



Delaware Health and Social Services
Request for Proposal

Letter of Interest

The following information must be filled out for firms intending to submit a response to this RFP. This letter has a strict submission deadline date prior to the submission of a proposal. Proposals submitted without prior submission of this letter will not be opened.

RFP #	HSS 11-048
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Vendor Name	PRGX USA, Inc.
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Email Address	sam.kaye@prgx.com
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Authorized Vendor Representative

Printed Name	Samuel A. Kaye
Signature	



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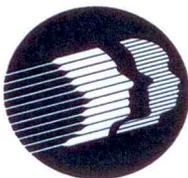
Vendor Name	Health Management Systems, Inc.
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Email Address	klippman@hms.com
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Authorized Vendor Representative

Printed Name	Kathy S. Lippman
Signature	<i>Kathy S. Lippman</i>

(Regional Vice President)



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Vendor Name	Recovery Audit Specialists, LLC
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Email Address	BRussell@ras-dc.com
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Authorized Vendor Representative

Printed Name	Brenda Russell, President
Signature	<i>Brenda Russell</i> 2-15-11



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Vendor Name	Goold Health Systems
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Email Address	jclair@ghsinc.com
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Authorized Vendor Representative

Printed Name	James A. Clair, Chief Executive Officer
Signature	



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Vendor Name	Cognosante
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Email Address	procurement@cognosante.com
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Authorized Vendor Representative

Printed Name	Mark Shishida
Signature	