



STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: PRESCRIPTION ADJUDICATION SERVICES

CONTRACT NUMBER: CSP904515

EFFECTIVE DATES: 10/27/14 TO 08/31/17

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP904515 that opened on 09/08/14. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Mental Health and Addiction Services as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

Ross Leider, CPPB
ross.leider@das.ohio.gov

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

www.ohio.gov/procure

COST SUMMARY FORM

Contract Title: Prescription Adjudication Services

Contract Number: CSP904515

UNSPSC Category Code: 80100000

OAKS ID Number	Description	Cost
26550	Administrative Fee Per Prescription	\$ 5.25

All costs are in U.S. Dollars.
The State is not responsible for any costs not identified.
There is no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

CONTRACT NO: CSP904515-1(8/31/17)

224167
MedCall, LLC.
4505 Falls of Neuse Road
Suite 550
Raleigh, NC 27609

Remit to Address:

TERMS:

Net 30 Days

224167
MedCall, LLC.
4505 Falls of Neuse Road
Suite 550
Raleigh, NC 27609

CONTRACTOR'S CONTACT: Ms. Ann Beal

Telephone: (866) 607-6980
Fax: (866) 865-7590
Email: abeal@medcallrx.com