



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

December 12, 2013

Re: **Addendum No. 2**

RFP No: **2013-289-12-11-YZV**

Hidalgo County – **Self-Insured Health Care Claims Auditing Services**

Dear Proposer:

Attached you will find **ADDENDUM NO. 2**, in connection with “**HIDALGO COUNTY**” Request for Proposals for “Self Insured Health Care Claims Auditing Services”.

Please add this **ADDENDUM NO. 2** to your procurement packet, to permit your company to submit a complete packet. See original packet LEGAL NOTICE page 3 paragraph 9.

Acknowledge receipt of ADDENDUM NO. 2 by signing and returning this notice to us VIA FAX AT (956) 318-2629 or VIA E-MAIL TO: yolanda.velasquez@co.hidalgo.tx.us

If you do not receive all pages of **ADDENDUM NO. 2** please notify us immediately at (956) 318-2626 x-4881.

Please be advised that this **ADDENDUM NO. 2** will complete your RFP packet for **HIDALGO COUNTY**–“Self-Insured Health Care Claims Auditing Services”.

Thank you for your prompt attention to this matter.

Martha L. Salazar, CRPB
Hidalgo County Purchasing Agent

BY: _____

ADDENDUM NO 2
ACKNOWLEDEMENT OF RECEIPT

Firm Name

MLS/yzv
Enclosures

ADDENDUM NO. 2

December 12, 2013

RFP No. 2013-289-12-11-YZV

“Hidalgo County-Self-Insured Health Care Claims Auditing Services”

PLEASE NOTE THE FOLLOWING CHANGES

RFP Acceptance Date: ~~Wednesday, December 18, 2013 @ 9:30 a.m. as per Addendum 1 dated December 06, 2013 has changed.~~

1. Proposal Acceptance date has been extended to: **Wednesday January 22, 2014 -9:30 a.m.**
2. Responses to Questions will be provided: **Friday, January 10, 2014 before 5:00 p.m.**
3. There will be an Agenda item placed on next Hidalgo County Commissioners' Court meeting on December 20, 2013 and action taken may result in further notices to participants.

I, _____, acknowledge receipt of ADDENDUM NO. 2 dated, **December 12, 2013 RFP NO.:2013-289-12-11-YZV- Hidalgo County-“Self-Insured Health Care Claims Auditing Services”**

Printed Proposer Name

Date

NOTE: PLEASE SUBMIT THIS ADDENDUM WITH YOUR PACKET IN ORDER TO COMPLETE YOUR PROPOSED PACKET.