



STATE OF LOUISIANA

LDH Medical Vendor Administration
REQUEST FOR PROPOSAL

RESPONSES WILL BE
PUBLICLY OPENED

09/03/2021

03:00 PM CST

Vendor No.: _____

Solicitation: 3000017417

Opening Date: 09/03/2021

Vendor Name and Address: (to be completed by Vendor)

Ship To Address:

Invalid Delivery Address

Invalid, LA 99999-9999

**SUBMIT NON-ELECTRONIC RESPONSE
TO: PROGRAM OPS & COMPLIANCE**

RFx Number: 3000017417

Version: 2

Buyer: DOROTHY BAGBEY

Buyer Phone: 225-219-0206

E-Mail: ali.bagbey@la.gov

Scheduled Begin Date:

Scheduled End Date:

T-Number:

Name of Solicitation: Managed Care Organization

Notice to bidder:

LDH answers to written inquiries.

RFx text:

Addendum 4 - LDH answers to written inquiries.

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	Product Category:85101700 SFY 23	N/A	N/A	N/A	

VENDOR TELEPHONE NUMBER: EMAIL ADDRESS:	TITLE	DATE
Signature of Authorized Bidder	Name of Bidder (Typed or printed)	