



PURCHASING DIVISION
SUMMARY OF BID PROPOSALS

CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

Date Received: Tuesday, June 30, 2020 @ 2:00 PM, EST

City Contract #: 20-19

Contract Name: Emergency Medical Billing Services for the
City of Ocean City

BY THE GOVERNING BODY OF THE CITY OF OCEAN CITY, NJ

KEY: <div>Apparent Lowest Bidder</div> <div>Mathematical Error</div>	NAME, ADDRESS & BID OF EACH BIDDER			Cape Professional Billing												
	d/b/a Cape Medical Billing															
	5 Locust Lane, PO Box 670															
	CMCH, NJ 08210															
	C: Richard C. Papperman, President															
	P: 609.465.8900															
	F: 609.463.8106															
E: richp@capebilling.com																
	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 1	Contract Year 2	Contract Year 3	
	Emergency medical billing & response services, percentage of the collections to be received by the bidder for said specified services	2.99%	2.99%	2.98%												
	Number of years for your Company/Firm has been in the Emergency Medical Billing Service business	30														
	Number of days required prior to the start-up of services	1-2														
	Name & model of computer software being utilized for this contract	Dell Optiplex 3010, 3020														
REQUIRED INFORMATION																
	Required Number of Copies (2)	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	RIGHT-TO-EXTEND - TIME FOR AWARD:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	STATEMENT OF OWNERSHIP DISCLOSURE:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	NON-COLLUSION AFFIDAVIT:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	NJ MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	NJ AFFIRMATIVE ACTION REGULATION COMPLIANCE NOTICE:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA:	Y - 1	X	Y - 1			Y - 1			Y - 1			Y - 1			
	DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN STATEMENT (2 PART FORM):	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	NJ BUSINESS REGISTRATION CERTIFICATE (BRC) SUBMITTED:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	STATEMENT OF AUTHORITY	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	W-9 FORM:	Y/N	X	Y/N			Y/N			Y/N			Y/N			
	REQUIRED REFERENCE LIST OF GOVERNMENTAL/MUNICIPAL CUSTOMERS:	Y/N	X	Y/N			Y/N			Y/N			Y/N			

