



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DATE RECEIVED: Tuesday, October 17, 2017 @ 2:00 PM, EST
 CITY RFP #: Q-18-001
 PROPOSAL NAME: City Physician Services for the City of Ocean City

PURCHASING DIVISION
SUMMARY OF QUOTES

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

NAME, ADDRESS & BID OF EACH BIDDER		Atlanticare Physicians Group			Ocean City Family Practice			Shore Physicians Group LLC		
		250 English Creek Avenue, Building 600 Egg Harbor Township, NJ 08234 Jatin Mutiwal, Vice President APG			500 6th Street Ocean City, NJ 08226 Gary Raab, Physician/President			1 E. New York Avenue Somers Point, NJ 08244 David May, President/Sole Shareholder		
Key: Recommended for Award		P: not given F: not given E: not given			P: 609-399-1862 F: 609-399-1572 E: drgwraab@aol.com			P: 609-653-3500 ext 2401 F: 609-926-4799 E: N/A		
Item	Description	2018	2019	2020	2018	2019	2020	2018	2019	2020
1.0	Service to be provided at your facility/office									
1.1	Patient History/Exam (Seasonal Employees)	\$65.00	\$65.00	\$70.00	\$65.00	\$65.00	\$70.00	\$65.00	\$65.00	\$70.00
1.2	Comprehensive Physicals	\$380.00	\$380.00	\$385.00	\$380.00	\$380.00	\$385.00	\$380.00	\$380.00	\$385.00
Name & Address of Facilities:		APG Ocean City Practice, 201 West Avenue, Ocean City, NJ 08226			Ocean City Family Practice, 500 6th Street, Ocean City, NJ 08226			Shore Physicians Group LLC, 1645 Haven Avenue, Ocean City, NJ 08226		
Required Information										
Required Number of Copies (2):		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Right to Extend - Time for Award:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Statement of Ownership Disclosure:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Non-Collusion Affidavit:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Mandatory Equal Employment Opportunity Language:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
NJ Affirmative Action Regulation Compliance Notice:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Sworn Statement by Professional Services Provider:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Statement of Investment Activities in Iran Statement-Two Part Form:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Acknowledge of Receipt of Addenda:		Y/N	Yes - None		Y/N	Yes - None		Y/N	Yes - None	
NJ Business Registration Certificate (BRC):		Y/N	Yes		Y/N	Yes		Y/N	Yes	
Statement of Authority:		Y/N	Yes		Y/N	Yes		Y/N	Yes	
W-9:		Y/N	Yes		Y/N	Yes		Y/N	Yes	