNAIRE E MEASUREMENT TOOLS & RESULTS (MODEL B)</p>
--

Address how you would propose to review the on-site clinic operation and its effectiveness. This should include standards and measurement criteria for onsite healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

1. How would you propose measuring outcomes and success of the overall program?
2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide to each entity on an ongoing basis.
3. Provide examples of the following, if applicable:
 - a. On-site healthcare activity report
 - b. Member participation
 - c. Member intervention
 - d. Financial summary/savings report
 - e. Management reports online
4. Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
5. Provide all clinical indicators used to track the success of the program and the results, if any, by year since inception of the program. Please include the following, if applicable:
 - a. Program Outcomes
 - b. Utilization Measures (list measures)
 - c. Member Satisfaction
 - d. Changes in the Cost of Care
 - e. Productivity/Absenteeism (list indicators)
6. Describe specifically how records for individuals with both personal health and job injury clinic experience will be managed.

<p style="text-align: center;">QUESTIONNAIRE F HIPAA COMPLIANCE* (MODEL B)</p>
--

1. Is your firm HIPAA compliant?
2. Describe your system for the assurance of personal health data security.
3. Have your network security systems ever been breached? Describe.

**Please note that if any State and/or Local governance supersede Federal law the State and/or Local governance will apply.*

<p style="text-align: center;">QUESTIONNAIRE G PROPOSED PROGRAM COSTS & ESTIMATED SAVINGS (MODEL B)</p>

Proposers are encouraged to provide pricing for item #1 below utilizing the staffing and service hours the proposer sees fit for the client based upon the client's population, hours of operation, and historical utilization. Proposers are also to provide pricing in item #2 utilizing the pricing assumptions provided for comparison purposes.

1. Please include the following in your detailed pricing response:
 - a. Administration fees
 - b. Start-up costs / fees
 - c. Staff costs
 - d. Supply costs, including Health Risk Assessments
 - e. Pharmacy costs (if applicable)
 - f. Facility costs
 - g. Indicate all payment terms and conditions
2. Number of year's baseline fees is guaranteed.
3. Identify services and charges (if any) that would be run through the medical plan.
4. Explain the procedure for adding future clinic/medical staff hours. Will the administration cost increase by adding future hours?
5. Please outline which cost factors would change (e.g. admin fee, staff, etc) under your proposal should the Client elect to allow another entity to utilize the clinic.
6. Please provide a detailed listing of all services included in your administrative fee.
7. Please detail your contract opt-out period and specify if it is with or without cause, or both.
8. Please provide a listing of the top ten supplies your Clinic will stock and the price the Client will pay for each of these supplies.
9. Provide costs for the following services:
 - a. Cholesterol Test
 - b. Blood Sugar Test
 - c. Lab Processing Fees
 - d. Strep Test

- e. Flu Test
 - f. Flu Shot
 - g. Standard X-ray (Fracture)
 - h. Chest X-Ray
 - i. Drug Screening (Qualitative)
 - j. Random Drug Screening
 - k. EKG
 - l. DOT Physical
 - m. Twin Rex shot
 - n. Tetanus/Diphtheria shot
 - o. Blood panel
10. Are laboratory costs run through the medical plan or as a pass through cost?
11. Please provide the cost of an onsite X-ray, audiometer, spirometer, and treadmill with diagnostic equipment for stress testing, and applicable leasing arrangements that can be offered to the Client and any additional associated staff requirements and costs.
12. Please provide a breakdown of potential savings, including medical and prescription drug claims, to the medical plan by offering services through your firm.
13. Address your willingness to enter into a performance guarantee and how the performance criteria and penalties might be defined.
14. Provide a sample of any performance guarantees you have currently offered or have offered to current or prospective clients.
15. Are medical staff rates guaranteed for the length of the contract? If not, please provide details on increases during the contract term.

QUESTIONNAIRE H
COMPLETE FORM (MODEL B)

Proposers are to complete the following form based on proposed pricing. Examples are provided in *red ink* as a suggestion for completion of this form only.

	(Company Name)
Proposed Service Hours	_____ hours
Exclusive to Client Members	Yes / No
Services Included in Admin Fee	
Online Scheduling (Currently available)	Yes / No
24 Hour Resources (e.g. Nurseline, Oncall Dr, etc)	Yes / No
Health Risk Assessments	Yes / No
Online HRA's	Yes / No
Aggregate HRA Reporting	Yes / No
Electronic Medical Records	Yes / No
PharmD Services	Yes / No
Disease/Case Management Programs	Yes / No
Physician/Staff Recruiting	Yes / No
Online Administrative Reports (Client Staff can access)	Yes / No
Workers Comp Reporting (Separate from medical)	Yes / No
Administrative Pricing	<i>Provide administrative pricing format e.g. PEPM, Flat Fee, % of Staff Cost, Etc.</i>
Projected Administrative Costs	
Recommended Medical Staff & Costs (per Section H, question 1)	<i>Provide a listing of staff positions, number of hours for each staff position, and estimated costs.</i>
Will Physicians have Hospital Privileges	Yes / No (include brief explanation if necessary)
Staffing for vacation, illness, etc.	Identify who will provide alternate staffing
Medical Staff Billing	<i>e.g. Pass through, hourly charge, salary, PEPM, etc.</i>
Projected Medical Staff Cost	<i>Include pricing for all staff</i>

Form continues on following page.

Start Up Costs (Estimated)	<i>provide cost</i>
Supply Costs (Estimated – To be used throughout year 1)	<i>provide cost</i>
Initial HRA Cost (Estimated for 1,500 HRA's – if	<i>provide cost</i>

additional charge)	
Prescription Drugs Drugs Supplied	<i>e.g. Generic Formulary, Customized formulary based on utilization, etc.</i>
Prescription Drug Pricing	<i>e.g. Pass through cost, cost plus fee, etc.</i>
Estimated Rx Costs	\$
Fit for Duty / Physicals	<i>e.g. Included in pricing, at additional charge, etc.</i>
X-Ray Machine	<i>Provide estimated purchase cost</i>
Estimated Timeframe for Opening	_____ days
Number of Years fees are guaranteed	_____ years
Annual Cost Increases	<i>Identify any annual cost increases</i>
Contract Term Required by Client	
Contract Opt Out Clause	
Performance Guarantees Included	Yes / No
Number of Primary Care Clinics in Operation	
References (up to 5)	
Optional Services Cost:	
Occupational Health	
Workers' Compensation	
Diagnostic Testing	

25. INSTRUCTIONS FOR SUBMITTING:

Firms shall submit one (1) original and three (3) PDF electronic copies of the RFP submittal in a sealed envelope plainly marked: **“Attention: Purchasing Office, RFP# 032-11/ED - Employee Healthcare Clinic Provider”**. The original submittal shall be organized into tabs listed herein and shall be provided in one three ring binder. Electronic copies (CD's) of the original shall be provided along with the original binder. The original submittal and each CD shall have the firm's name, RFP number and title and date clearly displayed on the cover/label.

Submittal Organization

Tab #1 – Proposal Checklist and Submittal Form

Tab #2 – Drug Free Workplace Form

Tab #3 – Wellington Local Preference Application

Tab #4 – Evidence of Insurance Certification

Tab #5 – Current License(s)/ Certificates of Authorization / Registrations of the firm to perform the applicable services in the State of Florida.

Tab #6 – Vendor Application Form and Electronic Funds Transfer form

Tab #7 - References

Tab #8 – Questionnaire A

Tab #9 – Questionnaire B

Tab #10 – Questionnaire C

Tab #11 – Questionnaire D

Tab #12 – Questionnaire E

Tab #13 – Questionnaire F

Tab #14 – Questionnaire G

Tab #15 – Questionnaire H

26. ADDITIONAL REQUIREMENTS:

The selected firm shall be responsible and responsive to Wellington's requests within the scope of this proposal and shall be guided by the directives of the Wellington Council and Staff. The Firm shall certify all work and work shall be performed in compliance with Florida Statutes. The Firm shall meet with the Wellington Council and Staff for direction, clarification, and updates on the project.

PROPOSAL CHECK LIST

Please check each item and make sure that all required information is included in your Proposal submission. Failure to submit this information may result in your submission being rejected as being a non-responsive and responsible Proposer.

- YES___ NO___ 1. Original and three (3) PDF Electronic copies (CD's)
- YES___ NO___ 2. Proposal Submittal
- YES___ NO___ 3. Acknowledgment of Addendums
- YES___ NO___ 3. Drug Free Workplace
- YES___ NO___ 4. Local Preference Application
- YES___ NO___ 5. Evidence of Insurance Certification
- YES___ NO___ 6. Current Licenses/Certificates of Authorization
- YES___ NO___ 7. Vendor Application/EFT Form
- YES___ NO___ 8. References
- YES___ NO___ 9. Questionnaires A-H (Tabs #8 Through #15)

PROPOSAL SUBMITTAL FORM (TAB #1)

To:
Wellington
12300 W. Forest Hill Boulevard
Wellington, Florida 33414

_____ agrees to provide
(Vendor)
Health Clinic Services to Wellington as defined in this RFP in accordance with the requirements of the Specifications and RFP Documents.

Gentlemen:

The undersigned Proposer has carefully examined the Specifications and Proposal/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and RFP Documents, in the manner prescribed therein and to the standards of quality and performance established by the RFP.

The undersigned agrees to the right of Wellington to hold all Proposals for a period not to exceed ninety (90) days after the date of Proposal opening stated in the RFP.

The undersigned accepts the payment policies specified in the RFP documents.

The undersigned agrees that within fifteen (15) days from the date of acceptance of this Proposal, to execute the agreement and provide the required certificates of insurance.

Dated this _____ day of _____, _____
(Month) (Year)

INDIVIDUAL, FIRM OR PARTNERSHIP

By: _____ / _____
(Signature) (Print name)

Address: _____

Telephone: (____) _____ Fax: (____) _____

Social Security Number or Taxpayer Identification Number: _____

CORPORATION

By: _____ / _____

(Signature)

(Print name)

Address: _____

Telephone: (____) _____ Fax: (____) _____

Taxpayer (EIN) Identification Number: _____

State Under Which Corporation Was Chartered: _____

Corporate President: _____
(Print Name)

Corporate Secretary: _____
(Print Name)

Corporate Treasurer: _____
(Print Name)

CORPORATE SEAL

Attest By: _____
Secretary

ADDENDA RECEIPT VERIFICATION

Proposer acknowledges the receipt of Addenda Nos. _____

DRUG FREE WORKPLACE (TAB#2)

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by Wellington for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. **Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.**
3. Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Vendor's Signature

LOCAL PREFERENCE APPLICATION(TAB#3)

APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY (SECTION 2.12.F OF WELLINGTON'S PURCHASING AND PROCUREMENT MANUAL)

Wellington gives preference to local businesses in certain purchasing situations as set forth in Section 2.12(F) of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Section 2.12.F(2) of Wellington's Purchasing and Procurement Manual:

2.12.F (2) Definition of Local Businesses

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within the Village of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☐ Western Communities Local Business

☐ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: _____

2. The address of the business is: _____
3. How long has the business been located at its current address: _____
4. If the business has relocated within the last six months, please provide the answers to questions 5-7 for the previous location:
5. The previous name of the business is: _____
6. The previous address of the business is: _____
7. How long was this business at the previous location: _____
8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.
9. The business as a local business tax receipt from: (1) Palm Beach County ☐ (2) the following municipality: _____ (3) located in unincorporated Palm Beach County: ☐
10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.
11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.
12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.
13. Please provide a letter from the either the Palm Beach County if located in unincorporated Palm Beach County or the municipality if located within the municipality evidencing that the headquarters for the business is properly zoned for the business.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - _____

Applicants Business Address _____

Signature of Authorized Representative of

Corporation, Partnership, or other business entity:

Print Name: _____

Title: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 2010, by _____
_____ as identification.

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____
(State)

Notary Seal

Signature of Individual if Sole Proprietor:

Print Name: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 2010, by _____
_____ as identification. (Type of Identification)

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____

Notary Seal

(State)

WELLINGTON- VENDOR APPLICATION FORM (TAB #6)

Please return the completed Vendor Application and related forms to the
Wellington's Finance Department at **12300 W. Forest Hill Boulevard.**
Wellington, Florida 33414

You may fill these forms out and return them via e-mail to: apvendors@wellingtonfl.gov

If you need assistance with these forms you can contact us via email at apvendors@wellingtonfl.gov

PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT:

VISA _____ ELECTRONIC FUNDS TRANSFER* _____

Business Name and Classification:

Legal Name:										
DBA:										
Web Address:										
Taxpayer ID # & Type:					EIN			SSN		
Organization Type:					Sole Proprietor				Company	
Classification:	Individual		Corporation				LLC			Partnership

Remittance Information:

Remittance Address:										
City, State, Zip										
Contact Name:										
Phone:										
Fax:										
Email Address:										

*** All vendors who choose the Electronic Funds Transfer Option must attach the accompanying EFT Authorization Form.**

ELECTRONIC FUNDS TRANSFER FORM (TAB #6)

Note: Vendors will be paid by electronic funds transfers (EFT) directly to their bank accounts; therefore, a copy of a voided check must be attached at the bottom.

Vendor Name:
Vendor Address:
City:
State, Zip:
Authorized Signatory:
Email Address:
Taxpayer ID Number or Social Security Number:

I (we) hereby authorize the VILLAGE OF WELLINGTON, hereinafter called the WELLINGTON, to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to my (our) account:

Bank Name:				
Bank Address:				
City:				
State, Zip:				
BK/Transit/ABA/NO:				
Account Number:				
Account Type:	Checking		Saving	

This authority is to remain in full force and effect until WELLINGTON has received written notification from our company or authorized representative of the company of its termination in such time and in such manner, as to afford WELLINGTON and the financial institution(s) named above a reasonable opportunity to act on it.

Please tape (do not staple) voided check or saving deposit slip

Here

Account Payable will return forms without a voided slip bearing your Financial Institution's routing and account number for new direct deposits.

REFERENCE FORM (TAB #7)

COMPANY NAME, ADDRESS, CITY, STATE, ZIP PHONE & FAX NUMBER		
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:

Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:

EXHIBIT "D"
MD Now's Proposal

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be a single name.



**Request for Proposal
Employee Healthcare Provider
RFP# 032-11/ED**

Presented by



2007 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Phone: (561) 420-8555
Fax (561) 420-8550

April 20, 2011

Welcome to MD NOW MEDICAL CENTERS



**We look forward to serving
Wellington, Florida**

PROPOSAL CHECK LIST

Please check each item and make sure that all required information is included in your Proposal submission. Failure to submit this information may result in your submission being rejected as being a non-responsive and responsible Proposer.

- YES ☒ NO ☐ 1. Original and three (3) PDF Electronic copies (CD's)
- YES ☒ NO ☐ 2. Proposal Submittal
- YES ☒ NO ☐ 3. Acknowledgment of Addendums
- YES ☒ NO ☐ 3. Drug Free Workplace
- YES ☒ NO ☐ 4. Local Preference Application
- YES ☒ NO ☐ 5. Evidence of Insurance Certification
- YES ☒ NO ☐ 6. Current Licenses/Certificates of Authorization
- YES ☒ NO ☐ 7. Vendor Application/EFT Form
- YES ☒ NO ☐ 8. References
- YES ☒ NO ☐ 9. Questionnaires A-H (Tabs #8 Through #15)

PROPOSAL SUBMITTAL FORM (TAB #1)

To:
Wellington
12300 W. Forest Hill Boulevard
Wellington, Florida 33414

MD NOW Medical Centers, Inc

agrees to provide

(Vendor)

Health Clinic Services to Wellington as defined in this RFP in accordance with the requirements of the Specifications and RFP Documents.

Gentlemen:

The undersigned Proposer has carefully examined the Specifications and Proposal/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and RFP Documents, in the manner prescribed therein and to the standards of quality and performance established by the RFP.

The undersigned agrees to the right of Wellington to hold all Proposals for a period not to exceed ninety (90) days after the date of Proposal opening stated in the RFP.

The undersigned accepts the payment policies specified in the RFP documents.

The undersigned agrees that within fifteen (15) days from the date of acceptance of this Proposal, to execute the agreement and provide the required certificates of insurance.

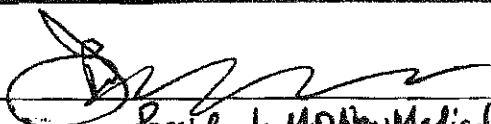
Dated this 29 day of March, 2011
(Month) (Year)

By: _____ / _____
(Signature) (Print name)

Address: _____

Telephone: (____) _____ Fax: (____) _____

Social Security Number or Taxpayer Identification Number: _____

By:  / Peter Lamelas, MD, MBA
President, MDNow Medical Centers Dec 15

(Signature)


(Print name)

Address: 2007 Palm Beach Lakes Blvd
West Palm Beach, FL 33409

Telephone: (561) 420-8555 Fax: (561) 420-8550

Taxpayer (EIN) Identification Number: 01-0790511

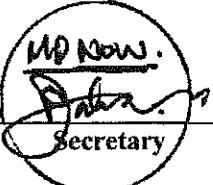
State Under Which Corporation Was Chartered: Florida

Corporate President:  Peter Lamelas MD, MBA.
(Print Name)

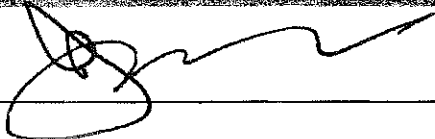
Corporate Secretary: _____
(Print Name)

Corporate Treasurer: _____
(Print Name)

CORPORATE SEAL

Attest By: 
Secretary

ADDENDA RECEIPT VERIFICATION

Proposer acknowledges the receipt of Addenda Nos. 

Council

Darell Bowen, Mayor
Matt Willhite, Vice Mayor
Dr. Carmine A. Priore, Mayor pro tem
Howard K. Coates, Jr., Councilman
Anne Gerwig, Councilwoman

Manager

Paul Schofield

RFP #032-11/ED

Title Employee Healthcare Clinic Provider

Bid Opening Date: April 20, 2011

Addendum Date: April 7, 2011

Addendum #1

The Selection Committee date has been changed from May 16, 2011 at 10:00 AM to May 10, 2011 at 10:00 AM local time.

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.

