**ATTACHMENT 2**

**RFR/A APPLICATION PRICE SHEET**

**RFR/A #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **PROPOSED LABOR CATEGORY****PHYSICAL THERAPIST****INITIAL TERM: YEAR 1-3** (This rate will not change during the 3 year term) | **\* PERCENTAGE RATE OF REIMBURSEMENT** |  **ESTIMATED WEEKLY HOURS AVAILABLE** |
| --- | --- | --- |
| **1. MEDICAL ASSISTANCE REIMBURSEMENT ACCEPTABLE RATE - Current rate is $ 150.09** |  **%** |  |
| **2. MEDICARE REIMBURSEMENT ACCEPTABLE RATE - Current rate is $122.00** |  **%** |  |
| **3. INSURANCE (ALL COMBINED PROVIDERS) REIMBURSEMENT ACCEPTABLE RATE - Current rate is $ 110.00** |  **%** |  |
| **4. SELF PAY REIMBURSEMENT ACCEPTABLE RATE - Current rate is $200.00** |  **%** |  |
| **PROPOSED LABOR CATEGORY****PHYSICAL THERAPIST****RENEWAL TERM: YEAR 1-3 \*\***(This rate will not change during the 3 year term) | **\* PERCENTAGE RATE OF REIMBURSEMENT** |  **ESTIMATED WEEKLY HOURS AVAILABLE** |
| **1. MEDICAL ASSISTANCE REIMBURSEMENT ACCEPTABLE RATE** |  **%** |  |
| **2. MEDICARE REIMBURSEMENT ACCEPTABLE RATE** |  **%** |  |
| **3. INSURANCE (ALL COMBINED PROVIDERS) REIMBURSEMENT ACCEPTABLE RATE** |  **%** |  |
| **4. SELF PAY REIMBURSEMENT ACCEPTABLE RATE** |  **%** |  |

\**Administrative time shall be computed in the percentage rate of reimbursement. Examples of reimbursement rate percentage calculations are attached for informational purposes only.*

*\*\*Failure to complete the Renewal Term Section will not result in a disqualification of the initial bid, but may result in a continuation of the rates listed in the initial term.*

|   |   |   |   |
| --- | --- | --- | --- |
| Authorized Individual Name |   | Company Name (if applicable) |
|   |   |  |  |
| Title |   | Individual or Company Tax ID # |

This Application Price Sheet must accompany the Resume/Application provided. The “Percentage Rate of Reimbursement” is the actual rate that the GCHD will pay for services and is based on the expected payment to be received by GCHD.