

**EVALUATION CRITERIA**

In the following criteria for minimum and preferred qualifications, one year, two years, etc. experience need not consist of continuous work but may be made up of discontinuous periods of full-time work adding up to the equivalent years of full-time experience.

**RFO Evaluation Criteria**

The respondent's RFQ will be evaluated based on the criteria presented below. These criteria will be scored on the scales shown on the enclosed "RFQ Evaluation Form."

- 1. **Qualifications of Provider** (25)
- 2. **Experience of Provider/Ability to Commit Resources** (25)
- 3. **Understanding of Services requested** (25)
- 4. **Familiarity with Applicable Rules and Regulations** (25)

**RFQ EVALUATION FORM**

<b>SELECTION CRITERIA</b>		<b>TOTAL SCORE</b>
1	Qualifications of Provider	25
2	The experience of Provider/Ability to Commit Resources	25
3	Understanding of Services being requested	25
4	Familiarity with Applicable Rules and Regulations	25
<b>TOTAL</b>		<b>100</b>

COMMENTS:

PROJECT NAME: "PRIMARY CARE PROVIDER NETWORK FOR THE HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM"

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: ASHLEY PEDIATRICS DAY & NIGHT CLINIC

EVALUATOR:



DATE:

8-1-17

**EVALUATION CRITERIA**

In the following criteria for minimum and preferred qualifications, one year, two years, etc. experience need not consist of continuous work but may be made up of discontinuous periods of full-time work adding up to the equivalent years of full-time experience.

**RFO Evaluation Criteria**

The respondent's RFQ will be evaluated based on the criteria presented below. These criteria will be scored on the scales shown on the enclosed "RFQ Evaluation Form."

- 1. Qualifications of Provider (25)**
- 2. Experience of Provider/Ability to Commit Resources (25)**
- 3. Understanding of Services requested (25)**
- 4. Familiarity with Applicable Rules and Regulations (25)**

**RFQ EVALUATION FORM**

SELECTION CRITERIA		TOTAL SCORE
1	Qualifications of Provider	25
2	The experience of Provider/Ability to Commit Resources	25
3	Understanding of Services being requested	25
4	Familiarity with Applicable Rules and Regulations	25
<b>TOTAL</b>		<b>100</b>

COMMENTS:

PROJECT NAME: "PRIMARY CARE PROVIDER NETWORK FOR THE HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM"

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: ASHLEY PEDIATRICS DAY & NIGHT CLINIC

EVALUATOR: MARIA DE LOURDES M ACEVEDO

DATE: 8-1-17

## EVALUATION CRITERIA

In the following criteria for minimum and preferred qualifications, one year, two years, etc. experience need not consist of continuous work but may be made up of discontinuous periods of full-time work adding up to the equivalent years of full-time experience.

### RFQ Evaluation Criteria

The respondent's RFQ will be evaluated based on the criteria presented below. These criteria will be scored on the scales shown on the enclosed "RFQ Evaluation Form."

- |  |      |
|--|------|
| 1. <b>Qualifications of Provider</b>                         | (25) |
| 2. <b>Experience of Provider/Ability to Commit Resources</b> | (25) |
| 3. <b>Understanding of Services requested</b>                | (25) |
| 4. <b>Familiarity with Applicable Rules and Regulations</b>  | (25) |

### RFQ EVALUATION FORM

SELECTION CRITERIA	TOTAL SCORE
1 Qualifications of Provider	25
2 The experience of Provider/Ability to Commit Resources	25
3 Understanding of Services being requested	25
4 Familiarity with Applicable Rules and Regulations	25
<b>TOTAL</b>	<b>100</b>

COMMENTS:

PROJECT NAME: "PRIMARY CARE PROVIDER NETWORK FOR THE HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM"

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: ASHLEY PEDIATRICS DAY & NIGHT CLINIC

EVALUATOR: Cherie Cortez

DATE: 8-1-17



**PROVIDER ONLINE ACCESS REQUEST FORM**

Providers can access the County Indigent Health Care Pilot Program and must check for patient eligibility and claim status through our website. In order to use the online service you must fill out this form and sign and fax it to 956-318-2019.

Once we receive this form, we will set up a user name and temporary password. We only provide one user account per provider. Should you have any questions please call 956-318-2011. Thank you.