QUESTIONS AND ANSWERS:

 **Peter Lamer MD MBA**

Signature of Bidder Acknowledging Receipt of
Addendum No. (01) One to be attached in front of Bid


VILLAGE OF WELLINGTON

DRUG FREE WORKPLACE (TAB#2)

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by Wellington for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. **Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.**
3. Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Vendor's Signature
Peter Lameelas MD MBA

LOCAL PREFERENCE APPLICATION(TAB#3)

APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY (SECTION 2.12.F OF WELLINGTON'S PURCHASING AND PROCUREMENT MANUAL)

Wellington gives preference to local businesses in certain purchasing situations as set forth in Section 2.12(F) of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Section 2.12.F(2) of Wellington's Purchasing and Procurement Manual:

2.12.F (2) Definition of Local Businesses

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within the Village of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☒ Western Communities Local Business

☒ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: MD Now Walk-In Medical Center

2. The address of the business is: 11511 Southern Blvd, Ste 4; Royal Palm Beach, FL 33411

3. How long has the business been located at its current address: _____

4. If the business has relocated within the last six months, please provide the answers to questions 5-7 for the previous location:

5. The previous name of the business is: n/a

6. The previous address of the business is: n/a

7. How long was this business at the previous location: n/a

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☒ (2) the following municipality: Royal Palm Beach (3) located in unincorporated Palm Beach County: ☐

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

13. Please provide a letter from the either the Palm Beach County if located in unincorporated Palm Beach County or the municipality if located within the municipality evidencing that the headquarters for the business is properly zoned for the business.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 01-0790511

Applicants Business Address 11511 Southern Blvd, Ste 4; Royal Palm Beach, FL 33411

Signature of Authorized Representative of

Corporation, Partnership, or other business entity:

Print Name: Peter Camelas, MD, MBA

Title: CEO/Medical Director

Date: March 29, 2009

CITY OF: Royal Palm Beach

COUNTY OF: Palm Beach

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 15 day of April, 2011, by Peter Lamelas, MD. He/She is personally known to me or has presented _____ as identification.

Amy Kovach
(Signature of Notary)

Amy Kovach
(Print or Stamp Name of Notary)



AMY M. KOVACH
MY COMMISSION # DD B42345
EXPIRES: December 2, 2012
Bonded Thru Budget Notary Services

Notary Public Florida
(State)

Notary Seal

Signature of Individual if Sole Proprietor:

Print Name: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 2010, by _____ He/She is personally known to me or has presented _____ as identification. (Type of Identification)

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____

Notary Seal

(State)



CERTIFICATE OF LIABILITY INSURANCE

OP ID SN

DATE (MM/DD/YYYY)

06/28/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Florida, Inc Suite 400 1401 Forum Way West Palm Beach FL 33401 Phone: 561-686-2266 Fax: 561-686-2313	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MDNOW01
INSURED MD Now Medical Centers, Inc. Silver Sun Development Corp Dr. Peter Lamelas 2007 Palm Beach Lakes Blvd West Palm Beach FL 33409	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Ins. Co. + NAC # 19682 INSURER B: Hartford Casualty Ins Co + 29424 INSURER C: Sentinel Insurance Co+ 11000 INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


TYPE OF INSURANCE	ADDL. SUBR. INSR. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY A <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		21UUNNF5832	06/25/10	06/25/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
AUTOMOBILE LIABILITY C <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		21UUNNF5832	06/25/10	06/25/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		21XHUNF5515	06/25/10	06/25/11	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*10 Days Notice of Cancellation for Non-Payment of Premium.
Locations: 4570 Lantana Road, Lake Worth, FL 33463, 11551 Southern Blvd, Royal Palm Beach, FL 33411, 7035 Beracasa Way, Boca Raton, FL 33433
9060 N Military Trail, Palm Beach Gardens, FL 33410, 2007 Palm Beach Lakes Blvd, WPB, FL 33409, and 2272 N Congress Ave, Boynton Bch, FL

CERTIFICATE HOLDER

CANCELLATION

MDNOW01 MD Now Medical Centers, Inc. 4570 Lantana Road Lake Worth FL 33463	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/13/10
Certificate ID: 182257

PRODUCER Aon Risk Services, Inc. of FL 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937 Phone: 800-743-8130 Fax: 800-522-7514	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED ADP TotalSource FL XI, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER MD Now Medical Center, Inc. 2007 Palm Beach Lakes Blvd West Palm Beach, FL 33409	<table border="1"><tr><th>INSURERS AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Illinois National Insurance Co</td><td>23617</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Illinois National Insurance Co	23617	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Illinois National Insurance Co	23617												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS														
	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$		\$
EACH OCCURRENCE	\$																			
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	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
	\$																			
	\$																			
A		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If Yes, describe under SPECIAL PROVISIONS below	WC 058339950 FL	07/01/10	07/01/11	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ \$2,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ \$2,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ \$2,000,000</td></tr></table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ \$2,000,000	E.L. DISEASE - EA EMPLOYEE	\$ \$2,000,000	E.L. DISEASE - POLICY LIMIT	\$ \$2,000,000						
<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER																				
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E.L. DISEASE - EA EMPLOYEE	\$ \$2,000,000																			
E.L. DISEASE - POLICY LIMIT	\$ \$2,000,000																			
		OTHER																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
All worksite employees working for the above named client company, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. The above named client is an alternate employer under this policy.

CERTIFICATE HOLDER
MD NOW MEDICAL CENTER, INC.
4570 LANTANA ROAD
LAKE WORTH, FL 33463

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc. of FL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/1/2011

PRODUCER (602)230-8200 FAX: (602)230-8207

The Wood Insurance Group, Inc.

4835 East Cactus Road

Suite 440

Scottsdale AZ 85254

INSURED

MD Now Medical Centers Inc.

2007 Palm Beach Lakes Blvd

West Palm Beach FL 33410

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: FPIC Insurance Group, Inc.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHERMed Prof Liability Claims Made	CL099446 Retro Date: 02/01/2005	2/1/2011	2/1/2012	See Below for Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

SEE ATTACHED LIST FOR COVERED PROVIDERS

\$250,000 Per Medical Incident / \$750,000 Per Phys/Corp Aggregate / \$3,000,000 Group Aggregate

Coverage is extended to all locations where professional service is rendered with respects to the operations of the named insured.

CERTIFICATE HOLDER

No Certificate Holder

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

David Wood/PSP

ACORD 25 (2009/01)

INS025 (200901)

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INSURANCE BINDER

OP ID: RA

DATE (MM/DD/YYYY)

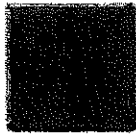
04/14/2011

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CLARKE MARINE INSURANCE 245 FISCHER AVENUE, SUITE D-8 COSTA MESA, CA 92626		COMPANY Evanston Insurance Co		BINDER # 5957
PHONE (A/C, No, Ext): 714-444-2679 FAX (A/C, No): 714-444-0176		DATE EFFECTIVE TIME		EXPIRATION DATE TIME
CODE:		04/21/11 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		08/21/11 <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
AGENCY CUSTOMER ID: AIDAR-1 INSURED AIDAREX Pharmaceuticals, LLC 595 N. Smith Street, Unit B Corona CA 92880		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) PRODUCTS LIABILITY POLICY #SP-851890		

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE \$5,000 T <input type="checkbox"/> TRIA INCLUDED	RETRO DATE FOR CLAIMS MADE: 04/21/08	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 5,000,000 \$ 100,000 \$ EXCLUDED \$ 5,000,000 \$ 5,000,000 \$ 5,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$ \$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES BINDER IS ISSUED PER REVISED PROPOSAL DATED 4-12-11 and SUBJECT TO THE TERMS, CONDITIONS & EXCLUSIONS OF THE EVANSTON POLICY.				

NAME & ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	



THE WOOD
INSURANCE
GROUP

MD Now Medical Centers, Inc.
Policy #CL099446 - Effective 02/01/2011 – 02/01/2012
Active Locations List as of 02/01/2011

Locations:	Retroactive Date	Termination Date
4570 Lantana Road Lake Worth, Florida 33463	02/01/2005	
11551 Southern Blvd., Suite 4 Royal Palm Beach, Florida 33411	11/01/2006	
7035 Beracasa Way, Suite 105 Boca Raton, Florida 33433	03/01/2008	
9060 North Military Trail Palm Beach Gardens, Florida 33410	08/22/2008	
2272 North Congress Avenue Boynton Beach, Florida 33426	10/05/2009	
2007 Palm Beach Lakes Blvd West Palm Beach, Florida 33410	12/01/2009	

3892722

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/24/2010	60 3449	4046

HEALTH CARE CLINIC ESTABLISHMENT

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.

12 NORTH CONGRESS AVENUE

MYNTON BEACH, FL 33426

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 3892722
DATE 04/24/2010
LICENSE NO. 60 3449
CONTROL NO. 4046

The HEALTH CARE CLINIC ESTABLISHMENT
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.

LICENSEE SIGNATURE



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **MARCH 31, 2012**

If license number is **60 3449**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of licensee's current mailing address and practice location address. Use this section to report mailing address changes.

To request a name change or practice location address change, submit a Drugs, Devices, and Cosmetics Program, Change of Address or Name form and required fee in the form of a cashier's check or money order, payable to the Department of Health. Go to www.doh.state.fl.us/pharmacy to find out more.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to update your mailing address.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login".
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of **\$25.00**. Now that you have your license, make sure you keep it. Go to www.doh.state.fl.us/mqa/evold.html to find out more.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

AC#3847564

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
03/24/2010	60 3435	3943

The **HEALTH CARE CLINIC ESTABLISHMENT** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**
MD NOW MEDICAL CENTERS INC.
7035 BERECA SA WAY #105
BOCA RATON, FL 33433

AC# 3847564

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/24/2010	60 3435	3943


The **HEALTH CARE CLINIC ESTABLISHMENT** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.

LICENSEE SIGNATURE



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **MARCH 31, 2012**

Your license number is **60 3435**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. Use this section to report mailing address changes.

To request a name change or practice location address change, submit a Drugs, Devices, and Cosmetics Program, Change of Address or Name form and required fee in the form of a cashier's check or money order, payable to the Department of Health. Go to www.doh.state.fl.us/pharmacy to find out more.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to update your mailing address.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password here (Account ID and Password are case sensitive) Account ID: **mdnowin1** Password: **1oX3zSP3**
Where '1' is number ONE and 'o' is lowercase letter 'O'.
6. Click on Login

Your opinion is important to us. To help us continue to improve our customer service, please take a moment to complete our online survey about the kind of service we provided you in obtaining your license. <http://www.doh.state.fl.us/mqa/surveys/new-lic.htm> Thank you for helping us better serve you and our other customers.

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**MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320**

AC#3847565

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
03/24/2010	60 3434	3942

The **HEALTH CARE CLINIC ESTABLISHMENT** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**
MD NOW MEDICAL CENTERS INC.
4570 LANTANA RD
LAKE WORTH, FL 33463

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE			AC#	3847565
DATE	LICENSE NO.	CONTROL NO.		
03/24/2010	60 3434	3942		

The **HEALTH CARE CLINIC ESTABLISHMENT** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**
MD NOW MEDICAL CENTERS INC.



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **MARCH 31, 2012**

Your license number is **60 3434**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. Use this section to report mailing address changes.

To request a name change or practice location address change, submit a Drugs, Devices, and Cosmetics Program, Change of Address or Name form and required fee in the form of a cashier's check or money order, payable to the Department of Health. Go to www.doh.state.fl.us/pharmacy to find out more.

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1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password here (Account ID and Password are case sensitive) Account ID: **mdnowin3** Password: **MdF48x64**
Where 'o' is lowercase letter 'O'.
6. Click on Login

Your opinion is important to us. To help us continue to improve our customer service, please take a moment to complete our online survey about the kind of service we provided you in obtaining your license. <http://www.doh.state.fl.us/mqa/Surveys/new-lic.htm> Thank you for helping us better serve you and our other customers.

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**MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320**

AC#3852055

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
03/27/2010	60 3451	3961

The **HEALTH CARE CLINIC ESTABLISHMENT** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**
MD NOW MEDICAL CENTERS INC.
9060 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/27/2010	60 3451	3961

AC# 3852055

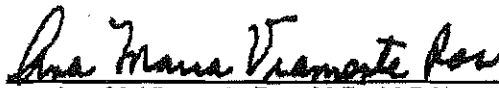
The **HEALTH CARE CLINIC ESTABLISHMENT** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.

LICENSE SIGNATURE



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: MARCH 31, 2012

Your license number is **60 3451**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. Use this section to report mailing address changes.

To request a name change or practice location address change, submit a Drugs, Devices, and Cosmetics Program, Change of Address or Name form and required fee in the form of a cashier's check or money order, payable to the Department of Health. Go to www.doh.state.fl.us/pharmacy to find out more.

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2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password here (Account ID and Password are case sensitive) Account ID: **mdnowin4** Password: **Uxm4ZFR9**
Where 'o' is lowercase letter 'O'.
6. Click on Login

Your opinion is important to us. To help us continue to improve our customer service, please take a moment to complete our online survey about the kind of service we provided you in obtaining your license. <http://www.doh.state.fl.us/mqa/Surveys/new-lic.htm> Thank you for helping us better serve you and our other customers.

To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of **\$25.00**. Now that you have your license, make sure you keep it. Go to www.doh.state.fl.us/mqa/avoid.htm to find out more.

**MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320**

C# 3892721

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/24/2010	60 3451	4047

HEALTH CARE CLINIC ESTABLISHMENT

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.
551 SOUTHERN BLVD
PALM BEACH, FL 33411

STATE OF FLORIDA	AC#	3892721
DEPARTMENT OF HEALTH		
DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
04/24/2010	60 3451	4047

The HEALTH CARE CLINIC ESTABLISHMENT
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **MARCH 31, 2012**

Your license number is **60 3451**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of
a licensee's current mailing address and practice location address. Use this section to report mailing address changes.

To request a name change or practice location address change, submit a Drugs, Devices, and Cosmetics Program, Change of Address or Name form and required fee in the
form of a cashier's check or money order, payable to the Department of Health. Go to www.doh.state.fl.us/pharmacy to find out more.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to update your mailing address.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login".
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of **\$25.00**. Now that you have your
license, make sure you keep it. Go to www.doh.state.fl.us/mqa/avoid.html to find out more.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

AC# 3827863

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/06/2010	60 3359	3852

The HEALTH CARE CLINIC ESTABLISHMENT

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2012**

MD NOW MEDICAL CENTERS INC.

2007 PALM BEACH LAKES BOULEVARD
WEST PALM BCH, FL 33409

STATE OF FLORIDA	AC#	3827863
DEPARTMENT OF HEALTH		
DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
03/06/2010	60 3359	3852

The HEALTH CARE CLINIC ESTABLISHMENT

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date:

MARCH 31, 2012

MD NOW MEDICAL CENTERS INC.

LICENSEE SIGNATURE

Charlie Crist

Charlie Crist
GOVERNOR

Ana M. Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

WELLINGTON- VENDOR APPLICATION FORM (TAB #6)

Please return the completed Vendor Application and related forms to the
Wellington's Finance Department at 12300 W. Forest Hill Boulevard.
Wellington, Florida 33414

You may fill these forms out and return them via e-mail to: apvendors@wellingtonfl.gov

If you need assistance with these forms you can contact us via email at apvendors@wellingtonfl.gov

PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT:

VISA _____ ELECTRONIC FUNDS TRANSFER* ✓

Business Name and Classification:

Legal Name:	MD Now Medical Centers Inc.						
DBA:							
Web Address:	www.mymdnw.com						
Taxpayer ID # & Type:	010790511	EIN	✓	SSN			
Organization Type:			Sole Proprietor		Company		
Classification:	Individual	Corporation	✓	LLC		Partnership	

Remittance Information:

Remittance Address:	2007 Palm Beach Lakes Blvd.
City, State, Zip	West Palm Beach, FL 33409
Contact Name:	Judy Opdam
Phone:	561-420-8555
Fax:	561-420-8550
Email Address:	billing@mymdnw.com

* All vendors who choose the Electronic Funds Transfer Option must attach the accompanying EFT Authorization Form.

ELECTRONIC FUNDS TRANSFER FORM (TAB #6)

Note: Vendors will be paid by electronic funds transfers (EFT) directly to their bank accounts; therefore, a copy of a voided check must be attached at the bottom.

Vendor Name:
Vendor Address:
City:
State, Zip:
Authorized Signatory:
Email Address:
Taxpayer ID Number or Social Security Number:

I (we) hereby authorize the VILLAGE OF WELLINGTON, hereinafter called the WELLINGTON, to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to my (our) account:

Bank Name:	PNC Bank		
Bank Address:	205 Datura St.		
City:	West Palm Beach		
State, Zip:	FL	33401	
BK/Transit/ABA/NO:	267 084 199		
Account Number:	1202281546		
Account Type:	Checking	<input checked="" type="checkbox"/>	Saving

This authority is to remain in full force and effect until WELLINGTON has received written notification from our company or authorized representative of the company of its termination in such time and in such manner, as to afford WELLINGTON and the financial institution(s) named above a reasonable opportunity to act on it.

Please tape (do not staple) voided check or saving deposit slip

Here

Account Payable will return forms without a voided slip bearing your Financial Institution's routing and account number for new direct deposits.

ELECTRONIC FUNDS TRANSFER FORM (TAB #6)

Please note that a voided check for Electronic Funds Transfer will be provided upon reward of contract.

REFERENCE FORM (TAB #7)

COMPANY NAME, ADDRESS, CITY, STATE, ZIP PHONE & FAX NUMBER			
Company Name: School District of Palm Beach County			
Address: 3370 Forest Hill Blvd, Ste A-103, West Palm Beach, FL 33406			
Contact Name: Alice Herrera			
Phone: 561-434-8677	Fax: 561-434-8467	E-Mail: herreraal@palmbeach.k12.fl.us	
Company Name: Ritz Carlton - Manalapan			
Address: 100 South Ocean Blvd, Manalapan, FL 33462			
Contact Name: Melanie Marks-Ginsburg			
Phone: 561-533-6000	Fax: 561-540-4911	E-Mail: melanie.marks-ginsburg@ritzcarlton.com	
Company Name: Healthcare District of Palm Beach County			
Address: 324 Datura St, Ste 401, West Palm Beach, FL 33401			
Contact Name: Randy Karson			
Phone: 561-804-5600 x5501	Fax: 561-802-3756	E-Mail: rkarson@hcdpbc.org	
Company Name: PGA National Resort & Spa			
Address: 400 Avenue of the Champions, Palm Beach Gardens, FL 33418			
Contact Name: Lois Romano-Claypoole or Lori Tomlin			
Phone: 561-227-2523	Fax: 561-625-6204	E-Mail: lori.tomlin@pgaresort.com	

Company Name: Hospice of Palm Beach County			
Address: 5300 East Ave, West Palm Beach, FL 33407			
Contact Name: Van Campbell			
Phone: 561-227-5252	Fax: 561-227-5143	E-Mail: vcampbell@hpbc.com	
Company Name: Walgreens Distribution Center			
Address: 15998 Walgreens Dr, Jupiter, FL 33478			
Contact Name: Damian Tater			
Phone: 561-493-7760	Fax: 561-793-7899	E-Mail: damian.tater@walgreens.com	

April 20, 2010

RFP# 032-11/ED
Wellington Purchasing Division
Attn: Ed DeLa Vega
12300 W Forest Hill Blvd
Wellington, FL 33414

Thank you for the opportunity to submit the RFP# 032-11/ED for the Wellington Employee Healthcare Provider. MD NOW truly appreciates the time expended in outlining the specific requirements of such a program and is honored to have the opportunity to be part of a comprehensive medical service for your employees.

