

July 10, 2018

CITY OF MISSION

"Home of the Grapefruit"

RE: **Addendum No. 3 / Ambulance Services**
Request for Bid No.: 18-249-07-19

Dear Prospective Bidder:

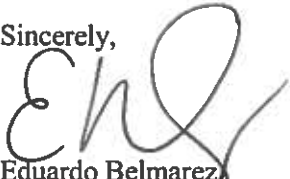
The following is to be corrected/added/changed/clarified:

- a. This addendum is being provided to all bidders. Changes are marked with a vertical line on the right hand side of the document.
- b. Question: Number of 911 responses?
Answer: Average calls for a one year period is 560 calls a month/ 6,720 per year.
- c. Question: Number of Transports resulting from 911 responses?
Answer: On average, we transport about 80%.
- d. Question: Can you provide any information related to payer mix?
Answer: We have a mixed payer of 50% insurance and 50% Medicare, Medicaid and other payer.
- e. The proposal due date has not changed. The date for receipt of proposals is **Thursday, July 19, 2018 at 2:00 p.m. CST**
- f. No other changes result from this Addendum No. 3.

NOTE: This form must be completed and submitted with your bid response. WARNING: Failure of an Offeror to acknowledge receipt of this Addendum, as described herein, may result in REJECTION OF THE OFFER.

We apologize for any inconvenience this may have caused. Authorized signature is needed. Everything else shall remain the same. If you have any questions, please contact me at (956) 580-8667.

Sincerely,



Eduardo Belmarez
Director of Purchasing

_____ Acknowledge receipt of Addendum No. 3

Authorized Signature

Printed Name

Company Name