

**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. **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>	100

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: DR BOSE INDUSTRIAL & FAMILY MEDICINE

EVALUATOR: 

DATE: 8-1-17

**EVALUATION CRITERIA**

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**RFO Evaluation Criteria**

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- 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: DR BOSE INDUSTRIAL & FAMILY MEDICINE

EVALUATOR: MARIA DE LOURDES M ACEVEDO

DATE: 8-1-17

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**RFQ EVALUATION FORM**

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DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: DR BOSE INDUSTRIAL & FAMILY MEDICINE

EVALUATOR:         Cristo Costa        

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# 20-5667741

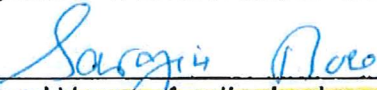
Person requesting access: SAROJINI BOSE, MD Title: MEDICAL DOCTOR

Address: 801 E NOLANA STE6 MCALLEN, TEXAS 78504-6113

Telephone #: 956-668-7333 Fax #: 956-668-7999

**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

SAROJINI BOSE, MD

07/17/2017  
Date

**PROVIDER CONTACT INFORMATION**

Facility Name: DR BOSE INDUSTRIAL & FAMILY MEDICINE  
 Facility Address: 801 E NOLANA STE 6 MCALLEN, TEXAS 78504-6113  
 Facility Telephone # 956-668-7333 Facility Fax # 956-668-7999

Facility Tax ID # 20-5667741 Service Type: Primary Care Provider or LAB  
 Group TPI # 197496601 Group NPI # 1639368889

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	MD	SAROJINI BOSE, MD	1480154-22	1235130295
2	MD	RAMIRO ALONSO, MD	1386955-16	1669525051
3	MD	FRANCES MYERS-MITCHELL, MD	1270191-12	1669470043
4	PA	SARDAR ALI, PA	2930976-13	1619163425
5	PA	LETICIA HAWKINS, PA	2877771-09	1649585027
6	PA	ROEL CONTRERAS, PA	3262172-04	1336353390
7	PA	AIDA GUIZAR, PA	3383267-01	1295858603
8	PA	ROLANDO BENITEZ, PA	3158438-01	1366531691
9	NP	CELSO TUMULAK, NP	3544447-01	1720494503
10	NP	JOCELYN ELNAR, NP	3387631-04	1730594912

Billing Address 801 E NOLANA STE 6 MCALLEN, TEXAS 78504-6113  
 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 ENOLANA STE 6 MCALLEN, TEXAS 78504-6113  
 Clinic Phone # 956-668-7333 Clinic Fax # 956-668-7999

Clinic Address 6201 S CAGE BLVD SUITE 6 PHARR, TEXAS 78577-5612  
 Clinic Phone # 956-961-4458 Clinic Fax # 956-961-4284

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

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

If additional lines are needed please use another sheet.

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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#*

	<u>Title</u>	<u>Name</u>	<u>TPI</u>	<u>NPI</u>
1	PA	GRACIELA MORALES, PA	2876161-04	2876161-04
2				
3				
4				
5				
6				
7				
8				
9				
10				

Billing Address 801 E NOLANA STE 6 MCALLEN, TEXAS 78504-6113  
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 Clinic Phone # \_\_\_\_\_ Clinic Fax # \_\_\_\_\_

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

If additional lines are needed please use another sheet.

# 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.  
DR BOSE INDUSTRIAL & FAMILY MEDICINE  
MCALLEN, TX United States

Certificate Number:  
2017-238558

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 HEALTH CARE LEVEL 2 PILOT PROGRAM

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DR BOSE INDUSTRIAL & FAMILY MEDICINE	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

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HIDALGO COUNTY PURCHASING OFFICE

Date Acknowledged:

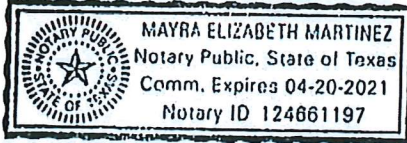
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HIDALGO COUNTY HEALTH CARE LEVEL 2 PILOT PROGRAM

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**6 AFFIDAVIT**

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



*Sergio Bae*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 13<sup>th</sup> 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