In the attached pages you will find detailed information as to the advantage of accessing MD NOW Medical Centers, as a Healthcare provider for the City of Wellington employees. MD NOW is assured and determined that they will satisfy all requirements of the stated RFP in an efficient and professional manner. The Questionnaire within the subsequent pages will provide detail of the key components of the MD NOW Proposal:

- A comprehensive medical facility located at 11551 Southern Boulevard will serve as the primary healthcare facility, and is within close proximity to, the City of Wellington.
 - Center Administrator will be directly responsible for managing this contract
- Wellington employees will have access to our entire network of six (6) "state of the art" comprehensive medical facilities from Palm Beach Gardens to Boca Raton, Florida, providing a wider range of area coverage. MD NOW is available for medical services to Wellington employees seven days a week, 365 days a year, 8:00 am - 8:05 pm, evenings, weekends, holidays, and select after-hours services.
- Dedicated Team of Certified and experienced Healthcare Professionals including Occupational, Internal Medicine, Emergency Medicine and Family Practice Physicians, Certified Nurse Practitioners, Physical Therapists, Physical Therapist Assistants and Medical Assistants.
 - Physician directed comprehensive community healthcare services
 - Specifically assigned care management team and support staff
- "One stop-shopping" – Providing contracted healthcare, urgent and primary care, wellness, workers comp injury management, occupational medical and physical therapy services and coordinated diagnostic imaging on a priority basis all under one roof.
- Medical supplies and select generic prescription drug dispensing will be provided onsite.
 - Can make arrangements for mail-order pharmacy, as necessary
- Patient information will be electronically documented, maintained and readily available with advanced technology Healthcare EMR Software throughout our entire network of facilities, including an online Health Risk Assessment and Patient Portal.

- Direct Communication regarding scheduling employee visits will be available on a priority basis in both an electronic format (Online and/or email) and/or personal interaction with staff.
- Standardized policy and procedures throughout the entire organization which will include Medical Outcomes/Surveillance Reporting, as needed.
- Centralized "in house" billing office with specific point of contact for all billing questions or concerns.
- Custom-tailored medical services to meet the specific needs of the City of Wellington.
- A simple "all inclusive" flat per visit fee for comprehensive primary care and urgent care that is delivered at our medical centers.
- Coordinated Occupational / Work-related injury care as per state of Florida guidelines.
- Discounted diagnostic imaging provided as a pass-through to the City

MD NOW is committed to partnering with Wellington to "tailor make" and implement a comprehensive Medical and Healthcare Program for its employees.

As the Medical Director, I have long standing and well established relationships with the medical community, having lived in Palm Beach County since 1975. In MD NOW Medical Centers, I have created a "center of excellence" for the delivery of healthcare in Palm Beach County and have put together an experienced and credentialed team of healthcare professionals who are eager for the opportunity to serve Wellington.

Thank you again for providing the opportunity to work with Wellington in developing this benefit for their employees and families. Please do not hesitate to contact me directly with any questions, take a tour of our beautiful facility or meet any of our wonderful medical providers. Please also take a moment to visit our website at; www.MyMDNow.com .

MD NOW looks forward to serving the employees and administration of Wellington.

Sincerely,

Peter Lamelas, MD, MBA, FACEP, FAAEP
 Medical Director, MD NOW Medical Centers, Inc.
 2007 Palm Beach Lakes Blvd
 West Palm Beach, FL 33409
 Tax ID 01-079051
 Ofc: 561-420-8555
 Fax: 561-420-8550
 Cell: 561-685-4425

Scope of Services:

MD Now shall provide all of the services listed below:

I. Standard Services

- a. Scheduled regular primary care office visits ¹**
- b. Scheduled Wellness visits**
- c. Health Risk Assessment & Wellness Exam (CLIA waived testing. Included in proposal as noted below) ¹**
 - Computerized HRA and Biometric Testing Patient Profile
 - Physical Exam
 - Lipids
 - Glucose
 - EKG
 - CXR
 - Spirometry
 - BMI, Height, Weight, Waist Circum., Etc.
 - Pulse Oximetry and Vital Signs
 - Send out testing (CBC, CMP, TSH, HA1C, Hgb/Hcf) ³
 - Other
- d. Urgent care visits (includes usual and customary services provided at all of our centers) & the following tests and treatments: ¹**
 - Digital X-Rays
 - Visual Acuity
 - Ear Lavage
 - Nebulizer Treatments
 - IV Hydration
 - Selected IV/IM Medications
 - Laceration Repairs and Wound Care
 - Initial Fracture Treatment (splinting and immobilization)
 - Abscess & Wound Treatment
 - Trigger Point Injections & Joint Aspirations
 - Simple Foreign Body Removal of Eye, Skin, etc.
 - Lesion Removal (biopsy)
 - Simple Burn Treatment
 - Foreign Body Removal
 - Acute Pain Treatment
 - Blood draws and Urine sample collections

e. CLIA Waived Testing (in office testing included) ¹

- Influenza Test
- Strep Test
- Monospot
- Pregnancy Test
- Urinalysis
- Hemocult
- Pulse Oximetry
- Glucose Testing
- Other

f. Send out Labs (Blood Work & Cultures) ³

- Send out labs available STAT (same day) or next day
- Billed separately to Wellington or Insurance carrier by lab company
- MD Now can contract with lab company for any send out lab testing and invoice Wellington at a discounted cost

II. Optional Services

- a. Occupational medicine visits; such as pre-employment drug screens, PPD/Chest X-ray, Audiometry, BAT, Spirometry, Titmus eye testing and other exams performed on site at pre-negotiated discount cost. ²**
- b. Will provide pre-negotiated diagnostic ultrasound service for selected patients, as appropriate. ⁴**
 - Echocardiogram
 - Carotid Artery Ultrasound
 - Ultrasound (Doppler, abdomen, and pelvis)
- c. Stress Testing (treadmill) ^{2,4}**
- d. Discounted Diagnostic Imaging (MRI, CT Scans, etc.) ⁴**

¹ Included in all inclusive flat fee

² Contracted Occupational Medical services (pre-negotiated discount pricing)

³ Discounted pricing to be negotiated & invoiced to Wellington directly by MD Now, or to Wellington's insurance carrier by an outside lab company.

⁴ MD Now has pre-negotiated Ultrasound and MRI Imaging discounted to 70% of the Medicare Fee Schedule or 25% off of Cigna's current fee schedule, as approved. We will work to obtain other negotiated discounted pricing as may be required and pass through those savings to the City of Wellington.

Questionnaire A: Firm Qualifications

1. Please include the following information about your firm in the response.

a. Qualifications and experience of the proposer, including type of business entity, organizational size, structure and history of the organization, experience in the provision of services, and location of the office that would contract for services to the Client.

Firm Qualifications

MD NOW Urgent Care Medical Center, Inc is a physician-owned medical services (subchapter S) corporation, comprised of multiple comprehensive and fully integrated medical centers that have enjoyed an excellent reputation in our community since breaking ground with our Lake Worth facility in December of 2004. Since opening seven years ago, MD Now has grown substantially and, as a result, has created approximately 225 new jobs for the residents of Palm Beach County. Honored to have received two Community Block Development Grants for job creation, MD Now has quickly grown to be the largest provider of both Urgent Care and Occupational Healthcare services in Palm Beach County. MD Now is well financed, fiscally stable and continues creating additional employment opportunities by further expanding its facilities and services. In addition to on-site ultrasound imaging and physical therapy services are also available in the Wellington/Royal Palm Beach, West Palm Beach and Boynton Beach facilities.

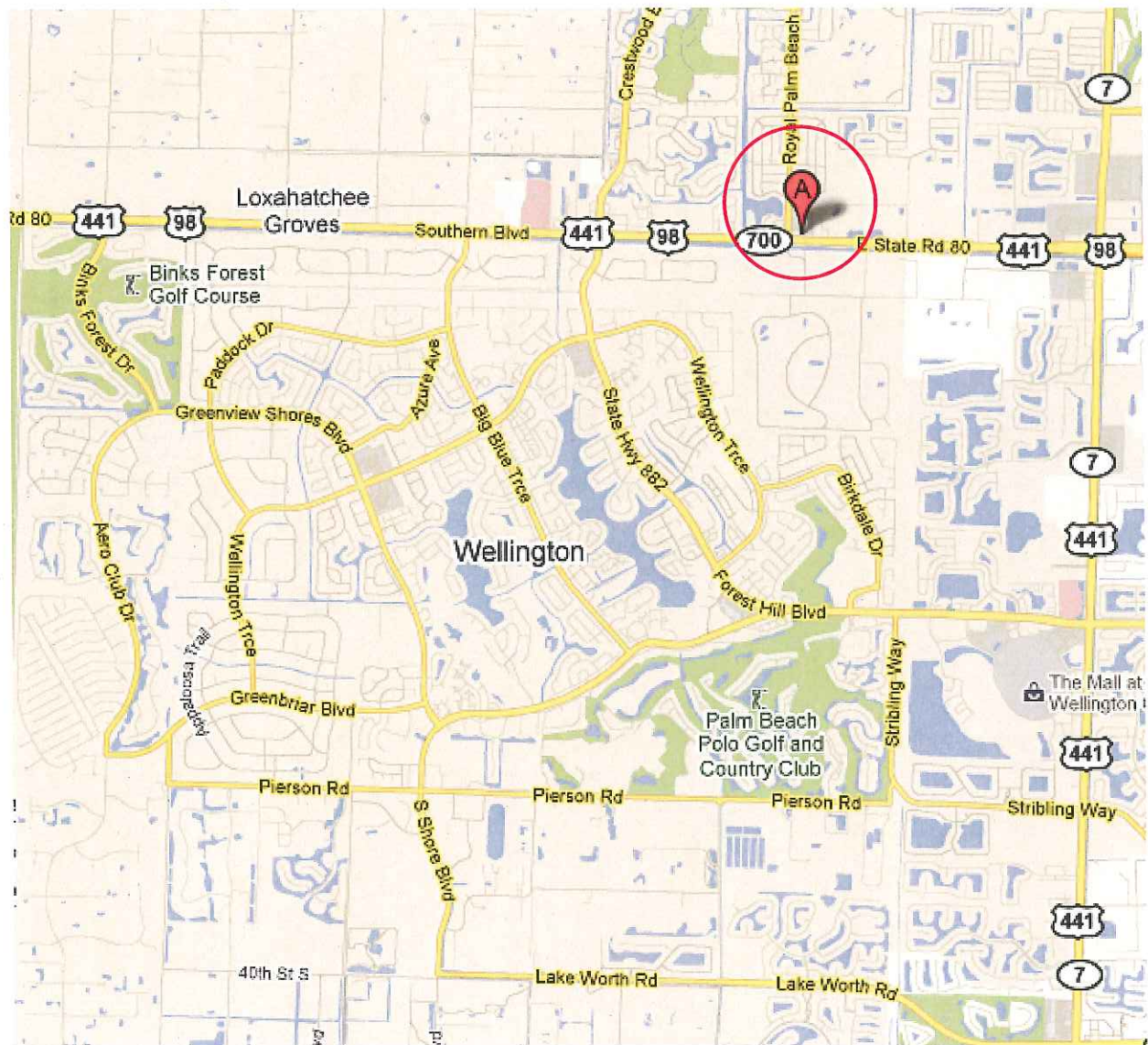
The MD Now Medical Team is comprised of local physician and medical providers trained and certified in such multidisciplinary specialties as family practice, occupational and emergency medicine. Currently, there are 28 medical providers, comprised of Medical Doctors (MD), Doctors of Osteopathy (DO), Nurse Practitioners (ARNP), Physician's Assistants (PA-C) and Physical Therapists (PT). In addition, there are approximately 200 employees currently performing clinical and administrative duties ranging from management, reception, medical assistance, billing, business development, case management and maintenance.

Since our inception, MD Now has maintained a focus on providing fast and affordable service, while maintaining the highest levels of professionalism and customer service. On average, patients in our facilities are seen, treated and released, in less than 1 hour (most within 45 minutes or less) of presentation for all their medical needs. This includes, but is not limited to, medical, illness and injury care, primary care, occupational healthcare, physical exams, drug screens, testing and immunizations, etc; from Pediatrics to Geriatrics and including women's issues.

Our proposed main Wellington facility is conveniently located on the border of Wellington and Royal Palm Beach on the Southwest corner of Royal Palm Beach Boulevard and Southern Boulevard. The facility is open from 8a – 8p everyday of the year (7-days a week, 365 days per year, also including all weekends and holidays).

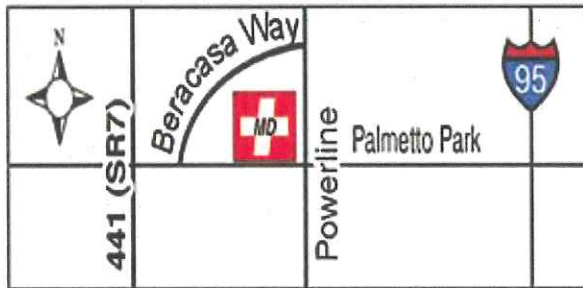
Wellington/Royal Palm Beach Medical Center

MD Now Medical Centers, Inc
11551 Southern Blvd, Ste 4
Royal Palm Beach, FL 33411

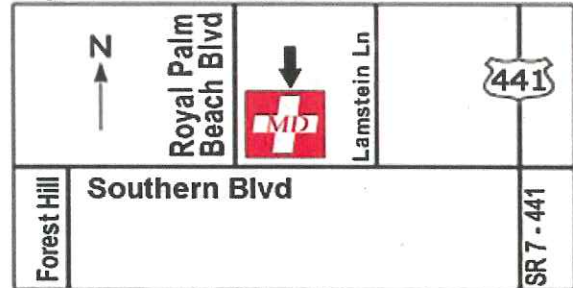


In addition, medical services will be provided to the City of Wellington employees in each of our facilities located throughout Palm Beach County (See List Below) to enhance the convenience of services provided by MD Now:

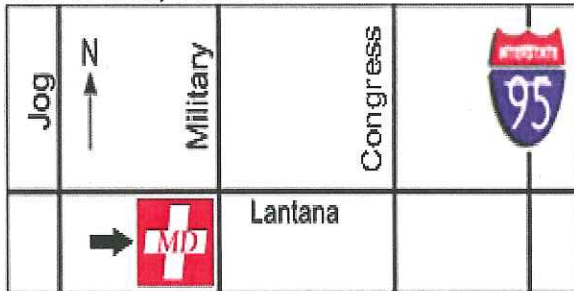
MD Now Urgent Care (Boca Raton)
7035 Beracasa Way, Ste 105
Boca Raton, FL 33433



MD Now Urgent Care (Royal Palm Beach)
11551 Southern Blvd, Ste 4
Royal Palm Beach, FL 33411



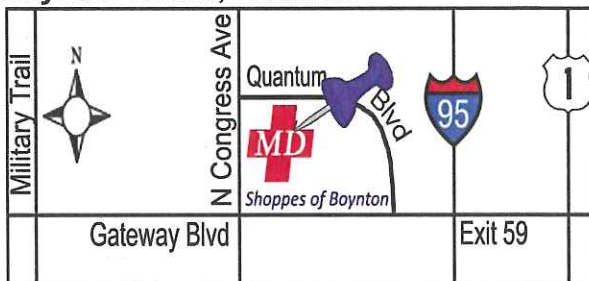
MD Now Urgent Care (Lake Worth)
4570 Lantana Rd
Lake Worth, FL 33463



MD Now Urgent Care (Palm Beach Gardens)
9060 N Military Trail
Palm Beach Gardens, FL 33410



MD Now Urgent Care (Boynton Beach)
2272 N Congress Ave
Boynton Beach, FL 33426



MD Now Urgent Care (West Palm Beach)
2007 Palm Beach Lakes Blvd
West Palm Beach, FL 33409





Open 365 Days • All Locations
From 8:00 am to 8:00 pm

MD NOW Urgent Care/ Walk-In Medical Centers

1 Palm Beach Gardens/North PB

9060 N Military Trail
 Palm Beach Gardens, FL 33410
 Phone (561) 622-2442
 Fax (561) 622-6235

NE Corner of Military Trail & Northlake Blvd
 In the Northmil Plaza. From I-95 head
 West approximately 1 mile. I-95 Exit 77

2 West Palm Beach

2007 Palm Beach Lakes Blvd
 West Palm Beach, FL 33409
 Phone (561) 688-5808

On Palm Beach Lakes just west of I-95
 (NW Corner of PB Lakes Blvd & Robbins Rd)
 Across the street from Hooters. I-95 Exit 71

3 Royal Palm Beach/ Wellington

11551 Southern Blvd
 Royal Palm Beach, FL 33411
 Phone (561) 798-9411
 Fax (561) 422-8161

At the NE Corner of Southern Blvd & Royal
 Palm Beach Blvd next to National City Bank
 & across from the Royal Palm Inn. I-95 Exit 68

4 Lake Worth

4570 Lantana Road
 Lake Worth, FL 33463
 Phone (561) 963-9881
 Fax (561) 963-1390

SW Corner of Lantana Rd & Military Trail
 in the Walgreens Plaza. 3 miles West
 of I-95 Lantana Rd. I-95 Exit 61

5 Boynton Beach

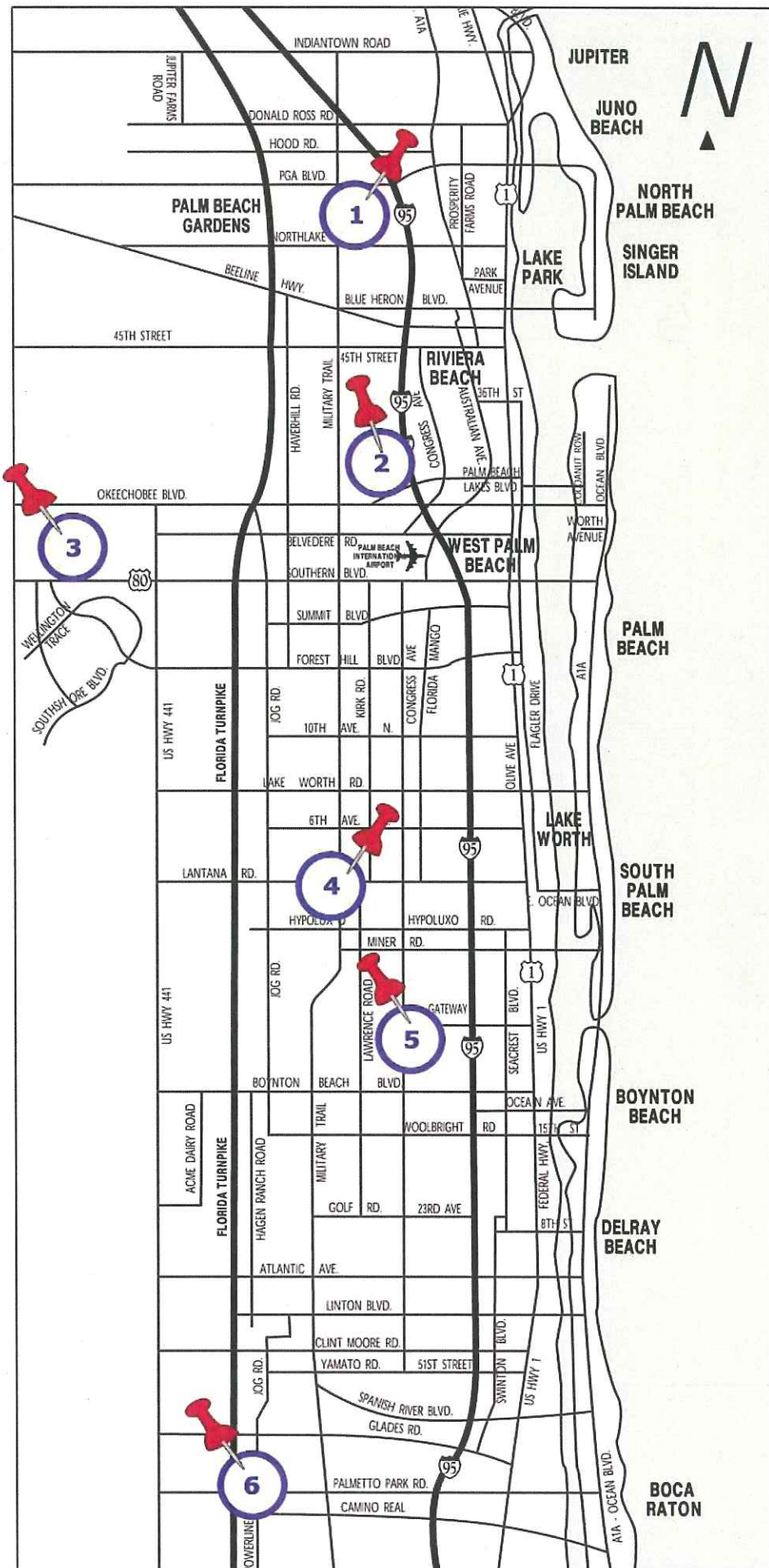
2272 N. Congress Ave
 Boynton Beach, FL 33426
 Phone (561) 737-1927

Corner of Gateway Blvd & Congress Ave
 In the Shoppes of Boynton next to Friendly's
 Restaurant & Across from LA Fitness. I-95 Exit 59

6 Boca Raton / Delray Beach

7035 Beracasa Way
 Boca Raton, FL 33433
 Phone (561) 361-1515
 Fax (561) 361-6441

NW Corner of Palmetto Park Road &
 Powerline in the Winn Dixie Plaza. I-95 Exit 44



Visit www.MyMDNow.com

b. List at least three current contracts for the services described in this questionnaire, indicating the type of entity, the name and telephone number of the public officer in charge of the contract, and the years in which the services have been provided. Were services performed at an on-site facility or in a facility that was dedicated to that particular employer group only?

