SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER

PAGE 1 OF 3

2. CONTRACT NO.

3. AWARD/ EFFECTIVE DATE

4. ORDER NUMBER

5. SOLICITATION NUMBER: 75H71026Q00217

6. SOLICITATION ISSUE DATE: 08/05/2026

7. FOR SOLICITATION INFORMATION CALL:

a. NAME: CORNELIUS TSIPAI

b. TELEPHONE NUMBER (No collect calls): (505) 368-6087

8. OFFER DUE DATE/LOCAL TIME: 08/14/2026 1200 MT

9. ISSUED BY CODE 53

Northern Navajo Medical CTR
US Hwy 491 North
Shiprock NM 87420

10. THIS ACQUISITION IS ☒ UNRESTRICTED OR ☐ SET ASIDE: % FOR:

☐ SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)
☐ WOMEN-OWNED SMALL BUSINESS (WOSB)
☐ ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
☐ 8(A)

NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 518210

SIZE STANDARD: $40

11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED
☒ SEE SCHEDULE

12. DISCOUNT TERMS

13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700) ☐

13b. RATING

14. METHOD OF SOLICITATION
☒ REQUEST FOR QUOTE (RFQ) ☐ INVITATION FOR BID (IFB) ☐ REQUEST FOR PROPOSAL (RFP)

15. DELIVER TO CODE IHSSHIPROCK

IHSSHIPROCK
PO Box 160
Shiprock NM 87420

16. ADMINISTERED BY CODE 53

Northern Navajo Medical CTR
US Hwy 491 North
Shiprock NM 87420

17a. CONTRACTOR/ OFFEROR CODE

FACILITY CODE

TELEPHONE NO.

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Period of Performance: 09/01/2026 to 08/31/2027				
1	Base Period Clearinghouse Claims Management Services Contractor shall provide claims management solution for the revenue cycle processing system that automates components of claims management, remittance and payment management, and patient billing and payment for each facility within the Shiprock Service Unit in accordance with Attachment A - "Statement of Work".				
	(Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Government Use Only)*

☐ 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.

☐ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.

☐ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

☐ 29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*

30b. NAME AND TITLE OF SIGNER *(Type or print)*

30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER *(Type or print)*: MICHELLE A. JAMES

31c. DATE SIGNED

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Delivery: 08/31/2027				
2	Option Period 1 Clearinghouse Claims Management Services Contractor shall provide claims management solution for the revenue cycle processing system that automates components of claims management, remittance and payment management, and patient billing and payment for each facility within the Shiprock Service Unit in accordance with Attachment A - "Statement of Work". (Option Line Item) 08/31/2027				
	Delivery: 08/31/2028 Period of Performance: 09/01/2027 to 08/31/2028				
3	Option Period 2 Clearinghouse Claims Management Services Contractor shall provide claims management solution for the revenue cycle processing system that automates components of claims management, remittance and payment management, and patient billing and payment for each facility within the Shiprock Service Unit in accordance with Attachment A - "Statement of Work". (Option Line Item) 08/31/2028 Continued ...				

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
☐ PARTIAL ☐ FINAL			☐ COMPLETE ☐ PARTIAL ☐ FINAL	

38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY *(Print)*	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT *(Location)*	
		42c. DATE REC'D *(YY/MM/DD)*	42d. TOTAL CONTAINERS

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Delivery: 08/31/2029 Period of Performance: 09/01/2028 to 08/31/2029				
4	Option Period 3 Clearinghouse Claims Management Services Contractor shall provide claims management solution for the revenue cycle processing system that automates components of claims management, remittance and payment management, and patient billing and payment for each facility within the Shiprock Service Unit in accordance with Attachment A - "Statement of Work". (Option Line Item) 08/31/2029				
	Delivery: 08/31/2030 Period of Performance: 09/01/2029 to 08/31/2030				
5	Option Period 4 Clearinghouse Claims Management Services Contractor shall provide claims management solution for the revenue cycle processing system that automates components of claims management, remittance and payment management, and patient billing and payment for each facility within the Shiprock Service Unit in accordance with Attachment A - "Statement of Work". (Option Line Item) 08/31/2030				
	Delivery: 08/31/2031 Period of Performance: 09/01/2030 to 08/31/2031				