**REGISTRATION:**

Provider Name: SAROJINI BOSE, MD Fed ID# 32-0014517

Person requesting access: SAROJINI BOSE Title: MD

Address: 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504

Telephone #: 956-686-2700 Fax #: 956-686-2708

**ACKNOWLEDGEMENT**

The undersigned organization by executing this acknowledgment certifies and agrees that in applying and utilizing the Online Services, the undersigned organization will utilize this online service only for its intended purpose and only for verification of patients the undersigned is providing medical services and for no other purpose. Any other use of this online service may terminate the use of this service by the undersigned organization and may submit the undersigned organization to civil and/or criminal penalties.

  
Signed Name of authorized person

07/17/2017  
Date

**PROVIDER CONTACT INFORMATION**

Facility Name: ASHLEY PEDIATRICS DAY & NIGHT CLINIC  
 Facility Address: 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Facility Telephone # 956-686-2700 Facility Fax # 956-686-2708

Facility Tax ID # 32-0014517 Service Type: Primary Care Provider or LAB  
 Group TPI # 2965824-06 Group NPI # 1609066257

Facility Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

List all physicians practicing under the above tax ID#, their credentials, TPI# and NPI#

	Title	Name	TPI	NPI
1	MD	SAROJINI BOSE, MD	1480154-25	1235130295
2	MD	RENATO ANG, MD	1435653-09	1548265184
3	MD	ZAHEDA HUSSAIN, MD	2155665-03	1487853727
4	MD	FRANCES MYERS-MITCHELL, MD	1270191-13	1669470043
5	MD	MARIE JEAN-MICHEL, MD	1545931-09	1093885782
6	MD	CARLOS VILLALTA, MD	1391708-23	1639137193
7	PA	SARDAR ALI, PA	2930976-14	1619163425
8	NP	MONICA HERNANDEZ, NP	2160780-05	1073743191
9	PA	MONICA SHOEMAKER, PA	3151870-07	1255638029
10	PA	MARCO A. VARGAS, PA	3156028-09	1801987730

Billing Address 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504  
 Billing Telephone # 956-259-0400 Billing Fax # 956-259-8085

Billing Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

**Other Clinic Locations under the same Tax ID #**

Clinic Address 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Clinic Phone # 956-686-2700 Clinic Fax # 956-686-2708

Clinic Address 2029A E GRIFFIN PARKWAY MISSION, TEXAS 78572-3222  
 Clinic Phone # 956-424-3222 Clinic Fax # 956-424-3225

Clinic Address 514 S CLOSNER EDINBURG, TEXAS 78539  
 Clinic Phone # 956-287-2300 Clinic Fax # 956-287-2315

Clinic Address 6201 S CAGE BLVD SUITE 5 PHARR, TEXAS 78577-5612  
 Clinic Phone # 956-283-7070 Clinic Fax # 956-283-7083

If additional lines are needed please use another sheet.

**PROVIDER CONTACT INFORMATION**

Facility Name: ASHLEY PEDIATRICS DAY & NIGHT CLINIC  
 Facility Address: 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Facility Telephone # 956-686-2700 Facility Fax # 956-686-2708

Facility Tax ID # 32-0014517 Service Type: Primary Care Provider or LAB  
 Group TPI # 2965824-06 Group NPI # 1609068257

Facility Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

List all physicians practicing under the above tax ID#, their credentials, TPI# and NPI#

	Title	Name	TPI	NPI
1	PA	MOHAMMED FAROOQI, PA	3152761-07	1922265230
2	PA	ODIEL RODRIGUEZ, PA	3082935-08	1669706230
3	PA	LETIICA HAWKINS, PA	2877771-13	1649585027
4	NP	MARIA GALVAN, NP	3222028-07	1457621369
5	NP	MARIVEL CAVAZOS, NP	2160764-08	1598995607
6	PA	TERESA WILSON, PA	2853269-10	1861614109
7	NP	REBEKAH SOLIS, NP	3169757-07	1225308133
8	PA	JOHANNA GONZALEZ-MORIN	3174989-07	1760768594
9	PA	MAGADELA CAUDILLO, PA	3294407-06	1659345577
10	NP	MARTA PEREZ	2877029-07	1225225808

Billing Address 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Billing Telephone # 956-259-0400 Billing Fax # 956-259-8085

Billing Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

**Other Clinic Locations under the same Tax ID #**

Clinic Address 5003 S ALAMO ROAD EDINBURG, TEXAS 78542-8959  
 Clinic Phone # 956-223-2555 Clinic Fax # 956-223-2674

Clinic Address 1315 WEST MAIN STE 13-A ALTON, TEXAS 78573-1642  
 Clinic Phone # 956-432-0222 Clinic Fax # 956-583-2226

Clinic Address 1903 E MONTE CRISTO RD EDINBURG, TEXAS 78542-0385  
 Clinic Phone # 956-259-0405 Clinic Fax # 956-386-9897

Clinic Address 1200 E RIDGE RD SUITE #2 MCALLEN, TEXAS 78503-1528  
 Clinic Phone # 956-322-5061 Clinic Fax # 956-322-5062

If additional lines are needed please use another sheet.