Palm Beach County School District

Contact: Alice Herrera
Contact #: 561-434-8677
Years Serviced: 2006 – Present

Solid Waste Authority

Contact: Debra Laster
Contact #: 561-640-4000
Years Serviced: 2008 – Present

Health Care District of Palm Beach County

Contact: Randy Karson
Contact #: 561-802-3756
Years Serviced: 2008 – Present

Previous Contract

Clerk and Comptroller's Office c/o NMS

Contact: Elaine Taule
Contact #: 800-269-0502
Years Serviced: 2008 – TBD

The majority of medical services were/are performed at our MD Now Medical Centers. However, there have been some specifically agreed upon services that have been performed on-site and at the worksite including, but not limited to:

- DOT Physicals and other physical exams
- Vaccination Clinics (Influenza and others)
- Health Clinics (Biometric Testing)
- Health Fairs

c. Have any contracts been terminated for any reason? If so, please elaborate.

No. We have been steadily growing and acquiring new contracts and business.

d. Key Person Designation – Identify the individual who will have primary responsibility for the contract and ongoing service with the Client and the Gehring Group.

The primary contact is Peter Lamelas, MD, MBA, FACEP, the CEO and Medical Director of MD Now. Dr. Lamelas also has a Masters degree in Business Administration from Nova Southeastern University in Fort Lauderdale, Florida, has been

an ER doctor for over twenty years. He served as Medical Director of Emergency Medicine at Columbia Hospital of the Palm Beaches for over seventeen years and is on staff at five local hospitals, including Bethesda Memorial, Wellington Regional, St. Mary's Hospital and Palm Beach Gardens Medical Center. He has been the Medical Director for the Riviera Beach Fire Rescue/EMS services for the past fourteen years, as well as the Medical Director of West Palm Beach Fire Rescue Pension Board.

In 2001, he was selected as one of twelve physicians in the state to serve on the Florida Board of Medicine, appointed by Governor Jeb Bush, and was elected Vice Chairman of the Board as well as Rules and Quality and Assurance Committee Chair. He has extensive Occupational Medicine experience and has lived in Palm Beach County since graduating High School here in 1976. He is supported by an experienced corporate administrative staff. (See attached CV for Dr. Lamelas; Administrative resumes available upon request.)

e. Claims and Complaint History – List any claims filed against the proposer (or its agents or employees) with the proposer's liability insurance carrier for professional error and omissions, including the nature and resolution of such claims; list all written complaints filed with local, state or federal regulatory agencies, business organizations, or other outside agencies against the proposer or any of its agents or employee within the past five (5) years, together with an explanation of their resolution.

There are NO written complaints to our knowledge filed with local, state or federal regulatory agencies, business organizations, or other outside agencies against MD Now Medical Centers. Although this RFP does not ask about any alleged malpractice claims filed, there was one (1) malpractice claim filed against MD Now Medical Centers, Inc., within the past five (5) years. Below is a summary of the allegations:

Claim – #1: MD Now Patient Chart # 48205; Alleged medical negligence claim.

MD Now Medical Centers, through two of its physician providers was named in a suit that was settled and dropped. It was over a patient seen for a wrist contusion 1/2007 who had a small non-displaced radial head (wrist fracture), which was managed appropriately in our office, with x-rays, proper immobilization and orthopedic referral. The patient was non-compliant, documented as not wearing their immobilization device or following up in the time frame that they were directed and actually cancelled an appointment to return here. The case was settled "without our approval" and dropped after a nuisance settlement amount was offered and accepted. Expert witness on our behalf, including plaintiffs' expert noted our doctor's appropriate treatment. The patient delayed their follow up care to see their own orthopedic doctor, who concurred with and continued our treatment. After home surveillance videos were reviewed, our insurance company offered a nominal settlement and it was accepted and subsequently dropped by the plaintiffs' attorney, without reporting of this case.

f. Any other information that the proposer believes would be helpful to the Client in evaluating the proposer's ability to provide the services described in this questionnaire. Please provide performance results, if available, from current clients, including Return on Investment.

General Information Summary

MD Now Medical Centers, Inc. is a well respected and trusted local Palm Beach County healthcare company and medical practice that has been in operation since 2004. It is a physician owned and operated business and has created many employment opportunities for local residents. Its team is comprised of State of Florida licensed professionals, including Physicians, Nurse Practitioners, Physicians Assistants, Physical Therapists and Occupational Healthcare Experts along with trained and certified medical staff. MD Now is committed to this project and will assign personnel, including administrative and billing staff, specifically to coordinate and monitor the City of Wellington account.

MD Now physicians are board certified eligible in Emergency, Occupational, Internal, or Family Practice Medicine and have many years of training and experience dealing with a wide range of health problems. Our professionals are dedicated to providing quality medical care and excellent customer service in a caring respectful manner that is cost effective to all of our customers, our patients, their employers and insurance companies. A State of Florida Licensed certified physician is always on the premises at all of our urgent care medical center locations during all hours of operation.

In addition, our medical centers also differ from a typical primary care physician's office or other clinics in that they have procedure rooms for stitching lacerations and splinting bone fractures, a radiology department for X-ray services and other diagnostic imaging equipment, and a laboratory for onsite lab tests like quick strep tests, pregnancy tests, tetanus shots, cholesterol tests and other blood work. We provide breathing treatment, high blood pressure stabilization, ear lavage, IV therapy and much more.

MD Now is open 7 days a week, 365 days a year from 8:00 am to 8:05 pm and is capable of providing comprehensive healthcare services to Wellington employees at any & all of our medical centers weekends, evenings, holiday's, and every day by appointment or on a walk-in basis.

The location of our Wellington/Royal Palm Beach Urgent Care Medical Center at 11551 Southern Boulevard is very convenient and can be designated as a primary medical facility for Wellington employees, since it is centrally located on the border between Wellington and Royal Palm Beach. If required, MD Now can also provide "on-site" personnel for select health and wellness care (exams, drug screens, vaccinations and/or minor medical care) during designated hours of operation. This service may be

provided by a practitioner and select days by a physician depending on the cost model determined by Wellington.

For more comprehensive medical services, including urgent care, injury care, workers comp services and any other medical care required outside of normal business hours, employees and their families will have access to all six (6) MD Now Urgent Care facilities, where they will be able to offer a robust array of services including on-site physical therapy, ultrasound service and other comprehensive medical treatments at discounted and flat fee rates directly contracted with MD Now.

All locations are open 365 days a year, giving the Wellington employees access to quick, convenient and affordable urgent medical care. This will greatly benefit employees that do not reside in Wellington, but live in outlying areas of Palm Beach County. This increased accessibility to our urgent care centers will greatly decrease Emergency Room utilization and cost, as well as improve overall access to a physician or MD Now.

Our facilities are all "state of the art" and networked thru secure AT&T metro-E fiber optic lines to our secure centralized servers, and we utilize Electronic Medical Record software (EMR) including computerized digital X-Ray. Our medical notes are generated immediately without dictation or waiting time for transcription or illegible hand written notes. Physicians and practitioners update progress notes on the patient charts while they are managing the patient. Any forms specific to Wellington would be scanned into the patient's permanent medical record for easy access throughout our network. MD Now will also use any appropriate forms specified by Wellington to manage the patient's care.

MD Now will partner with Wellington management and work together to customize a program that will maximize their current healthcare needs, as well as any future needs of the City and its employees. Our goal is to maintain a healthy, happy and productive workforce in a cost effective fashion.

Wellington Specific

Wellington employees can be registered quickly or ahead of time with an appointment for a doctor's visit at our Southern Boulevard center or as an urgent care patient at any of our multiple, county-wide facilities. Most written evaluations are processed before a patient is discharged.

MD Now is capable of scheduling same or next day appointments for occupational healthcare, physicals and evaluations within 24 hours or less. These patients will typically be seen in less than 30 minutes of their scheduled appointment. MD Now also has the capability of accepting walk-in patients, 7 days a week, including weekends and all holidays, if necessary to accommodate Wellington employees. MD Now is capable of managing current scheduled and walk-in clientele, as well as adjusting to the daily medical needs of the Wellington employees. Our MD Now team works seven days a week without a disruption in work flow due to continuous updated training of the front

office staff, administration, medical assistants, and the physicians. Each Team Member knows the vital role that they play in the care and treatment of each and every one of our patients.

MD Now is fully aware of how vital it is to receive the appropriate occupational healthcare reports for the services rendered in a timely manner. MD Now is prepared to designate a specific contact person assigned to service this account and streamline our communication with Wellington to meet or exceed your expectations.

If the need arises, there are internal controls already established to handle concerns regarding staff, practice, and facilities associated with the MD Now Medical Centers, Inc. Wellington management and employees can contact the Office Manager Monday through Friday, between normal business hours of 8:00 am – 5:00 pm to voice a concern or discuss a Policy. After hours, and on weekends, a supervisor is available to handle any administrative emergencies that may arise. Each phone call/concern will be addressed accordingly and appropriate actions/changes will be made.

Client confidentiality and procedures are of utmost importance to MD Now. Policies and procedures are in place regarding the release of patient information and HIPAA regulations. The Medical Record Department processes all requests for information Monday – Friday, 8:00 am-4:30 pm.

MD Now would be more than happy to provide a tour and inspection prior to being awarded the contract, or at any time, by a key person designated to ensure that MD Now is in compliance with the RFP.

g. Financial Statement: Provide the most recent certified business financial statements as of a date not earlier than the end of the Proposer's preceding official tax accounting period, together with a statement in writing, signed by a duly authorized representative, stating that the present financial condition is materially the same as that shown on the balance sheet and income statement submitted, or with an explanation for a material change in the financial condition. In lieu of a financial statement, Proposer shall provide Dunn and Bradstreet rating as evidence of financial ability.

See attached Dunn and Bradstreet rating (DUNS #181637096). Financial statements are confidential, but available for review if needed after final selection of vendor.

h. Describe firm's technology capabilities to maintain patient health records, billing and performance reporting.

Our facilities are all "state of the art" and networked thru secure AT&T metro-E fiber optic lines to our secure centralized servers, and we utilize Electronic Medical Record software (EMR) including computerized digital X-Ray. Our patient health records and medical billing capabilities utilize the same software platform. Medical notes are generated immediately without dictation or waiting time for transcription or illegible hand

written notes. Physicians and practitioners update progress notes on the patient charts while they are managing the patient.

Questionnaire B: Primary Care

1. How are appointments scheduled?

MD Now is capable of scheduling appointments via phone, fax or soon to be available online (for physicals and evaluations) within 24 hours or less, upon notification by Wellington and these will be seen usually in less than 30 minutes of scheduled appointment.

MD Now even has the capability of accepting walk-in patients, 7 days a week if necessary. Since MD Now is currently set up and designed as an urgent care walk-in center, we deal on a daily basis with scheduled and walk-in cliental, our team is capable of adjusting to the daily needs of Wellington employees and our urgent care patients. Our MD Now Team works seven days a week without a disruption in work flow due to continuous updated training of the front office staff, administration, medical assistants, and the physicians. Each Team Member knows the vital role that they play in the care and treatment of each and every one of our patients.

2. What is the time allowed/allotted for each appointment?

MD Now is prepared to discuss the prepared time allowed for each appointment with Wellington and Gehring Group officials to optimize each medical visit.

Scheduled hours will be specifically set aside for Wellington employees at the main Southern Boulevard location during normal business hours (as agreed with the city). All of our facilities are open and available, 8:00 am – 8:05 pm, 7 days a week, 365 days a year, including all holidays, evenings and weekends for any walk-in urgent care issues.

3. Is the appointment scheduling process available online?

Online scheduling will be available.

4. Describe the types of problems that can be addressed on-site.

MD Now Medical Centers are fully integrated Occupational Healthcare facilities and “true” comprehensive medical centers that enjoy a great reputation in our community. We have been providing excellent medical care to residents and visitors in Palm Beach County since 2004. MD Now facilities are set up for and specialize in Occupational Medicine, including: DOT (CDL), Police Academy, Federal Aviation, Pre-employment, Immigration, School, Sport, Work and other Physical Exams including drug screens. MD Now offers comprehensive occupational healthcare and cost effective medical management to ill and disabled employees, their employers, insurance carriers and third party administrators. We provide employers with all the resources needed to maintain a healthy, productive and safe workplace.

Our urgent care centers differ from a typical primary care physician’s office in that they provide immediate care for minor to moderate injuries, illnesses and accidents not

requiring immediate surgery or hospitalization. All centers are equipped with procedure rooms where we are able to provide treatment of wounds, stitching lacerations and splinting bone fractures, along with a radiology suite for digital X-ray services and other diagnostic imaging equipment, and a laboratory for onsite lab tests like quick strep tests, pregnancy tests, tetanus shots, cholesterol tests and other blood work. We provide breathing treatments, high blood pressure stabilization, ear lavage, IV therapy, ultrasounds and physical therapy.

5. Will medications be dispensed on-site? If so, please elaborate on the selection process, scope and type to be administered, as well as the cost and/or claims filing process for dispensed medications.

MD Now Medical Centers offer on-site medications that are dispensed at the treating Physicians discretion. Please see the attached RX Dispense Log for medications and our proposed fee schedule, which includes the attached formulary meds. Additional medications may be included after review of employees current needs.

6. How do your providers outreach to a patient and their providers (if applicable) if their illness/disease escalates?

The primary means of communication would be a phone call directly to the patient and their providers, if necessary. Other means of communication would include a web portal within the EMR software system to help facilitate easy online access for our patients.

7. How will the clinic providers coordinate and communicate care with existing providers, including primary care physicians and specialists?

The patient will be seen immediately and evaluated by the Physician working that day. We have relationships with nearby Hospitals and Emergency Rooms as well as a list of preferred Physicians that accept our patients on a priority basis for most required specialties and subspecialties that we have developed a relationship with over the years. Our EMR system has a web portal that can be accessed by the patient. Patient records can be faxed or emailed to other providers.

If a specialty consult is required, a consult would then be made to a Physician on the list (preapproved by Wellington and /or its insurance carrier) directly by our Physician on duty. We would be happy to sit down and review our list with the City.

8. Will your physician(s) have hospital privileges? Where?

Several of our Physicians, including Dr. Lamelas have Hospital privileges but none admit and follow their own patients. We would coordinate care with the pre-approved Hospitalist Physician group.

9. Please provide the following information on your proposed medical staff for each position proposed:

a. Minimum Qualifications/Experience

MD Now employs experienced Residency trained and/or Board Eligible/Certified Physicians in a full range of Primary Care Specialties, including Occupational Medicine, Family Practice, Internal Medicine, and/or Emergency Medicine along with Certified Physicians Assistants, Certified Nurse Practitioners and Physical Therapists. See attached list of providers.

b. Job Duties for each individual

A staff orientation and a Physician Orientation Manual is in place and we have staff job duties available for review if needed.

c. Estimated Hourly Pay Rate(s)

All employee costs will be paid by MD Now as salaried employees and/or Independent Contractors of MD Now.

MD Now will propose several options for Wellington, one which includes a tiered, all-inclusive flat fee per patient visit model, as well as State of Florida Workers' Comp approved charges and contracted Occupational Medicine services.

Another option will be a staff model (Nurse Practitioner or Physician), as determined by the City.

10. Describe the primary care case management process.

We structure our primary care case management process around provider lead networks with the goal of improving patient outcomes and maintaining the high level of patient satisfaction that MD Now is known for, while also minimizing healthcare expenditures. We propose to do this while also increasing patient access to medical care at all of our facilities. We will also utilize HRAs to develop health & wellness goals and assign a specific care manager to help coordinate the overall healthcare of City employees.

11. How is care handled in the event the medical team is not available?

A State of Florida Licensed physician is always on the premises at all of our locations during all hours of operation to see and treat patients.

12. How does the medical staff handle emergencies that arise during a patient visit?

MD Now has an extensive training program and our staff members are trained in CPR and Advanced Cardiac Life Support (ACLS). We have standardized triage protocols in place to expedite patient care and identify any person who may need to be brought back and treated immediately or sent to the emergency room. We can contract with the Hospitalists group at any Palm Beach County Hospital for them to admit and treat a patient then refer them back to us upon discharge. Any Hospital charges will be a responsibility of the City or its insurance carrier. We also have ACLS equipment including an Automated External Defibrillator (AED) and oxygen at all locations.

13. How will the clinic handle medical staff vacations, illness, etc? As administrator will you provide alternate staffing?

MD Now Medical Centers will always be staffed 7 days a week, 365 days a year as noted. We have enough staff to provide coverage for vacations and illnesses since we are open year round.

