

ATTACHMENT "A"
PRICING SCHEDULE BID SHEET
Oklahoma Prescription Drug Discount Program
(OPDDP)

Company Name: _____ Contact: _____
Street Address: _____ Telephone: _____
City: _____ State _____ Zip + Four _____
FEI/TIN: _____ Contact's E-mail: _____

Bidder must submit a fixed rate for enrollment fees for clients for the services specified in this RFP. The rate submitted shall be all inclusive of charges necessary to complete the job, and the Bidder's ability to successfully meet all requirements specified in this RFP. OHCA will only issue payment for clients at or below the 150% FPL. This form must be signed by an individual authorized to bind the Bidder to a contractual relationship.

Fixed Enrollment Rate per Client: \$ _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____