

EXHIBIT D

COST PROPOSAL FORM

MEDICAL CHART AUDIT AND COMPLIANCE SERVICES FOR LAKESIDE MEDICAL CENTER

Fixed Monthly Fee (Section 3-4 A)

<i>Fiscal Year</i>	Monthly Price	Annual Price
2014		
2015		
2016		
3-Yr Total	n/a	

Name of Respondent (firm): _____

Authorized Representative: _____

Signature: _____

Date: _____

The person signing the proposal certifies that he/she is Respondent's Authorized Representative: entitled to represent the firm, empowered to submit the proposal, and authorized to execute a contract with the District to perform medical chart audit and compliance services at Lakeside Medical Center.

Additional Services (Section 3-4 B)

<i>Fiscal Year</i>	Hourly Rate
2014	
2015	
2016	

Name of Respondent (firm): _____

Authorized Representative: _____

Signature: _____

Date: _____

The person signing the proposal certifies that he/she is Respondent's Authorized Representative: entitled to represent the firm, empowered to submit the proposal, and authorized to execute a contract with the District to perform additional services at Lakeside Medical Center. Submission of an hourly rate does not give Respondent the exclusive right to perform additional services, nor does it guarantee that the District will request that Respondent perform services in addition to those included in the scope of work for this RFP.