14. How will the clinic coordinate with the Client calendar (i.e. summer break, holidays, etc.)?

MD Now is open 7 days a week, 365 days a year from 8:00 am to 8:05 pm and is capable of providing comprehensive healthcare services to Wellington employees at any our medical centers weekends, evenings, holiday's, and every day by appointment or on a walk-in basis.

15. Describe methods for which patients communicate to medical staff during or after business hours?

The MD Now medical team is available 7 days a week, 365 days a year from 8:00 am – 8:05 pm, to answer any questions that the employees may have. City employees can also reach us through our website and/or web portal, or by e-mail at info@mymdnow.com. We have an answering machine to take messages after 8:30/9pm until 7:30am.

We also have in place a callback policy; our medical assistants conduct a courtesy call to every patient the following day to assure that the visit met their expectations and to answer any additional questions the patient may have. Concerns are relayed to the physician on duty, and issues have an incident report generated that goes to the attention of the Medical Director.

16. How does the medical staff communicate with patients (i.e. secure email, telephone call, texting)?

Our electronic medical records, E-clinical, has capability for a patient portal where our patients can confidentially access their own lab results, and some records through the internet.

Otherwise, our medical assistants conduct a courtesy call to every patient the following day to assure that the visit met their expectations and to answer any additional questions the patient may have.

17. Outline how patient complaints are addressed and handled. List Protocols.

MD Now has complaint management policies and procedures in place. If a patient has a complaint, an attempt will be made at that time to resolve any issues. Every facility is staffed with an Office Manager and a Clinical Manager who troubleshoot issues at their individual facilities. A detailed incident report is submitted via internal webmail to all supervisors, senior management, as well as the owners. If the issue is unable to be resolved at the time of the incident, a department manager will be assigned to contact the patient and attempt to resolve the complaint as it is appropriate (billing, clinical, etc.). A senior administrator and/or Dr. Lamelas, the owner and Medical Director, will personally speak with patients to come to a resolution, depending on the scope and complexity of the complaint and a letter will be sent out.

Patients may also forward complaints to info@MyMDNow.com, which is reviewed by a manager each day and addressed promptly.

18. How will your company provide wellness, nutrition and disease management programs?

We will provide wellness, nutrition and disease management programs in conjunction with the Health Risk Assessment and accompanying support materials, information provided during office visits. We will also provide 24/7 Nurseline, as well as possible wellness coaching and a Wellness Coordinator, if required.

19. How will your company provide urgent care services? Include examples of emergency medical conditions which will be treated on site.

Examples of emergency medical conditions which will be treated on site include minor to moderate injuries and accidents, sprains, strains, fractures, contusions, back and neck pain and injuries, cuts, wounds, burns, abscesses, joint pains, illnesses such as upper respiratory, sore throats, bronchitis, cough strep, influenza, pneumonia, etc.

MD Now Medical Centers are fully equipped, comprehensive urgent care medical facilities. Examples of emergency medical treatment available include, but are not limited to:

- Digital X-Rays
- Nebulizer Treatments
- IV Hydration
- Selected IV/IM Medication
- Laceration Repairs
- Initial Fracture Treatment (splinting and immobilization)
- Abscess & Wound Treatment
- Trigger Point Injections & Joint Aspirations
- Simple Foreign Body Removal of Eye, Skin, etc.
- Lesion Removal (biopsy)
- Simple Burn Treatment
- Foreign Body Removal
- Acute Pain Treatment
- Blood draws and Urine sample collections
- Other comprehensive medical services

20. How will urgent care issues that cannot be treated at the clinic be handled?

Most urgent care issues are able to be handled at our facilities. For life or limb threatening emergencies that exceed the scope of services provided, MD Now has protocols in place to stabilize and monitor patients until 911 emergency services arrive to transport them to the nearest emergency facility.

Questionnaire C: Communication Plan & Member Services

Please provide a proposed communication plan for introducing the Client's on-site healthcare and wellness program to the employee population and reference the firm's ongoing communication process to Client staff, retirees & covered dependents. Outline your company's responsibilities in these processes. Please include copies of your educational materials and timelines for distribution.

1. How do you determine locations of service and standard hours of operation for member services?

MD Now is open 7 days a week, 365 days a year from 8:00 am to 8:05 pm. Unlike other facilities, MD Now is capable of servicing the Wellington employees with weekend, evening and holiday appointments and/or 7 days a week walk-ins. Our Southern Boulevard facility is in close proximity to the City. In addition, our network of locations throughout Palm Beach County are all open 365 days a year and will greatly benefit the Wellington employees that live outside of the city limits to access quick and more convenient medical care and examination. Primary care and wellness services can be offered Monday through Friday, 8a – 5p by appointment at the Southern Boulevard clinic.

2. Will you utilize existing resources for clinics? If so, please describe.

Yes, MD Now will utilize its existing facility in Royal Palm Beach as the primary medical facility designated for Wellington employees, as well as providing access to its other locations in Palm Beach Gardens, West Palm Beach, Lake Worth, Boynton Beach, Boca Raton and any additional facilities incorporated during the contract term with Wellington.

3. Can your website be linked with the Client's respective website?

Yes, our website www.mymdnow.com can be linked to the City's website. We are also able to link to the Health Risk Assessment (HRA) to the City's website

4. Describe your ability to communicate and service an employee population that is geographically dispersed. Describe your ability to communicate with a bilingual population (Spanish). Provide examples if appropriate.

MD Now has multiple medical facilities strategically placed throughout Palm Beach County, to provide medical care and communication with the City's employees and retirees. We have state of the art technologies available to communicate through our website, patient portal, e-mail, and telephone. We are developing an e-mail news letter for our patients that we can modify for Wellington.

MD Now is an equal opportunity employer and complies with the Federal American's with Disabilities Act (ADA) as it pertains to office/location accessibility issues and can

make arrangements to have interpreters for non-English speaking and hearing impaired clients. MD Now has team members that are multilingual, and will be happy to assist Wellington employees.

5. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.

MD Now can coordinate a news letter that can be sent to Wellington employees via e-mail. Our electronic medical records, E-clinical, has capability for a patient portal where our patients can securely and confidentially access their own lab results, and some records through the internet. Our HRA will be provided at least once a year and results can be communicated both online and in person.

6. How can an employee access your company for member services after hours?

After hours, employees can communicate with MD Now through our web portal, at our website, www.mymdnow.com, and via e-mail (info@MyMDNow.com). Employees can also leave a voicemail at any of our locations that will be addressed first thing the following morning. MD Now will be teaming with selected emergency rooms that Dr. Lamelas has relationships with, to provide patients with afterhours care and communicate back to us the following day.

7. Are you willing to allow the Client to use its own branding in communication and program materials?

Yes, MD Now is willing to allow Wellington to use its own branding in communication and program materials, along with the MD Now brand.

8. Are there associated costs for providing communication materials? If so, please provide.

Any associated costs for providing communication materials can be passed through directly to the City and/or can be included in any administrative fee negotiated between MD Now and Wellington.

Questionnaire D: Identification of High Risk Individuals

Understanding there is a variety of methodologies for implementing a HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPAA guidelines.

1. How would your company identify high-risk members (i.e. health risk assessment, member services calls, medical claims data, pharmacy claims data, etc.)?

Health risk assessments (HRA) will be performed annually on all employees and as needed on a continual basis to identify high-risk individuals and to implement treatment for their health risk factors. Aggregate member data will be reviewed anonymously and wellness programs may be added after discussion with City officials.

2. Please describe your methodology for tracking and engaging with high-risk members on an on-going basis.

The current methodologies in place for tracking and intervening with high-risk members include:

- One on one monitoring and intervention during physical examinations and office visits
- Annual HRA and Biometric analysis on an individual basis during office visits and at health fairs and wellness events
- Anonymous data statistical review, as well as collaboration with Wellington's current wellness programs

A wellness committee can be appropriated to consult with representatives designated by Wellington to determine the most applicable methodology to coincide with their needs.

3. Do you stratify members by severity of risk for complication? Please elaborate.

Those individuals determined to have a targeted health condition would be advised to schedule an office visit with one of our physicians. The MD Now care manager assigned to Wellington would coordinate these employees' medical care.

4. What Health Risk Assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.

MD NOW has contracted with a software company and has already developed a customized Health Risk Assessment (HRA). The content and complexity of an HRA

can vary based on the objectives set forth by the individual employer including, but not limited to:

- The wants and/or needs of the employee population
- Services and/or benefits design
- Establishment of benchmarks for long-term evaluation
- Integration of various aspects of employee health (wellness, occupational health, safety, disease management, etc)

The customized HRA developed by MD Now was designed to identify such risk factors as:

- Physical diseases
- Mental/Emotional health
- Health Behaviors (screening practices, nutrition, physical activity, tobacco, alcohol, etc)
- Safety: home, occupational
- Health literacy, self-care
- Medical/family history

Biometric testing and physical measurements will be utilized in combination with the HRA. **(Please see the attached HRA sample)**

5. How often do you recommend distributing the HRA? Is your health risk assessment available both on-line and off-line?

MD Now will cater to the distribution and reporting frequency as set forth by Wellington. However, it is recommended to distribute the HRA on an annual basis. For convenience, an internet-based HRA will be utilized as the primary means of accessing the assessment. An online version offers more immediate results and reduces unnecessary postage and processing costs. For employees with limited access to the internet, a paper-based version will be available upon request.

6. Is your HRA available in Spanish (both on-line and off-line)?

The HRA is not currently available in Spanish, however MD Now would be willing to discuss the possibility of providing a version in Spanish upon request. MD Now can provide a Spanish interpreter to review the HRA upon request.

7. Describe your organization's ability to export HRA results to an insurance carrier. Describe your ability to import data from an outside HRA vendor.

MD Now will meet with representatives of the insurance carrier, as well as Wellington, to develop an appropriate method of exporting HRA results for review.

8. Please describe turnaround time for each of the following areas:

a. Providing the HRA results to individuals.

If Biometric testing is completed at the time of an individual's visit, which we anticipate to be the standard among Wellington employees, the HRA results will be available immediately. Any additional biometric testing that would require an onsite or follow-up wellness visit could be available within approximately 24 – 36 hours of the visit.

b. Contacting individuals for possible interventions.

Individuals require a possible intervention would be notified immediately at the point of care, or within 24 – 36 hours.

c. Providing each patient with a summary report of the initial HRA results.

A summary report of the initial HRA results would be available immediately upon completion of the assessment.

d. How do providers monitor and motivate patients after completion of HRA?

MD Now will meet with the City and discuss the possible methods to motivate its employees, such as discounted or free healthcare and bonus incentives.

9. Please describe how your organization would provide a system to assist HRA participants' in completion of their questionnaires and in the interpretation of their personal profile.

MD Now staff will be trained to provide assistance to each participant in the completion of their questionnaires and designated representative(s) (Practitioners, etc.) will be assigned specifically to assist HRA participants in the interpretation of their personal profile, as necessary.

10. What level of participation can we expect in years one, two and three of this program?

The level of participation will vary based on the strategies developed to encourage employee participation in the HRA. Individual studies have determined that the appropriate utilization of incentive programs have resulted in higher response rates to the participation of an HRA. However, governmental agencies may be limited in their incentivizing options that comply with appropriate laws governing such initiatives. Although MD Now is unable to accurately project the overall level of participation Wellington can expect at this time, we would estimate 50 – 70% participation by those employees that utilize any of our facilities within the first year. We estimate those rates to increase by 10-20% per year thereafter depending on the incentive program and close follow-up.

11. Describe how your organization will set and reach participation goals.

In collaboration with Wellington administration, MD Now will determine participation goal expectations and discuss the use of incentives, on-site marketing events, and in-office visits to reach the pre-determined participation goals.

12. Do you recommend using incentives? If so, please describe the incentives your organization recommends.

The use of incentives are an excellent way to encourage participation, specifically the completion of an HRA. Governmental agencies such as Wellington may be limited in their options to incentivize while remaining in compliance with the policies set forth to govern such activities.

Possible incentive might include:

- Individual recognition via certificates, newsletter or bulletin board
- Friendly competition among teams of employees from different departments
- Requirement of HRA to begin or continue employees' health plan coverage
- Discounted, reduced or free healthcare services (No co-pays, etc.)
- Financial incentives and gifts

MD Now is prepared to offer the incentive of coupons for discounted or free services such as flu shots and school/sports physical exams to the families of employees who have participated in a HRA. Additional incentive programs would be developed for future promotion to Wellington employees. MD Now would also work in conjunction with Wellington and their insurance carrier to coordinate an on-site health and wellness fair. Staff resources and supplies would be available to complete HRAs on all participants who attend.

13. Please describe your plan to involve employees in the HRA process.

All new employees should receive Biometric testing and a HRA at the time of their pre-employment exam, drug screening or any other testing requested by Wellington.

14. Please describe your capabilities to update an individual's HRA record.

MD NOW will have the capability to update to an individual's HRA record at any time.

15. How does your HRA monitor and report individual change from year to year?

Individual employee data available online for company or anonymous cumulative data is able to be accessed for review.

16. Describe the process for engaging an individual with a targeted health condition.

Those individuals determined to have a targeted health condition would be advised to schedule an office visit with one of our physicians. The MD Now care manager assigned to Wellington would coordinate these employees' medical care. Specialty care would be referred to the appropriate, approved specialist.

17. Describe the process for persons you are unable to reach.

We will consult with Wellington administration to determine the most effective means of communication to those persons we are unable to reach. Some methods include email, newsletters, direct communication, worksite initiatives and incentive/reward programs.

18. Please provide a detailed timeline covering the period from Contract Award/Notice to Proceed through the first day of operation.

1. 30 – 60 day discussion, review, negotiation and contracting period upon selection of services.
2. 30 – 60 day implementation period upon finalization of formal contract

Please note that MD Now has an existing medical facility adjacent to the City of Wellington, as well as five (5) additional existing facilities located throughout Palm Beach County. This will make any start-up procedures quick, convenient and easy.

Sample HRA Questions


[Body Fat Estimator](#)
[Body Mass Index](#)
[Smoking Costs](#)
[Target Heart Rate](#)
[Waist to Hip Ratio](#)
[Logout](#)

Health Risk Assessment


[Return to Health Portal](#)

Helpful Links

[Health Tip of the Day](#)
[Health & Wellness Newsletter](#)
[Healthier at Home](#)
[A Year of Health Hints](#)
[Minding Your Mental Health](#)
[CareToons](#)
[Smokeless Online](#)
[Stress Management](#)
[Calendar](#)
[Helpful Resources](#)
[American Heart Association](#)
[Food and Drug Administration](#)
[National Heart, Lung and Blood Institute](#)
[Occupational Safety and Health Administration](#)
[QuitNet](#)

Pick the category that best describes how often you eat from the following food groups:

	Never (up to 3/mo)	Rarely (1-4/wk)	Sometimes (4-7/wk)	Frequently (2/day)	Often (3+/day)
High Fat Foods (sweets, cheese, butter, desserts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lean Proteins (Chicken, Turkey, Fish, beans/legumes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Lean Proteins (Beef, Pork, Ground Beef)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Fiber Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Fat Dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried Foods, Crackers, Chips, Pre-packaged Cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[Exit survey and complete later](#)

[Body Fat Estimator](#)
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[QuitNet](#)

When was the last time you had the following screenings?

	Within the past year	1-2 years ago	2-3 years ago	More than 3 years ago	Never
Annual Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital Rectum Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool Blood Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[Exit survey and complete later](#)

Sample HRA Results



Overall Wellness

By completing this assessment, Test, you have taken the first step toward a healthier lifestyle! This guide will give you valuable information to help you achieve a healthier way of life.

This guide is not meant to take the place of a physician visit nor can it diagnose illness or medical problems. It is designed to give you information relating to your health risks and overall wellness. This information is provided to help you develop a plan of action to make healthy lifestyle changes.

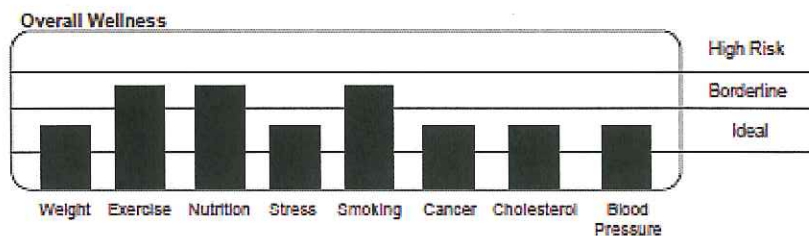
To get the most out of this guide, you may want to read it more than once. You can read it online; or you can print it in hard copy, or save it to your computer for future electronic access or the ability to email it to your health care provider. You may also return to the health portal in the future to access the guide.

Your Overall Wellness Score is 72

Your overall wellness score is based on how you responded to questions about your normal habits and elements in your daily life that you control. An overall score of 75 or above indicates your lifestyle is on the right track. A score below 75 means that you might be at risk for developing certain diseases or health conditions.

This guide will provide you with information and suggestions on how you can strengthen your healthy behaviors while working to change your unhealthy habits. The chart below shows how your various health habits contribute to your overall wellness score.

As you read through this guide, pay special attention to the next four pages of the report. These pages will contain information and suggestions related to the areas of your health where you show the highest level of risk.



My Healthy Habits

- ✓ No immediate risk for alcoholism
- ✓ Ideal cholesterol
- ✓ Minimal stress
- ✓ Ideal blood pressure

Things to Work On

- ☹ Better nutrition
- ☹ Increase physical activity

The personal results of your Health Risk Assessment are held in strict confidence and are not shared with your organization.