**PROVIDER CONTACT INFORMATION**

Facility Name: ASHLEY PEDIATRICS DAY & NIGHT CLINIC  
 Facility Address: 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Facility Telephone #: 956-686-2700 Facility Fax #: 956-686-2708

Facility Tax ID #: 32-0014517 Service Type: Primary Care Provider or LAB  
 Group TPI #: 2965824-06 Group NPI #: 1609066257

Facility Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com  
*List all physicians practicing under the above tax ID#, their credentials, TPI# and NPI#*

	<u>Title</u>	<u>Name</u>	<u>TPI</u>	<u>NPI</u>
1	NP	NINETTE OCHOA-CORTEZ, NP	1763328-14	1407801657
2	PA	ROEL CONTRERAS, PA	3262172-08	1336353390
3	NP	HARITHA MAPAKSHI, NP	3257271-10	1467718643
4	PA	LETICIA COBOS, PA	3371072-01	1508282708
5	PA	AIDA GUIZAR, PA	3383267-02	1295858603
6	NP	JOCELYN ELNAR, NP	3387631-01	1730594912
7	NP	JUAN LLANES, NP	2888620-04	1306843347
8	NP	CELSO TUMULAK, NP	3544447-02	1720494503
9	PA	DANIEL CASANOVA, PA	3549370-01	1386777225
10	PA	GRACIELA MORALES, PA	2876161-02	1558417485

Billing Address 801E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Billing Telephone #: 956-259-0400 Billing Fax #: 956-259-8085

Billing Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

**Other Clinic Locations under the same Tax ID #**

Clinic Address 701 N MAIN ST STE B DONNA TEXAS 78537-2766  
 Clinic Phone #: 956-464-3649 Clinic Fax #: 956-464-3670

Clinic Address 712 LINDBERG AVE MCALLEN, TEXAS 78501-2928  
 Clinic Phone #: 956-213-8400 Clinic Fax #: 956-213-8333

Clinic Address 17927 WASHINGTON PALM DR PENITAS TEXAS 78576-8523  
 Clinic Phone #: PENDING Clinic Fax #: PENDING

Clinic Address \_\_\_\_\_  
 Clinic Phone #: \_\_\_\_\_ Clinic Fax #: \_\_\_\_\_

If additional lines are needed please use another sheet.

**PROVIDER CONTACT INFORMATION**

Facility Name: ASHLEY PEDIATRICS DAY & NIGHT CLINIC  
 Facility Address: 801 E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
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Facility Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

List all physicians practicing under the above tax ID#, their credentials, TPI# and NPI#

	Title	Name	TPI	NPI
1	NP	RAQUELA TORRES	3673899-01	1417313156
2				
3				
4				
5				
6				
7				
8				
9				
10				

Billing Address 801E NOLANA STE 13-A MCALLEN, TEXAS 78504-6112  
 Billing Telephone #: 956-259-0400 Billing Fax #: 956-259-8085

Billing Contact ROXANE ARGUELLES Email Address roxane.arguelles@ashleypediatrics.com

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Clinic Address \_\_\_\_\_  
 Clinic Phone # \_\_\_\_\_ Clinic Fax # \_\_\_\_\_

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 Clinic Phone # \_\_\_\_\_ Clinic Fax # \_\_\_\_\_

Clinic Address \_\_\_\_\_  
 Clinic Phone # \_\_\_\_\_ Clinic Fax # \_\_\_\_\_

Clinic Address \_\_\_\_\_  
 Clinic Phone # \_\_\_\_\_ Clinic Fax # \_\_\_\_\_

If additional lines are needed please use another sheet.

