

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

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
TOTAL		100

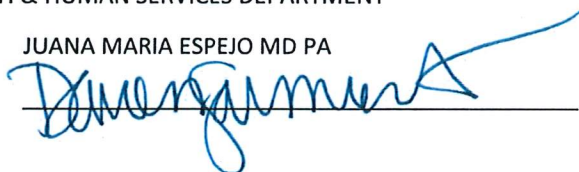
COMMENTS:

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

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: JUANA MARIA ESPEJO MD PA

EVALUATOR:



DATE:

8-1-17

EVALUATION CRITERIA

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

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DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: JUANA MARIA ESPEJO MD PA

EVALUATOR: MARIT DE LOURDES M. ACEVEDO

DATE: 8-1-17

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RFQ EVALUATION FORM

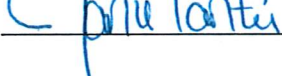
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DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: JUANA MARIA ESPEJO MD PA

EVALUATOR: 

DATE: 8-1-17

PROVIDER CONTACT INFORMATION

Facility Name: Juana Maria Espejo MD PA
 Facility Address: 2404 S. Cage Blvd.
 Facility Telephone #: 956-702-6462 Facility Fax #: 956-702-6911

Facility Tax ID #: 204732028 Service Type: Primary Care Provider or LAB
 Group TPI #: _____ Group NPI #: 1083904890

Facility Contact Jose M. Hernandez Email Address myfamilyclinic@outlook.com
 List all physicians practicing under the above tax ID#, their credentials, TPI # and NPI #

	Title	Name	TPI	NPI
1	<u>MD</u>	<u>Juana M. Espejo</u>		<u>1538265913</u>
2				
3				
4				
5				
6				
7				
8				
9				
10				

Billing Address 2404 S. Cage Blvd.
 Billing Telephone #: 956-702-6462 Billing Fax #: 956-702-6911

Billing Contact Cessie Morin Email Address myfamilyclinic@outlook.com

Other Clinic Locations under the same Tax ID #

Clinic Address _____
 Clinic Phone # _____ Clinic Fax # _____

Clinic Address _____
 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 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: Juana Maria Espajo Fed ID# 204732028

Person requesting access: Juana Maria Espajo Title: MD

Address: 2404 S. Cage Blvd.

Telephone #: 956-702-6462 Fax #: 956-702-6911

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.

Juana Maria Espajo
Signed Name of authorized person

7/10/17
Date