Date: 3/30/2011

Page: 1

Sample HRA Aggregate Report

Aggregate Report

1/1/2010 to 12/31/2010

Client: City of Wellington

	Number Respondents	Percent Respondents
Total Number of Participants - Complete	16	
Tobacco		
Do you use tobacco (cigarettes, cigars, pipes, smokeless tobacco)?		
Yes, I occasionally use tobacco	02	12.5%
Yes, I regularly use tobacco	07	43.75%
I quit using tobacco 2 or more years ago	03	18.75%
I quit using tobacco less than 2 years ago	00	0%
I have never used tobacco	04	25%
How many cigarettes do you smoke in an average day?		
Less than 1 a day	00	0%
1 to 9	03	33.33%
10 to 19	04	44.44%
20 or more	02	22.22%
I do not smoke cigarettes	00	0%
How many cigars or pipes do you smoke per day?		
None	02	22.22%
1 or less	03	33.33%
2 or more	04	44.44%
How many times a day do you use smokeless tobacco (snuff or chewing tobacco)?		
None	01	11.11%
1 or less	06	66.67%
2 or more	02	22.22%
Vehicle Safety		
How many times in the last month did you drive or ride when the driver perhaps had too much alcohol to drink?		
Never	02	12.5%
Once	12	75%
2 or more	02	12.5%
What percentage of the time do you buckle your safety belt when either driving or riding in a motor vehicle?		
Never 0%	02	12.5%
Seldom 1-39%	02	12.5%
Sometimes 40-79%	08	50%
Usually 80-99%	02	12.5%
Always 100%	02	12.5%
On average, how close to the posted speed limit do you usually drive?		
Within 5 miles per hour	02	12.5%

Sample HRA Aggregate Report

Aggregate Report

1/1/2010 to 12/31/2010

Client: City of Wellington

	Number Respondents	Percent Respondents
Total Number of Participants - Complete	16	
Normal/Ideal (Below 120/80 mm Hg)	02	12.5%
Borderline (120/80 - 139/89 mm Hg)	12	75%
High (140/90 mm Hg or higher)	02	12.5%
Total Cholesterol		
Normal/Ideal (Below 200 mg/dl)	04	25%
Fair/Borderline (200-239 mg/dl)	10	62.5%
High (Over 239 mg/dl)	02	12.5%
Don't Know	00	0%
HDL ("Good") Cholesterol		
Normal/Ideal (Over 59 mg/dl)	14	87.5%
High (Below 40 mg/dl)	02	12.5%
Don't Know	00	0%
LDL Cholesterol		
Normal/Ideal (Below 130 mg/dl)	14	87.5%
Fair/Borderline (130-159 mg/dl)	01	6.25%
High (160 mg/dl or greater)	01	6.25%
Don't Know	00	0%
Triglyceride		
Normal/Ideal (Below 150 mg/dl)	14	87.5%
Fair/Borderline (150-199 mg/dl)	01	6.25%
High (200 mg/dl or greater)	01	6.25%
Don't Know	00	0%
Cholesterol Ratio (Total / HDL)		
Great (≤ 3.0)	03	18.75%
Good (3.1 - 4.0)	02	12.5%
Average Risk (4.1 - 6.0)	10	62.5%
Moderate Risk (6.1 - 10.0)	01	6.25%
High Risk (> 10.0)	00	0%
Blood Sugar		
Normal/Ideal (70-99 mg/dl)	03	18.75%
Fair/Borderline (100 - 125 mg/dl)	11	68.75%
High (Over 125 mg/dl)	02	12.5%
Don't Know	00	0%
A1c		
Normal/Ideal (Below 5.7%)	02	12.5%
Fair/Borderline (5.7-6.4%)	00	0%
High (6.5% or greater)	11	68.75%
Don't Know	03	18.75%

Biometric Exam (Example)

SAMPLE

To be completed by participant:

MD Now HRA Screening Site: _____ Date: _____

Please Print:

LAST NAME _____ FIRST NAME _____ MI _____

Employee # _____ Preferred Contact Method: ☐ Phone _____

Birthdate _____ ☐ email _____

To be completed by wellness staff:

Health Screening Information:

_____ Hours Fasted

_____ Total Cholesterol ☐ Dr ☐ FH
desirable: less than 200mg/dL
borderline: 200-239 mg/dL
high: 240mg/dL or greater

_____ HDL
desirable/men: above 50mg/dL
desirable/women: above 60mg/dL
low men: less than 40mg/dL
low women: less than 50mg/dL

_____ Triglycerides
normal: less than 150mg/dL
borderline high: 150-199mg/dL
high: 200-499mg/dL
very high: greater than 500mg/dL

_____ LDL
optimal: less than 100mg/dL
near optimal: 100-129mg/dL
borderline high: 130-159mg/dL
high: 160-189mg/dL
very high: above 190mg/dL

_____ Ratio (TC/HDL)
optimal: men/4.8 or less
women/3.7 or less

_____ Glucose ☐ Dr ☐ FH
normal fasting: 100mg/dL or less
prediabetes: 101-126mg/dL
diabetic: 126mg/dL and above

_____ / _____ Blood Pressure ☐ Dr ☐ FH
(Ideally less than 120/80)

_____ Weight

_____ BMI (see handout)

_____ Waist Circumference
Men < 40" Women < 35"

_____ Height

_____ Screener's Initials

If your levels are above normal, please follow up with your health care provider or MD Now Medical Centers. If you have any checks in the follow up box, MD Now will be contacting you to make sure follow up occurs.

Follow Up Information

Same Day: ☐ BP 210/120 or higher
☐ Glucose of 500mg/dl or higher

3 Days: ☐ BP 180-209/110-119
☐ Glucose 300-499 mg/dl

One Month: ☐ BP 140+/90+
☐ Glucose Fasting above 126mg/dl
Or random 200-299mg/dl
☐ Triglycerides over 400mg
☐ TC/HDL at 6.0+/male and
4.7+ female

Questionnaire E: Measurement Tools & Results

Address how you would propose to review clinic operations and its effectiveness. This should include standards and measurement criteria for onsite healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

1. How would you propose measuring outcomes and success of the overall program?

MD Now currently employs several quality assurance checkpoints that can be utilized for the purpose of measuring outcomes and overall program success including:

- Patient satisfaction surveys
- Patient call-back statistics
- Incident and complaint report management system
- Financial and utilization reports
- HRA specific reporting and comparison data

2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide to each entity on an ongoing basis.

The standard management reports currently utilized in our offices include:

- APL Reports to track ICD (Disease Management)
- Monthly clinical activity and financial performance reports in Microsoft Excel format
- Cognos Enterprise Business Optimization Software has been purchased to be integrated into our management reports

In addition to the above reports, we will collaborate with Wellington to determine the optimal method of reporting required to successfully manage the employees' healthcare.

3. Provide examples of the following, if applicable:

- a. On-site healthcare activity report**
- b. Member participation**
- c. Member intervention**
- d. Financial summary/savings report**
- e. Management reports online**

We would be willing to review our systems and reports to customize or create any specific report that will best suit Wellington's needs.

4. Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.

By scrutinizing the results of the above mentioned reports, as well as analyzing the direct patient feedback derived from our call-back surveys, MD Now management is able to accurately evaluate the effectiveness of primary care case management. As a result, modifications can be made to existing operational procedures to enhance patient experience and clinical effectiveness.

5. Provide all clinical indicators used to track the success of the program and the results, if any, by year since inception of the program. Please include the following, if applicable:

As previously stated, we would be willing to customize specific report that will best suit Wellington's needs.

a. Program Outcomes

Patient/Employee satisfaction data, disease control and improvements or resolution data.

b. Utilization Measures (list measures)

Employee utilization reports (daily, monthly, yearly) available.

c. Member Satisfaction

Patient/Employee satisfaction data via follow-up phone calls, incident reports, etc.

d. Changes in the Cost of Care

N/A

e. Productivity/Absenteeism (list indicators)

N/A

6. Describe specifically how records for individuals with both personal health and job injury clinic experience will be managed.

Our HIPAA-compliant certified electronic medical record system allows MD Now to track and individually report on Workers Compensation claims separately from the personal medical claims. MD Now has employed a Workers Compensation Case Coordinator who is dedicated to the administration of all workers compensation claims.

Questionnaire F: HIPAA Compliance

1. Is your firm HIPAA compliant?

Yes. Client confidentiality and procedures are most important to MD Now. MD Now has in place policies and procedures regarding the release of patient information.

2. Describe your system for the assurance of personal health data security.

The Medical Record Department processes all requests for information Monday – Friday, 8:00 am – 4:30 pm. Patients must sign the record release and produce identification before any medical records are released. MD Now uses electronic medical records to help ensure the protection of patient information. Each employee has a secured password to log into the computer system to access patient information. MD Now has servers with secure firewalls and CISCO routers that are maintained daily by our experienced IT team. WE only utilize secure AT&T Metro-E fiber point to point connections between all locations for medical data. Security systems are in place and are monitored at each location along with remote video monitor capabilities. The on-site server room is powered by a back-up generator in the event of a power outage. MD Now meets and exceeds all government and security standards

3. Have your network security systems ever been breached? Describe.

No. MD Now had never had a breach in our network security system. Data is backed up and replicated from our on-site servers and transmitted via secure private AT&T fiber-optic connections to a secure off-site server. Any internet traffic is routed safely and securely through a different network apart from our medical information. We have a contract with our Information Technology company to constantly monitor, protect and service our systems. References available upon request.

Sample HIPAA Consent Information



SIGN IN SHEET / HIPPA POLICY

It is the policy of MD Now Medical Centers, Inc. to comply with all governmental regulations regarding patient privacy by implementing reasonable safeguards in our practice and using the minimum necessary standards whenever applicable.

With regard to patient sign-in sheets, MD Now recognizes and abides by the following statements made by the the U.S. Department of Health & Human Services - Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule on their website:

HIPAA - Frequently Asked Questions/Providers and Other Covered Entities -FAQ

QUESTION: May physicians' offices use patient sign-in sheets or call out the names of their patients in their waiting rooms?

ANSWER: *Yes. Covered entities, such as physicians' offices, may use patient sign-in sheets or call out patient names in waiting rooms, so long as the information disclosed is appropriately limited.*

The HIPAA Privacy Rule explicitly PERMITS the incidental disclosures that may result from this practice, for example, when other patients in a waiting room hear the identity of the person whose name is called, or see other patient names on a sign-in sheet.

However, these incidental disclosures are permitted only when the covered entity has implemented reasonable safeguards and the minimum necessary standard, where appropriate. For example, the sign-in sheet may not display medical information that is not necessary for the purpose of signing in (e.g., the medical problem for which the patient is seeing the physician). See 45 CFR 164.502(a)(1)(iii).

"It is the policy of MD Now Medical Centers that their patient sign-in sheets will contain only the minimum amount of information necessary in order for the patient to complete the registration process as smoothly and efficiently as possible. Patients be asked for their name only, and will never be asked to record their confidential health information on the daily sign-in sheet."

Reference:

<http://www.hhs.gov/ocr/privacy/hipaa/faq/providers/smaller/199.html>

Questionnaire G: Proposed Program Costs & Estimated Savings

Proposers are encouraged to provide pricing for item #1 below utilizing the staffing and service hours the proposer sees fit for the client based upon the client's population, hours of operation, and historical utilization. Proposers are also to provide pricing in item #2 utilizing the pricing assumptions provided for comparison purposes.

Proposed Program Costs (Biometric & HRA)		Cost
A	Administration fees (unless additional malpractice costs are required)*	Included in flat per-visit fee model
B	Start up costs / fees	\$1,000 (HRA)
C	Staff Costs	Included
D	Supply Costs, including Health Risk Assessments (Including Biometric Testing)	HRA Cost: \$2 per eligible member per month (Minimum 100+ members)
E	Pharmacy Cost (if applicable)	Based on Formulary Included in Urgent Care visit; Otherwise optional mail order
F	Facility costs	Included
G	Indicate all payments terms and conditions	Net 30

The bottom line is that MD Now offers little to no start-up cost, leasing or financing costs for Wellington. It costs well over \$500,000 to build out, equip, supply and coordinate the start-up of a quality medical facility. Finding the proper location for this "one" facility with the diverse distribution of the City's employees would be difficult and limit access to service. There are logistics issues and unexpected operating costs and overhead. All of these expenses would have to be financed and amortized over a number of years. Wellington will benefit from these huge cost savings and would be able to partner with a "true" local medical healthcare provider to achieve a win-win scenario for both of our organizations.

2. Numbers of year's baseline fees are guaranteed.

Terms of the Contract are negotiable. We would prefer a three (3) year contract with two (2) year renewal periods. At the minimum, a one (1) year contract and two (2) year price guarantee would be appropriate.

3. Identify services and charges (if any) that would be run through the medical plan.

The only costs to Wellington through their medical insurance carrier would be for specialty care, hospitalization, outpatient, surgical or other specialty care and true emergency room care. We would be willing to sit down and develop on-going strategies to control the costs of these services with Wellington as their healthcare partner.

4. Explain the procedure for adding future clinic/medical staff hours. Will the administration cost increase by adding future hours?

Current hours proposed appear sufficient, but if demand escalates we will meet with Wellington administration and review. There does not appear to be any additional cost needed.

5. Please outline which cost factors would change (e.g. admin fee, staff, etc) under your proposal should the Client elect to allow another entity to utilize the clinic.

MD Now would require additional utilization information regarding the additional "entity" to accurately determine any changes in cost.

6. Please provide a detailed listing of all services included in your administrative fee.

*All administrative costs are covered including our current malpractice policy (attached). If additional higher limits are required we would have to obtain a quote at that time for that increased difference in coverage from our carrier. I do not recommend those additional costs to the City, but we are willing to discuss and provide the City with their required insurance limits.

7. Please detail your contract opt-out period and specify if it is with or without cause, or both.

To be negotiated.

8. Please provide a listing of the top ten supplies your Clinic will stock and the price the Client will pay for each of these supplies.

All inclusive for most, except for special items as negotiated (i.e. crutches \$30.00)

9. Provide costs for the following services:

Cost for Services		Cost
A	Cholesterol test (Lipid Profile)	In-House Fingerstick Included \$50 Send Out Test
B	Blood sugar test	In-House Fingerstick Included \$20 Send Out Test
C	Lab Processing Fees	Included Send-out lab fees separate
D	Strep test	Included in Urgent Care Visit
E	Flu test	Included in Urgent Care Visit
F	Flu shot	\$20

G	Standard X-ray (Fracture)	Included in Urgent Care Visit
H	Chest X-ray	Included in Primary Care Visit \$50 Occupational Medicine
I	Drug Screening (Qualitative) 5-Panel Urine (DOT or Non-DOT) / 10-Panel Urine	\$35
J	Random Drug Screening 5-Panel Urine (DOT or Non-DOT) / 10-Panel Urine	\$35
K	EKG	\$65 / with Interpretation Included in Urgent Care visit
L	DOT Physical	\$65
M	Twin Rex Shot	\$150
N	Tetanus/Diphtheria Shot	\$40 \$75 - TdaP(Adacel)
O	Blood Panel	Discounted cost as agreed upon depending on types of testing

10. Are laboratory costs run through the medical plan or as a pass through cost?

All CLIA waived labs are included in the proposal. Outside lab costs may be processed through the medical plan or we can pass these costs through to the City at our discounted rates with Quest, LabCorp or another lab company with same-day or next-day turnaround time.

11. Please provide the cost of an onsite X-ray, audiometer, spirometer, and treadmill with diagnostic equipment for stress testing, and applicable leasing arrangements that can be offered to the Client and any additional associated staff requirements and costs.

Services are All-Inclusive. Equipment ownership, leasing operations and maintenance is a responsibility of MD Now. Any additional special equipment that may be required at a later date will be discussed.

12. Please provide a breakdown of potential savings, including medical and prescription drug claims, to the medical plan by offering services through your firm.

It is difficult to project potential cost savings. However, we feel that we can decrease the overall budgeted amount for all outpatient health expenditures linked to our contract.

13. Address your willingness to enter into a performance guarantee and how the performance criteria and penalties might be defined.

Yes, we would consider a mutually agreed upon guarantee such as a "Not to Exceed Last Year's Budget" agreement, as well as a shared cost-savings option. This will

assist in stabilizing the overall increase in healthcare costs that are expected in the next 2 – 3 years and hopefully reduce those outpatient, urgent care, primary care, wellness and specialty pharmacy costs by as much as 10-25% (projected).

14. Provide a sample of any performance guarantees you have currently offered or have offered to current or prospective clients.

Not Applicable.

15. Are medical staff rates guaranteed for the length of the contract? If not, please provide details on increases during the contract term.

Medical staff are individually contracted, are employees and the responsibility of MD Now.

Questionnaire H: Complete Form

Proposers are to complete the following form based on proposed pricing. Examples are provided in *red ink* as a suggestion for completion of this form only.

	MD Now Medical Centers, Inc
Proposed Service Hours	Scheduled Primary Care/Wellness 30 - 40 hours/wk; Urgent Care 8a-8p, 7 days/wk, 365 days/yr
Exclusive to Client Members	Yes / No – Urgent Care
Services Included in Admin Fee	
Online Scheduling (Currently available)	Yes
24 Hour Resources (e.g. Nurseline, Oncall Dr, etc)	Yes, 24/7 Access \$500 Start-up Cost \$1.00 PEPM* (Household Access) Includes online & telephonic health library
Health Risk Assessments	Yes; \$2 PEPM (Unlimited use each year)
Online HRA's	Yes; As above
Aggregate HRA Reporting	Yes; Included
Electronic Medical Records	Yes; Included
PharmD Services	Yes, In office dispensary; PharmD Consultation Available
Disease/Case Management Programs	Yes; Can customize
Physician/Staff Recruiting	Yes; Included
Online Administrative Reports (Client Staff can access)	Yes; Also HRA data included Will review requirements of City
Workers Comp Reporting (Separate from medical)	Yes; Included
Administrative Pricing	Included in Flat-Fee Visit model
Projected Administrative Costs	
Recommended Medical Staff & Costs (per Section H, question 1)	Included – 1 MD/DO or ARNP/PA staffed in our Wellington Clinic; Additional support staff throughout Palm Beach County Included
Will Physicians have Hospital Privileges	No; Hospitalist can be utilized if inpatient hospitalization required
Staffing for vacation, illness, etc.	N/A – MD Now staff is available above and beyond scheduled Primary Care hours (See Proposed Hours of Service)
Medical Staff Billing	Included

Projected Medical Staff Cost	Included
Start Up Costs (Estimated)	n/a
Supply Costs (Estimated – To be used throughout year 1)	n/a
Initial HRA Cost (Estimated for 1,500 HRA's – if additional charge)	500 members = \$12,000/yr (unlimited use) 1500 members = \$36,000/yr (unlimited use) Includes Biometric Exam, Measurements & Testing
HRA Start-up Cost	\$1000 (100 member minimum)
Prescription Drugs Drugs Supplied	Included in Urgent Care visit Mail Order formulary, as needed
Prescription Drug Pricing	Included
Estimated Rx Costs	\$
Fit for Duty / Physicals	TBD
X-Ray Machine	Included
Estimated Timeframe for Opening	60 days
Number of Years fees are guaranteed	1 – 2 years
Annual Cost Increases	None
Contract Term Required by Client	12 – 36 mths
Contract Opt Out Clause	As negotiated
Performance Guarantees Included	Yes; Negotiable
Number of Primary Care Clinics in Operation	
References (up to 5)	See Tab #7
Optional Services Cost:	
Occupational Health	Included
Workers' Compensation	Included
	Included
Diagnostic Testing	<i>Discounted pricing for Ultrasound, Dopplers, Echocardiograms, MRI, CT Scan: 70% of Medicare or 25% of Cigna's current fee schedule</i>
Physical Therapy	At Work Comp fee schedule
Onsite Clinic/Health Fair (Bi-Annually)	Included (HRA, Flu shots, Biometrics, etc)

* PEPM (Per Eligible/Employee Per Month)

Additional Addenda
Current Urgent Care Formulary

ANTIBIOTICS

Amoxil (Amoxicillin); 500 mg; 30Tabs
Amoxil (Amoxicillin); 250 mg/5ml; 150ml
Amoxil (Amoxicillin); 125mg/5ml; 150ml
Augmentin (Amoxicillin/Clavulanate) 875/125 mg; 20Tabs
Bactrim (SMZ-TMP-DS); 800mg; 20Tabs
Biaxin (Clarithromycin); 500mg; 20Tabs
Cipro (Ciprofloxain); 500mg; 20Tabs
Keflex (Cephalexin); 500mg; 30Tabs
Flagyl (Metronidazole); 500mg; 20Tabs
Vibramycin (Doxycycline); 100mg; 20Tabs
Zithromax (Azithromycin) Z-Pack; 250mg; 6Pack

