

SECTION 8 - BID FORM PRICING

In the formation of the final awarded Contract, the County will select from the options shown herein, the options which are most advantageous to the County. Pricing must be maintained for at least one year. If Offeror is unwilling to maintain pricing throughout the term, Offeror may propose alterations for years 2 through 4.

MEDICARE A/ MEDICARE ADVANTAGE HMO/PPO A

Item/Description	UOM	Price/Percent
Option 1: PDPM Per Diem	Per Diem	\$ 78.19
Option 2: Percentage of PT/OT/ST CM	% Of Per Diem Component	35 %
Option 3: PDPM Per Minute	Per Minute	\$ 0.85
Option 4: Other	_____	NA %

MEDICARE B/ MEDICARE ADVANTAGE HMO/PPO B

Item/Description	UOM	Price/Percent
Option 1: Charge Per Minute	Per Minute	\$ 1.40
Option 2: Charge Per 15 Minutes	Per 15 Minutes	\$ 21.00
Option 3: Percent of Fee Schedule	%	60 %

INSURANCE/HMO/PPO

Item/Description	UOM	Price/Percent
Option 1: Charge Per Minute	Per Minute	\$ 0.95
Option 2: Charge Per 15 Minutes	Per 15 Minutes	\$ 14.25
Option 3: Per Diem	Per Diem	\$ N/A

MEDICAID

Item/Description	UOM	Price/Percent
Option 1: Charge Per Minute	Per Minute	\$ 0.95
Option 2: Charge Per 15 Minutes	Per 15 Minutes	\$ 14.25
Option 3: Per Diem	Per Diem	\$ NA

CAPITATED ISNP

Item/Description	UOM	Price/Percent
Option 1: Charge Per Minute	Per Minute	\$ 0.95
Option 2: Charge Per Unit	Per Unit	\$ 14.25
Option 3: Per Diem	Per Diem	\$ NA

RESPIRATORY THERAPY

Item/Description	UOM	Price/Percent
Option 1: Charge Per Minute	Per Minute	\$ 0.90
Option 2: Charge Per 15 Minutes	Per 15 Minutes	\$ 13.50
Option 3: Per Diem	Per Diem	\$ NA

ADDITIONAL SERVICES

Please check the appropriate boxes below to indicate if the service is included in the fee or available at an additional charge.

Item/Description	Included in Fee	Additional Charge
Rehab Site Leader	X	
Physical Therapy Consulting		\$57.00/hour
Occupational Therapy Consulting		\$57.00/hour
Speech Therapy Consulting		\$57.00/hour
Respiratory Therapy Consulting		\$57.00/hour

NON-MANDATORY SERVICES:

Please check the appropriate boxes below to indicate if the service is included in the fee, available at an additional charge or not available.

	Included in Fee	Additional Charge	Not Available
Develop and maintain unit census		X	
Develop and maintain referral management networks from local referring hospitals		X	
Marketing services to new referral sources	X		
Develop and maintain managed care networks		X	
Strategic planning and development for outpatient services and other niche markets	X		

SECTION 9 - PROPOSAL FORM
THERAPY AND CONSULTING SERVICES 21-057-CARE
(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Symbria, Inc.
Main Business Address	28100 Torch Parkway
	Suite 600
City, State, Zip Code	Warrenville, IL 6055
Telephone Number	630-981-8091
Fax Number	630-413-5809
Proposal Contact Person	Jill Krueger
Email Address	jkrueger@symbria.com

The undersigned certifies that he is:

☐ the Owner/Sole Proprietor
☐ a Member of the Partnership
☒ an Officer of the Corporation
☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Jill Krueger
(President or Partner)

Jay Mandra
(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. A, _____, and _____ issued thereto;

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-rotating or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that he has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties

listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

X 

(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 27th day of September AD, 2020 1

 _____

My Commission Expires: 07/21/2022
(Notary Public)

