

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
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: LUIS P BAY MD PA

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.

RFQ Evaluation Criteria

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- 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

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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: LUIS P BAY MD PA

EVALUATOR: MARIA DE LOURDES M ACEVEDO

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: LUIS P. BAY, M.D. Fed ID# 680527962

Person requesting access: Ana Rodriguez Title: Office Manager

Address: 1401 E. RIDGE RD. STE. C MCALLEN, TX 78503

Telephone #: 956-687-8916 Fax #: 956-687-8971

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.

Ana Rodriguez
Signed Name of authorized person

July 13, 2017
Date

PROVIDER CONTACT INFORMATION

Facility Name: LUIS P. BAY, MD., PA
 Facility Address: 1401 E. RIDGE RD. STE. C MCALLEN, TX 78503
 Facility Telephone # 956-687-8916 Facility Fax # 956-687-8971

Facility Tax ID # 680527962 Service Type: Primary Care Provider or LAB
 Group TPI # 156035101 Group NPI # 1285685479

Facility Contact Ana Rodriguez Email Address arodriguez.drbay@sbcglobal.net
List all physicians practicing under the above tax ID#, their credentials, TPI # and NPI #

	Title	Name	TPI	NPI
1	Physician	LUIS P. BAY, MD.	1285684860	131933707
2				
3				
4				
5				
6				
7				
8				
9				
10				

Billing Address P O Box 3350 McAllen, Texas 78501
 Billing Telephone # (956) 687-8916 Billing Fax # (956) 687-8971

Billing Contact Ana Rodriguez Email Address arodriguez.drbay@sbcglobal.net

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.