TOPICAL CREAMS AND OINTMENTS

Bactroban (Mupirocin); 2%; 22gm
Hydrocortisone (Low STR); 2.5%; 30gm
Kenalog (Triamcinolone-Acetonide); .10%; 80gm
Lortrisone (Clotrimazole/Betameth); 1%/.05%; 15gm
Mycolog (Nystatin/Triamcinolone); 30gm
Silvadene (SSD Crm); 1%; 50gm
Temovate (Clobetasol-Propionate) High Stgth; .05%; 30gm

EYES AND EAR DROPS

Cipro-Opthalmic (Ciproflaxain) Eyes; .3%; 5ml
Cortisporin Otic Solution; 10ml
Tobramycin (Opthalmic) Eyes; .3%; 5ml
Garamycin (Gentamicin) Eyes; .3%; 5ml

STEROIDS

Medrol Dosepack (Methylpred-DP); 4mg; 21Tabs
Orasone (Prednisone); 20mg; 14Tabs

OTHER/OTC

Flexeril (Cyclobenzaprine); 10mg; 20Tabs
Antivert (Meclizine); 25mg; 30Tabs
Atarax (Hydroxyzine HCL); 25mg; 30Tabs
Diflucan (Fluconazole); 150mg; 1Tab
Hibiclens; 4%; 960ml
Immodium AD (Loperamide HCL); 1mg/5ml; 4oz
Motrin (Ibuprofen); 800mg; 30Tabs
Mucinex-D; 600mg; 18Tabs
Naprosyn (Naproxen); 500mg; 30Tabs
Pepcid (Famotidine); 20mg; 30Tabs
Phenrgan (Promethazine); 25mg; 20Tabs
Pyridium (Phenazopyridine); 200mg; 15Tabs
Tessalon Perles (Benzonatate); 100mg; 20Tabs
Ultram (Tramadol); 50mg; 30Tabs
Zovirax (Acyclovir); 800mg; 35Tabs

CONTROLLED SUBSTANCES & NARCOTICS

Lorcet (Hydrocodone/APAP); 10/650mg; 20Tabs
Phenergan w/ Codeine; 6.25mg/10mg; 4oz
Soma (Carisoprodol); 350mg; 30Tabs
Tylenol w/ Codeine; 300/30mg; 20Tabs
Vicodin (Hydrocodone/APAP); 5/500mg; 20Tabs
Xanax (Alprazolam); .5mg; 20Tabs

Additional Addenda

Mail Order Prescription Drug Formulary - Optional

EXISTING LIST

Amoxicillin 125mg/5ml Susp 150ml
Amoxicillin 250mg Chew Tablets 30s
Amoxicillin 250mg/5ml Susp 150ml
Amoxicillin 500mg Capsules 21s
Amoxicillin 500mg Capsules 30s
Amoxicillin 875mg/Clav Pot 125mg Tablets 20s
Antipyrine 54mg/Benzocaine 14mg Otic Solution 15ml
Azithromycin 200mg/5ml Susp 30ml
Azithromycin 250mg Tablets 1x6
Benzonatate 100mg Capsules 30s
Carisoprodol 350mg Tablets 30s
Cefaclor 250mg/5ml susp 150 ml
Cephalexin 500mg Capsules 40s
Chlorzoxazone 500mg Tablets 20s
Ciprofloxacin 500mg Tablets 20s
Ciprofloxacin 500mg Tablets 6s
Clarithromycin 500mg Tablets 20s
Clindamycin HCL 150mg Capsules 28s
C-Phen DM Drop 30ml
C-V Diphenox 2.5mg/Atropine .025mg Tab 20s
C-V Guaiatuss AC Syrup 4oz
Cyclobenzaprine HCL 10mg Tablets 30s
Diclofenac Sod 0.1% Ophth Solution 2.5 ml
Diphenhydramine HCL 50mg Capsules 30s
Doxycycline 100mg Tablets 20s
Fluconazole 150mg Tablets 1s
Ibuprofen 800mg Tablets 30s
Ketorolac 10mg Tablets 20s
Meloxicam 15mg Tablets 15s
Methylprednisolone 4mg Tablets 21s
Naproxen 500mg Tablets 30s
Neo/Poly/B HC Otic Susp 10ml
Neo/Poly/Dex Opth Susp 5ml
Omeprazole 20mg DR Capsules 30s
Orphenadrine Citrate 100mg ER Tablets 30s
Oxaprozin 600mg Tablets 30s
Phenazopyridine 200mg Tablets 10s
Ranitidine HCL 150mg Tablets 30s
Silver Sulfadiazine 1% Cream 50gm
Sulfameth/Trimeth DS 800/160mg Tablets 14s

ANTI-DIABETIC

Glimepiride 2mg Tablets #90
Glimepiride 4mg Tablets #90
Glipizide 10mg Tablets #90
Glipizide 5mg Tablets #90
Metformin 1000mg Tablets #90
Metformin 500mg Tablets #90

ANTI-HYPERTENSIVE

Amlodipine 10mg Tablets #90
Amlodipine 5mg Tablets #90
Atenolol 50mg Tablets #90
Clonidine 0.1mg Tablets #30
Clonidine 0.1mg Tablets #90
Clonidine 0.2mg Tablets #90
Hydrochlorothiazide 25mg Tablets #90
Lisinopril 10mg Tablets #90
Lisinopril 20mg Tablets #90
Lisinopril 40mg Tablets #90
Lisinopril 5mg Tablets #90
Metoprolol Tartrate 100mg Tablets #90
Metoprolol Tartrate 25mg Tablets #180
Metoprolol Tartrate 50mg Tablets #180
Terazosin 2mg Capsules #90
Terazosin 5mg Capsules #90
Triamterene/HCTZ 37.5/25 Tablets #90
Triamterene/HCTZ 75/50mg Tablets #90

SKIN CONDITIONS

Betamethasone Val 0.1% Ointment 45gm
Triamcinololone Acet 0.025% Cream 80gm
Triamcinololone Acet 0.1% Cream 15gm

THYROID CONDITIONS

Levothyroxine 50mcg Tablets #90
Levothyroxine 75mcg Tablets #90
Levothyroxine 100mcg Tablets #90
Levothyroxine 150mcg Tablets #90
Levothyroxine 200mcg Tablets #90

VIRUSES

Sulfameth/Trimeth DS 800/160mg Tablets 20s
Tobramycin 0.3% Opth Sol 5ml
Tramadol HCL 50mg Tablets 20s
Trimethoprim Polymyxin B/Sulf Opth Sol 10ml
Tussin DM Syrup 4oz

ARTHTITIS & PAIN

Allopurinol 100mg Tablets #90

GASTROINTESTINAL

Dicyclomine 10mg Capsules #90

MENTAL HEALTH

Citalopram 20mg Tablets #90
Fluoxetine 10mg Capsules #90
Paroxetine 10mg Tablets #90
Paroxetine 20mg Tablets #90

*** Additional medications added upon request. Does not include brand-name medicines.**

Acyclovir 200mg Capsules #30

MISCELLANEOUS

Albuterol Sulf 0.83mg/ml Solution 3ml UD#25
Fluticasone 50mcg Spray 16 gm
Ipratropium Inh 0.02% 2.5ml Solution #25
Prednisone 5 mg Dosepak #21

ANTO-HYPERLIPIDEMICS

Lovastatin 20mg Tablets #90
Lovastatin 40mg Tablets #90
Pravastatin 20mg Tablets #90
Pravastatin 40mg Tablets #90
Simvastatin 10mg Tablets #90
Simvastatin 20mg Tablets #90

Follow-Up Addenda and Supporting Information:

Proposal Models

Based on the experience of operating six (6) MD Now Medical Centers, we understand and anticipate the volume of patients and estimated rate of patient flow for any of our facilities. Assuming that there will be scheduled primary care/wellness appointments available thirty to forty (30-40) hours per week with a staff including one (1) Medical Doctor or one (1) ARNP/PA, we propose the following:

- Urgent Care Services, all-inclusive, flat-fee pricing at all locations, at all hours of operation on a walk-in basis, 7-days a week.
- There will be thirty to forty (30-40) hours of time allocated per week (Monday thru Saturday) for City employees to schedule primary care/wellness appointments, during regularly scheduled business hours. We will also provide a "Clinical Care Coordinator" at no additional expense to assist in performing Health Risk Assessments (HRA) and Biometric studies, as well as the scheduling of any additional clinical follow up, as required.
- Due to currently unknown variables of the City Employee Health Center, such as overall employee usage, appointments scheduled, and types of visits the typical length of appointments and time spent with the medical provider under the model of operation proposed by MD Now Medical Centers, Inc will vary, however we expect most appointments for primary care visits will have approximately 20-30 minutes of time with a provider. More time can be blocked off as determined by the patient's condition or treatments. Wellness visits with our nurse practitioner would also vary by requirements, however we would have a minimum of 30-40 hours of scheduled time allocated specifically for the City employees each week.
- We also find it best to analyze member usage over a period of three to six (3-6) month period. At which time, we can then re-evaluate our staffing strategies with City officials. MD Now Medical Centers is more than willing to collaborate with City representatives and The Gehring Group to determine the best means necessary to accommodate the City employees including, but not limited to, the optimal length of an appointment as it pertains to the nature of the patient's visit.

Exclusive Access to Multiple Facilities

City of Wellington members would have access to the entire network of MD Now Urgent Care locations. If an employee seeks medical service on a walk-in basis outside the scheduled hours of operation for the City clinic, as yet to be determined, members would:

- Be seen as a priority walk-in basis, or even by special appointment
- Receive VIP Cards to identify Wellington employees
- Have preferred pricing for their services

Exclusive Pricing Model

In addition to dedicated Primary Care, Occupational Health and Urgent Care Medical Services, MD Now Medical Centers will provide a comprehensive Health and Wellness program that will include Biometric testing and an initial Health Risk Assessment (HRA), a physician consultation and follow-up with each employee that utilizes the program on a "Pay-Per-Visit" basis. Services would be priced appropriately and at the City's direction, MD Now will promote any benefits program created as an incentive for participating in the City's wellness initiative. As an example of how wellness pricing could be differentiated from a more comprehensive office visit, MD NOW proposes the following:

Wellington/Royal Palm Beach	
Primary Care / Annual Wellness	\$85 per patient visit
<ul style="list-style-type: none"> Includes all basic scheduled primary care visits with Provider (MD/DO, ARNP, etc) noted in scope of services – No co-pay suggested for patient Includes all onsite testing – CLIA waived labs and any blood draws Annual HRA / Wellness and biometric testing (\$2 PEPM; billed separately) No chronic pain management services Focused medical care delivered at Southern Boulevard Clinic Facility EKG & X-ray billed separately at discounted cost 	
Urgent Care Visits (All Locations)	\$145 per patient visit
<ul style="list-style-type: none"> Suggested \$10 patient co-pay making city responsibility \$135 per visit All usual and customary MD Now Urgent Care Services (laceration repair, I&D of abscess, multiple X-rays, EKG, etc.) included Includes all Rx prescribed drugs with 7-10 day supply (including class II meds if needed) dispensed at all MD Now sites, Maximum of two (2) medicines dispensed per visit; Additional medicines available at posted fees between \$10 - \$20 Access to all MD Now locations county wide, 8am-8pm 7 days a week All Urgent Care supplies and CLIA waived testing included Durable Medical Equipment (DME) such as crutches, wheel chairs, etc., charged separately. 	
Follow-up Assessments	\$50 per patient visit
<ul style="list-style-type: none"> Wellness Coordinator (Nurse Practitioner, RN or MA), as determined by risk tolerance* <p><i>* Risk tolerance will be determined by the physician for disease management purposes, HRA follow-up, Biometric testing, prescription refills and any follow-up testing, as necessary.</i></p>	

- Workers Comp Injuries** would be billed at the State of Florida Workers Comp fee schedule as currently established by Florida law. Specialist care, if needed, would be referred out to selected specialist as determined by the Workers' Comp insurance case manager.
- Occupational Medical Services**, specialized exams, drug screening, labs and medical testing services, would be provided at discount pricing as previously noted in proposal. Additional pricing discounted for Occupational Medicine exams and testing, as requested.

- **Ultrasound and Echocardiogram Services** if needed would be provided at discounted rates “in house” at MD Now facilities. MD Now will also assist the city to negotiate discounted fees with outside vendors for any specialized diagnostic testing that might be needed such as, CT Scan, MRI, etc and will be coordinated with the Case Manager and Medical Provider. (See proposed)
- **Ancillary Services**
Physical Therapy services can be provided on site, according to state workers comp fee schedules or at a discounted rate as appropriate.

When analyzing this model of total medical cost, it is imperative to emphasize that a major contribution to the cost-effectiveness is the inclusion of the following services with the “Pay-Per-Visit” pricing structure:

- **ALL generic in-house medications for the first 7 – 10 day supply**
- **ALL in-house, CLIA waived labs**
- **ALL Digital X-Rays**
- **ALL Administrative Costs**

Also important, and perhaps equally beneficial cost-savings to emphasize, are the intangible benefits of the wellness programs including:

- **Reduction in absenteeism due to illness**
- **Greater control over Workers’ Compensation cases**
- **Reducing stress accompanied by rising healthcare costs**
- **Increased morale**
- **Increased control**

Finally, there is no long term commitment to the City in the form of site construction, tenant improvements, build-out, rent, permits, licensing fees and space utilization. The clinics are existing and the City can begin utilizing our services immediately and “Pay as you Go”. If savings are not realized within the first twelve (12) months, it would be evident and the contract could be modified or cancelled.

Prescription Drug Program

- All dispensed medications are included in the Urgent Care Flat Fee (Max. 2 medications per visit)
- For patients suffering from chronic diseases (Heart, Diabetes, etc) and other related conditions that require on-going prescription medication to treat their symptoms, MD Now will provide the previously noted formulary of generic medications that will be made available to Wellington employees at a charge of \$10 for most medications, plus shipping costs. MD Now reserves the right to substitute more cost-effective generic medications, as available.
- Any dispensed medications, if patient is unable to wait for mail-order, will be charged at only \$10 if the patient is being seen as a scheduled Primary Care visit.

Staffing Model Option

We can consider the option of staffing a Full Time or Part Time Practitioner (ARNP, PA) at the Royal Palm Beach/Wellington MD Now Medical Center solely for the exclusive use of The City of Wellington employees and pass those direct staffing cost along with a reasonable 25% administrative markup fee to the city.

There would then be no patient visit charges for those services of this Practitioners and they would be for dedicated for the exclusive use of Wellington employees. Any additional charges for supplies or office medications, vaccinations, etc would be passed through to the city along with the administrative mark up fee. This model could also be an **integrated model** and/or combined with our flat fee per visit approach to provide more comprehensive coverage throughout our entire network of facilities.

Estimated Costs for ARNP:

(30 hours per week including benefits)

Salary is estimated at approximately \$100,000 to \$120,000, which includes benefits (FICA, Workers' Comp, Social Security, Health/Dental, PTO, Malpractice, etc), plus an additional 25% administrative mark up fee. As noted below, any expenses, supplies, medications, vaccinations and/or equipment would be billed separately. We estimate those additional costs to run 40% of the staffing budget.*

Staffing Cost	\$100,000	\$120,000
Overhead Supplies (40%)	\$40,000	\$48,000
Mark-up (25%)	\$35,000	\$42,000
Total	\$175,000	\$210,000

* Not including HRA, 24/7 Nurse call line or other testing costs.

We guarantee that the City of Wellington will be saving money by using MD Now Medical Centers, Inc as the provider of their medical services. If the City finds that it is not saving money, while at the same time improving access to healthcare for its employees within the first year of service, they may cancel the contract with no further obligation

Peter Lamelas, MD, MBA, FAAEP, FACEP

Additional Addenda – Resume/CV

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.

Peter Lamelas, MD, MBA

65 Spoonbill Road, Manalapan, Florida 33462-4752

Home 561-547-0501 Cell Phone 561-685-4425

E-mail PLdoc@aol.com

PERSONAL DATA

Date of Birth: December 27, 1958

Citizenship: United States

Married to Stephanie Lamelas

CURRENT LICENSURE

State of Florida Permanent License to Practice Medicine & Surgery

SPECIALTY BOARDS

Board of Certification in Emergency Medicine (BCEM)

Board Certified and Recertified (AAPS/ABPS)

American Board of Internal Medicine (ABIM) Board Eligible (ABMS)

American Board of QA/UR Physicians (ABQAURP) – Past Certification

American Board of Medical Management - Certified (ABMM)

GUBENATORIAL BOARD APPOINTMENT

Board Member, State of Florida Board of Medicine

Florida Department of Health - 01/2001 to 01/2005

URGENT CARE MEDICINE

06/04 – PRESENT

President, Medical Director

MD NOW Medical Centers, Inc.

