

Medication Reminder & Dispenser Services Selection Form- Attachment 2

Service Selection	Short Code	Unit Definition	Cap Rate	Provided Rate
Medication/Health Care Reminder (1 call per day)	MRS1	1 unit = 1 month of service	\$14.00	
Medication/Health Care Reminder (2 calls per day)	MRS2	1 unit = 1 month of service	\$20.00	
Medication/Health Care Reminder (3 calls per day)	MRS3	1 unit = 1 month of service	\$26.00	
Medication/Health Care Reminder (4 calls per day)	MRS4	1 unit = 1 month of service	\$32.00	
Automated Medication Dispenser Installation	AMD Install	1 unit = 1 time occurrence	\$50.00	
Automated Medication Dispenser	AMD	1 unit = 1 month of service	\$86.00	
Automated Medication Dispenser (Wireless)	AMD2	1 unit = 1 month of service	\$86.00	

In order for an application to be processed, the following items must be submitted at time of application as well as maintained throughout the life of the contract. Applications submitted without all required items will be held for thirty (30) days, after which the application will be considered invalid and will be destroyed. Failure to maintain all items throughout the life of the contract will result in service suspension and/or contract termination.

City Business License- If currently operating out of Utah, submit a copy of the comparable document from the city of operation.

Agency brochure, pamphlet, or other informational flyer

Agency Continuity of Operations Plan/Emergency Plan

Federal Communication Commission Registration

Direct Deposit Form (please leave SUPPLIER NUMBER field blank)

Voided Check

-or-

Bank Letter

Worker's Compensation Insurance Verification

Commercial General Liability Insurance- must be presented on an occurrence form

Name of Insured

State of Utah, DHS/DAAS, Salt Lake County listed as additional insured and certificate holder

Minimum amount of \$1,000,000 per occurrence

Minimum amount of \$3,000,000 general policy aggregate

Professional Liability Insurance

(Required only for providers that employ doctors, dentists, social workers, mental health therapists, or other professionals that will provide direct services under this contract)

Name of Insured*

*Salt Lake County is **not** to be listed as an additional insured for professional liability insurance

Minimum policy limit of \$1,000,000 per occurrence

Minimum amount of \$3,000,000 aggregate

Commercial Automobile Liability Insurance- must be presented on an occurrence form

Name of Insured

Coverage for owned, hired, and non-owned automobiles

Minimum of single combined limit of \$1,000,000