

STATE OF CONNECTICUT
UNIVERSITY OF CONNECTICUT HEALTH CENTERLynn Brown
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RFP NUMBER	PROPOSAL DUE DATE:	PROPOSAL DUE TIME:
1-2478	January 30, 2012	3:30 PM EST
RFP TITLE:	TECHICAL SERVICES – SLEEP DISORDERS CENTER	

ADDENDUM 2: Clarification on QUESTION 2**QUESTION #2 and RESPONSE:** Section V, Page 6, UCHC responsibilities. (UCHC Clarification

- a. Please clarify whether you or the vendor will be responsible for the following:
- i. Scheduling of Patient studies: UCHC staff will schedule Patient studies.

UCHC will be responsible for all third party insurance verification and authorization services to ensure reimbursement for sleep testing services.

Date Issued: 01/23/2012**END OF ADDENDUM**