4570 Lantana Road, Lake Worth, FL 33463

11551 Southern Boulevard, Suite 4, Royal Palm Beach, FL 33411

7035 Beracasa Way, Suite 105, Boca Raton, FL 33433

9060 N Military Trail, Palm Beach Gardens, FL 33410

04/08

Member Board of Directors

Urgent Care Association of America (UCAOA)

EMERGENCY MEDICINE

10/87 - 05/03	Medical Director, Emergency Department, Columbia Hospital, West Palm Beach, Florida; EMSA / Inphynet – Team Health
8/90 –2009*	Emergency Physician, Bethesda Memorial Hospital*, Columbia Hospital of the Palm Beaches, Palm Beach Gardens Medical Center & Wellington Regional Medical Center, Florida; Inphynet-Team Health
7/86 - 10/87	Director, Department of Emergency Medicine & Director of House Staff Physicians Norwegian-American Hospital, Chicago, Illinois
7/85 - 6/86	Emergency Physician Norwegian-American Hospital, Chicago, Illinois

ADDITIONAL EMERGENCY MEDICINE EXPERIENCE

7/84 - 6/85	Emergency Physician University of Connecticut Health Center E.D. Farmington, CT & St. Francis Medical Center, Hartford, Connecticut
8/81 - 7/82	St. Mary's Hospital, West Palm Beach, Florida Emergency Medicine, Student Clerkship Experience

HOSPITAL AND STAFF PRIVILEGES

Columbia Hospital (Department of Medical Education)
Palm Beach Gardens Medical Center (Department of Medicine)

EDUCATION

08/93	Masters of Business Administration (M.B.A.) Nova University School of Business and Entrepreneurship Fort Lauderdale, Florida
4/78 - 9/81	Degree: Doctor of Medicine (M.D.) Universidad Central del Este School of Medicine S.P.M. Dominican Republic
9/76 - 4/78	Palm Beach Community College Lake Worth, Florida; Curriculum: Pre-Medicine

RESIDENCY PROGRAMS

- 7/85 - 6/86 St. Francis Hospital, Evanston, Illinois
Affiliate of Loyola University Medical Center
Internal Medicine Residency Program (PGY-3)
- 7/83 - 6/85 University of Connecticut Health Center
Farmington, Connecticut
Internal Medicine Residency Program
Carney Hospital, Boston, Massachusetts
Internal Medicine Residency Program
- 7/82 - 6/83 Franklin Hospital, Franklin, Pennsylvania
Family Practice Residency

EMERGENCY MEDICAL SERVICES

- 10/89 **Medical Director, City of Riviera Beach Fire Rescue/EMS**
- 2007/2008 Riviera Beach, Florida
- 6/96 **Medical Director Consultant**
- 2007/2008 **West Palm Beach Fire-EMS Department, Pension Board**

TEACHING

- Inter. & Continuous **Faculty Appointment, Clinical Instructor Emergency Medicine**
12/87 - PRESENT **Nova Southeastern University College of Medicine**
- 10/87 – 2004 Instructor, Emergency Medicine
Columbia Hospital, Internship Program & Student Rotations
- 7/86 -10/87 Director, Instructor, Emergency Medicine Hospital Based Internal
Medicine Clerkship, Norwegian-American Hospital
- 7/85 - 6/86 Paramedic Training Program Instructor
St. Francis Hospital, Evanston, Illinois

OCCUPATIONAL MEDICINE

- 10/87 Medical Director ED Workers Comp Program
- 05/03 Columbia Hospital, West Palm Beach, Florida
- 7/85 - 10/87 Medical Director Occupational Medicine (Healthworks) Norwegian-
American Hospital, Chicago, Illinois

CORRECTIONAL HEALTHCARE

Past-	Vice President Chief Medical Officer, Correctional Healthcare Advantage (Parent Company- Inphynet/Team Health)
Past-	Independent Correctional Healthcare, EMS, Risk Management, Medical/Legal Consultant
10/95 - 1/98	Corporate Medical Director/Senior Physician Advisor EMSA Correctional Care Utilization/Risk Management
2/91 - 12/95	Regional Director EMSA Correctional Care Palm Beach County Detention Center Main Jail, Stockade, Lockup and Drug Farm

CERTIFICATIONS

Certified Aviation Medical Examiner, AME,
Federal Aviation Administration
Certified US Civil Surgeon
US Immigration and Naturalization Services
Florida Worker's Compensation Certified Physician
Advanced Cardiac Life Support
Advanced Trauma Life Support
Advanced Pediatric Life Support
Past CCHP (Certified Correctional Healthcare Professional) NCCHC

COMMITTEES

	Florida Board of Medicine, Chairman of Rules, Legislative, & Quality Assurance Committees Palm Beach Medical Society; EMS Committee; EMS Medical Directors Association (Palm Beach County) Medical Executive Committee Member & Past Chairman Utilization Review Committee, Columbia Hospital Florida Committee on State Sponsored Trauma Centers (Past Governors Appointee) ACEP Trauma/EMS Committee (90-92) Physician Representative - Physician Consortium on Substance Abuse Education, U.S. Dept. of Health and Human Services FMA Correctional Care Medical Advisory Committee
7/95-11/98	Town of Manalapan - Commissioner, ARCOM
11/98- 1/01	Town of Manalapan - Town Commissioner

**SPECIALTY SOCIETIES
and ASSOCIATIONS**

Florida Medical Association
Board of Directors - Urgent Care Association of America (UCAOA)
American College of Emergency Physicians, ACEP
Chairman – Certification Process/Credentialing Section ('94-'96)
Section Affairs Committee Representative ('93-'94) & Counselor
(93-'96)
Board Examiner, Board of Certification Emergency Medicine, BCEM
American Board of Physician Specialists (ABPS/AAPS)
North American Association for Ambulatory Urgent Care (NAFAC)
Palm Beach County Medical Society
President - Society of Correctional Physicians (SCP) ('95 TO '97)
President-Elect and Charter Member Society of Correctional
Physicians ('93-'95)
President-Elect Latin American Medical Association ('91 - '93)
Florida Association of EMS Physicians

ORGANIZATIONS

**Board Member Associated Industries of Florida (AIF);
Appointed 2/09**

President Hispanic-American Republican Committee ('94-96)
Palm Beach County Republican Executive Committee
Board Chairman - Hispanic Cultural Arts Association of
Palm Beach County

OTHER

Created, produced and hosted FOX Television Pilot "Emergency
Live!", which aired on television July 1996.

Medical License

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.

AC# 187821		
STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
11/15/2008	ME 43423	261761

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2011**

PETER LAMELAS
4570 LANTANA RD.
LAKE WORTH, FL 33463
UNITED STATES

QUALIFICATION(S):
DISPENSING PRACTITIONER

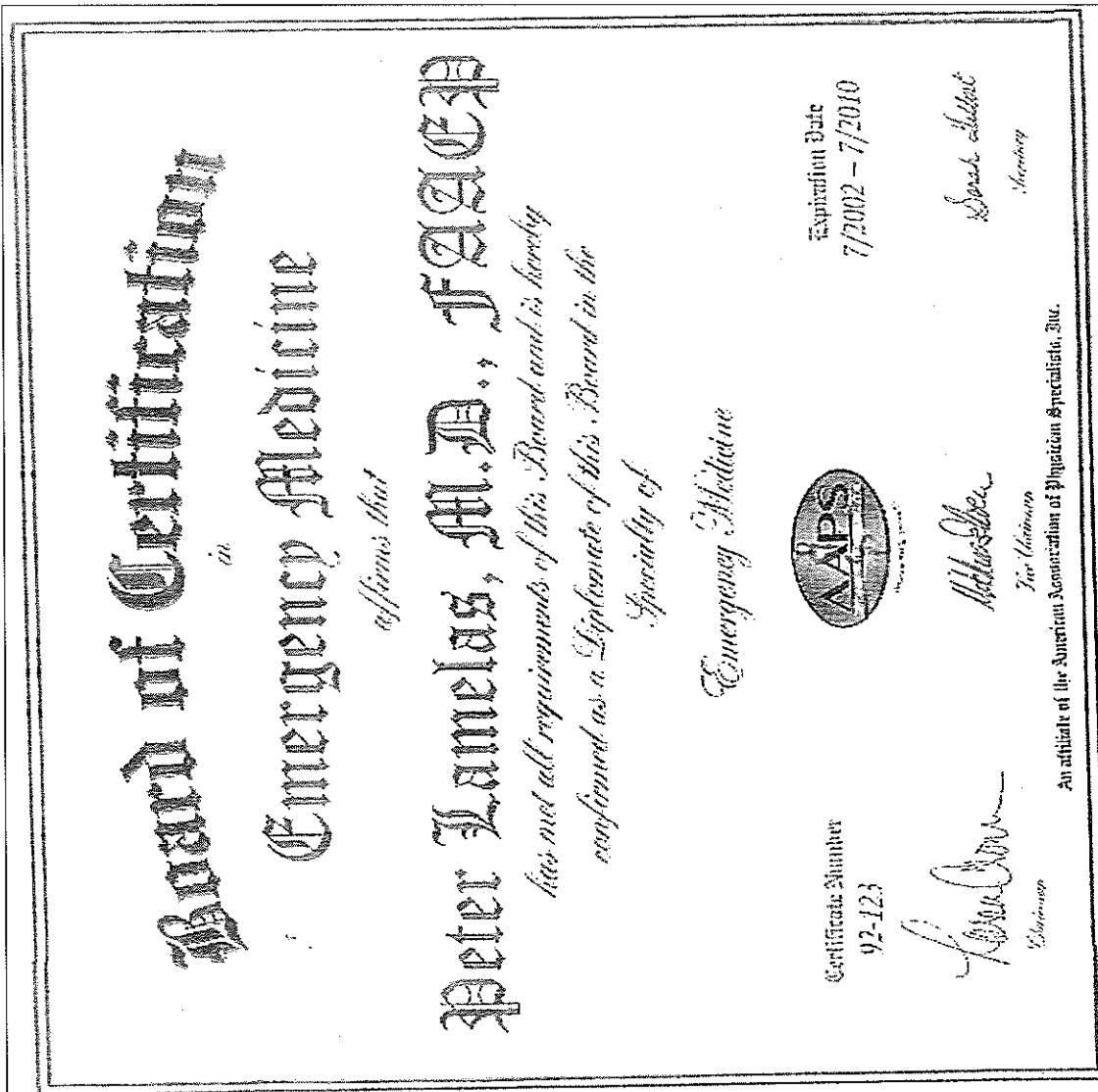

Charlie Crist
GOVERNOR


Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW



AMA Board Certification

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.



AMA Board Certification, Continued

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.

<p>The University of Connecticut  School of Medicine Hartford, Connecticut</p>	<p><i>This is to certify that</i> Peter Lamelas, M.D. <i>has successfully completed an appointment as:</i></p>	<p>Resident in Medicine July 1, 1984 to June 30, 1985</p>	<div><div><p><i>James E. Mulvihill</i> The President for Health Affairs <i>Ernest W. Long</i> Dean <i>John E. Beldorff</i> Associate Dean for Training</p></div><div><p><i>Peter Lamelas</i> <i>June 30, 1985</i></p></div></div>
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AMA Board Certification, Continued

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.

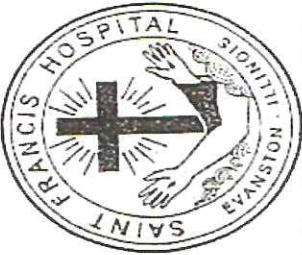
**Saint Francis Hospital
Greenwood, Minnesota**

An Affiliate of
Royal University School of Medicine

Be it Known That
Peter Lamelas, M.D.
has served in the capacity of
Resident in Internal Medicine
for a period of 12 months ending June 30, 1986

In Witness Whereof, the undersigned have affixed their signatures
this 30th *day of* June 1986

Gen W Szabo
Chief of Department




Carl A. Smith, MD
President, Medical Staff

Peter Lamelas, M.D.
Chief Resident, Intern

AMA Board Certification, Continued

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.

<p>The Warren Hospital Boston, Massachusetts Boston University Affiliate</p>	<p><i>This Certifies that</i> <u>Peter Lamelas, M.D.</u> <i>Has Successfully Completed</i> an Internship in Medicine between <u>July 1, 1983</u> and <u>June 30, 1984</u></p>	<p></p> <p><u>L. W. Marmar</u> President, Medical Staff Program Director</p> <p><u>Robert P. O'Leary, D.O.</u> President, Warren Hospital Chairman, Medical Education Committee</p>
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AMA Board Certification, Continued

EDUCATIONAL COMMISSION
for
FOREIGN MEDICAL GRADUATES

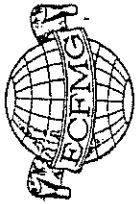
CERTIFIES THAT

PETER LAMELAS

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,
SUCCESSFULLY PASSED ITS EXAMINATIONS
AND HAS BEEN AWARDED THIS CERTIFICATE.

324-507-3
JANUARY 20, 1982
JANUARY 20, 1982
English Examination
Satisfactory
Valid and final
1982-1983

CERTIFICATE NUMBER
MEDICAL EXAMINATION
PRACTICE EXAMINATION
VALID THROUGH



Malcolm B. Brown, M.D.
CHIEF
Ray E. C. Zick, M.D.
PRESIDENT

SEP 15 1982

Medical School Certification

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.



Universidad Central del Este

Fundada el 11 de Octubre de 1978
SAN PEDRO DE MACORIS, REPUBLICA DOMINICANA

El Consejo Universitario en virtud de las disposiciones legales vigentes:

Por cuanto: Peter Lamelas

ha cursado en la

*Facultad de Ciencias Médicas de esta
Universidad los estudios requeridos y ha sido aprobado en los
exámenes correspondientes.*

Por tanto, ha venido en otorgarle, y le otorga el título de

Doctor en Medicina

*Y para que sea notorio y constante lo expido el presente
Diploma, firmado y sellado en San Pedro de Macoris,
República Dominicana, hoy día 15 de Septiembre del año 1981.*

Dr. José E. Larrea

EL RECTOR

Dr. José E. Larrea
SE-DEC-100 DE LA FACULTAD

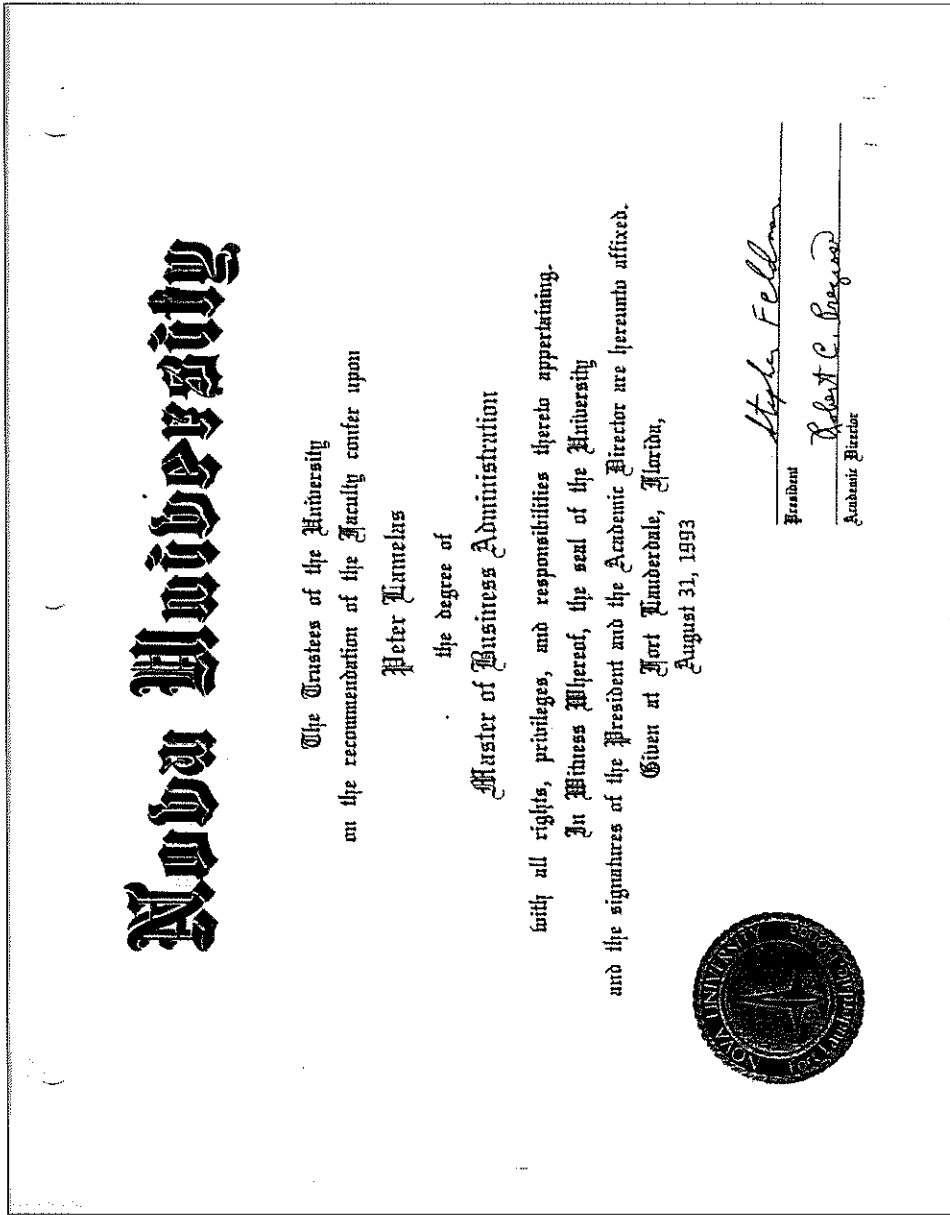
Dr. Juan A. Silva I.

REGISTRADO EN EL N.º 1263 FOLIO 54
DE CUARTOS DE TITULOS

El Secretario de la Universidad
Lic. Rafael A. Salas M.

Masters of Business Administration Certification

Peter Lamelas, M.D., M.B.A., F.A.A.E.P.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/19/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida		
	PHONE (A/C No. Ext): 800-743-8130	FAX (A/C, No): 800-522-7514	
	E-MAIL ADDRESS: ADP.COI.Center@Aon.com		
	PRODUCER CUSTOMER ID #: 10762287		
	INSURER(S) AFFORDING COVERAGE		
INSURED ADP TotalSource FL XI, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER MD Now Medical Center, Inc. 2007 Palm Beach Lakes Blvd West Palm Beach, FL 33409	INSURER A: Illinois National Insurance Co		NAIC # 23817
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 383662

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>	WC 012437068 FL	07/01/11	07/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

All worksite employees working for the above named client company, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. The above named client is an alternate employer under this policy.

CERTIFICATE HOLDER

The Village of Wellington
12300 Forest Hill Blvd
Wellington, FL 33414

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida



CERTIFICATE OF LIABILITY INSURANCE

MDNOW01

OP ID: SN

DATE (MM/DD/YYYY)

10/19/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Florida, Inc Suite 400 1401 Forum Way West Palm Beach, FL 33401 Chad Dorsey	561-686-2266	CONTACT NAME:	
	561-686-2313	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED MD Now Medical Centers, Inc., Silver Sun Development Corp. Dr. Peter Lamelas 2007 Palm Beach Lakes Blvd West Palm Beach, FL 33409		INSURER A : Hartford Fire Ins. Co.+	19682
		INSURER B : Sentinel Insurance Co+	11000
		INSURER C : Hartford Casualty Ins Co +	29424
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			21UUNNF5832	06/25/11	06/25/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY			21UUNNF5832	06/25/11	06/25/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			21XHUNF5515	06/25/11	06/25/12	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION****WELLIN5**Village of Wellington
12300 W Forest Hill Blvd
Wellington, FL 33414

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Wood Insurance Group, Inc. 4835 East Cactus Road Suite 440 Scottsdale AZ 85254	CONTACT NAME: David Wood PHONE (A/C, No, Ext): (602) 230-8200 FAX (A/C, No): (602) 230-8207 E-MAIL ADDRESS: davidw@woodinsurancegroup.com PRODUCER CUSTOMER ID #: 00011617														
INSURED MD Now Medical Centers Inc. Primary Care MD, Inc. 2007 Palm Beach Lakes Blvd West Palm Beach FL 33410	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: FPIC Insurance Group, Inc.</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: FPIC Insurance Group, Inc.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: FPIC Insurance Group, Inc.															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Med Prof Liability Claims Made			CL099446	2/1/2011	2/1/2012	See Below for Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SEE ATTACHED LIST FOR COVERED PROVIDERS

\$250,000 Per Medical Incident / \$750,000 Per Phys/Corp Aggregate / \$3,000,000 Group Aggregate

Coverage is extended to all locations where professional service is rendered with respects to the operations of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

Village of Wellington
12300 West Forest Hill Blvd.
Wellington, FL 33414

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David Wood/DLC

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

MD NOW MEDICAL CENTERS, INC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership

☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

11551 SOUTHERN BLVD STE 4

City, state, and ZIP code

ROYAL PALM BEACH, FL 33411

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

01

0790511

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,*
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,