Provider Name	TPI #	NPI
Dr. Sarojini Bose	1480154-25	1235130295
Enrollment Date:04/22/2014	1480154-26	1235130295
Effective Date: 07/16/2003		
Dr. Renato Ang	1435653-09	1548265184
Enrollment Date: 8/27/2014		
Effective Date: 03/16/2011		
Dr. Zaheda Hussain	2155665-03	1487853727
Enrollment Date:8/11/2014		
Effective Date:9/9/2010		
Dr. Frances Myers Mitchell	1270191-13	1669470043
Enrollment Date: 8/19/2014		
Effective Date: 5/14/2013		
Dr. Marie Jose Jean-Michel	1545931-08	1093885782
Enrollment Date:01/05/2015		
Effective Date:10/01/2014		
Dr. Carlos Villalta	1391708-23	1639137193
Enrollment Date: 6/8/2015		
Effective Date: 05/1/2015		
Sarder Ali	2930976-14	1619163425
Effective Date:12/12/2011		
Monica Hernandez	2160780-05	1073743191
Effective Date:12/19/2011	2160780-06	1073743191
Monica Shoemaker	3151870-07	1255638029
Effective Date 12/12/2011		
Marco A. Vargas	3156028-09	1801987730
Effective Date 12/14/2011		
Mohammed Farooqi	3152761-07	1922265230
Effective Date 1/14/2014	3152761-08	1922265230
Odiel Rodriguez	3082935-08	1669706230
Effective Date: 12/12/2011		
Leticia Hawkins	2877771-13	1649585027
Effective Date 3/6/2013		
Maria D Galvan	3222028-07	1457621369
Effective Date 01/03/2012		

Marivel Cavazos	2160764-08	1598995607
Effective Date 1/1/2012		
Teresa Wilson	2853269-10	1861614109
Effective Date 5/20/2013	2853269-11	1861614109
Rebekah Solis	3169757-07	1225308133
Effective Date 3/16/2013	3169757-08	1225308133
Johanna Gonzalez Morin	3174989-07	1760768584
Effective Date 3/26/2013		
Magdalena Caudillo	3294407-06	1659345577
Effective Date 3/27/2013		
Marta Perez	2877029-07	1225225808
Effective Date: 2/1/2013	2877029-08	1225225808
Ninette Ochoa-Cortez	1763328-14	1407801657
Effective Date 11/1/2013		
Roel Contreras	3262172-08	1336353390
Effective Date 11/2/2013		
Haritha Mapakshi	3257271-10	1467718643
Effective Date 11/01/2013		
Leticia Cobos	3371072-01	1508282708
Effective Date 05/03/2014		
Aida Guizar	3383267-02	1295858603
Effective Date 07/16/2014		
Jocelyn Einar	3387631-01	1730594912
Effective Date 7/1/2014		
JUAN LLANES	2888620-04	1306843347
Effective Date 08/30/2015	2888620-05	1306843347
CELSO TUMULAK	3544447-02	1720494503
Effective Date 11/09/2015	3544447-03	1720494503
DANIEL CASANOVA	3549370-01	1386777225
Effective Date 12/31/2015	3549370-02	1386777225
GRACIELA MORALES	2876161-02	1558417485
Effective Date	2876161-03	1558417485
RAQUELA TORRES	3673899-01	1417313156

Effective Date 01/17/2017	3673899-02	1417313156

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Ashley Pediatrics Day & Night Clinic  
McAllen, TX United States

Certificate Number:  
2017-238556

Date Filed:  
07/19/2017

Date Acknowledged:  
07/20/2017

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
HIDALGO COUNTY PURCHASING OFFICE

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2017-188-07-19-HGO  
HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	ASHLEY PEDIATRICS DAY & NIGHT CLINIC	MCALLEN, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Ashley Pediatrics Day & Night Clinic  
McAllen, TX United States

**Certificate Number:**  
2017-238556

**Date Filed:**  
07/19/2017

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HIDALGO COUNTY PURCHASING OFFICE

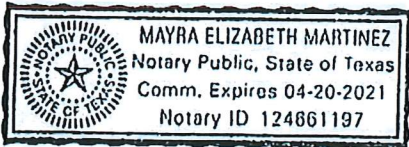
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2017-188-07-19-HGO  
HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM

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			Controlling	Intermediary
	ASHLEY PEDIATRICS DAY & NIGHT CLINIC	MCALLEN, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Mayra Bo*  
Signature of authorized agent of contracting business entity.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 13th day of July, 2017, to certify which, witness my hand and seal of office.

*Mayra E Martinez*  
Signature of officer administering oath

Mayra E Martinez  
Printed name of officer administering oath

Notary  
Title of officer administering oath