

TECHNICAL EVALUATION FORM

LOCATION: Buffalo/Rochester/Utica

	Facility	Facility	Facility
<b>EXAMINATION SITE (40)</b> - Appearance (10) - Facility Capacity (10) - Excess Capacity (10) - Location (10)			
<b>SERVICE PLAN (20)</b> - Completeness (10) - Time Standards (8) - Optional Exams (2)			
<b>STAFFING (MD) (10)</b> ■ Meet minimum hours required to perform exams for each specialty (4) ■ 4095 original form completed within 3 months of bid due date (3) ■ Backup Staff for each Mandatory specialty (2) ■ Languages spoken by staff performing CE's (1)			
<b>EXPERIENCE (30)</b> - Processing Times (10) - Volumes (10) - Quality (10) - Appendix L (-30)*			

- Appendix L Contractor/Subcontractor Background Questionnaire and/or the Physician Background Questionnaire can result in up to minus 30 points deducted based on non-submission and/or adverse response(s).