

ATTACHMENT H – BID PRICE SHEET/COST PROPOSAL FORM - REVISED - BAFO

I/We, the undersigned, having carefully read and fully understood the scope of work, propose to provide the required service in accordance with the terms, conditions and specifications of the RFP for the price(s) stated below:

(Based on Initial 5 Year Period)

Annual Direct Salary Costs – Include wages per hour of supervisory, administrative, technical, professional and other staff. Itemize all proposed categories of personnel.

I/We, the undersigned, having carefully read and fully understood the scope of work, propose to provide the required service in accordance with the terms, conditions and specifications of the RFP for the price(s) stated below:

Services to Be Rendered (Initial Five-Year Period)	Proposed Firm, Fixed Annual Cost	Initial Five-Year Period	Total Proposed Firm, Fixed Cost
Third Party Claim Administration	\$ 4,667,810	X 5	\$ 23,339,050
Bill Review Services (if not included in the Claim Administration Cost)	\$ Included	X 5	\$ 0
Medicare Agent (if not included in the Claim Administration Cost)	\$ Included	X 5	\$ 0
Board of Education Auto Liability Fund	\$ 81,319	X 5	\$ 406,595
Total			\$ 23,745,645

Cost for optional annual years cannot to exceed 3% of the previous year after the initial Five-Year period.

Year 6 Firm, Fixed Annual Cost	Year 7 Firm, Fixed Annual Cost	Year 8 Firm, Fixed Annual Cost	Year 9 Firm, Fixed Annual Cost	Year 10 Firm, Fixed Annual Cost
\$ 4,891,603	\$ 5,038,351	\$ 5,189,502	\$ 5,345,187	\$ 5,505,542

Attachment B

Grand Total = (5 Year Initial Period) + (Year 6 – 10 Optional Years)

Grand Total = \$ 49,715,829

Spell Total Proposed Firm, Fixed Price in Words:

Forty-nine million, seven hundred fifteen thousand, eight hundred twenty-nine

BID SUBMITTED BY: Sedgwick Claims Management Services, Inc. DATE: February 4, 2022

BID/PROPOSAL SUBMITTED BY:  DATE: February 4, 2022

BID/PROPOSAL Prepared By (Name of Company Representative):
Robert J. Peterson

TITLE: President DATE:
February 4, 2022

EMAIL:
robert.peterson@sedgwick.com

PHONE NUMBER:
901.415.7400

COMPANY NAME:
Sedgwick Claims Management Services, Inc.

SUBMIT THIS FORM WITH BID/PROPOSAL (PRICE BID/COST PROPOSAL)


ATTACHMENT H – BID PRICE SHEET – REVISED (continued)

MASTERCARD CREDIT CARD ACCEPTANCE: The Prince George’s County Government is engaged in a MasterCard purchasing card program and may use, at its option, MasterCard in addition to purchase orders for purchases made under any contract resulting from this solicitation. Please indicate whether or not your company will (at the option of the County) accept payments via MasterCard.

Will Accept MasterCard Payments: _____

Will Not Accept MasterCard Payments: X

Company Name: Sedgwick Claims Management Services, Inc.

Authorized Signature: 

Contact Person: Robert J. Peterson Phone Number: 901.415.7400

Email Address: robert.peterson@sedgwick.com

SUBMIT THIS FORM WITH BID/PROPOSAL (PRICE BID/COST PROPOSAL)