



ADDENDUM #01

DATED: 3/20/2018

**RFP R28129
Electronic Medical Records System**

Please sign and date this amendment and return it, along with your Bid.

NAME/BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____, STATE: _____, ZIP CODE: _____

PHONE: () _____ FAX NO.: _____

ATTENTION OF: _____

TITLE: _____

SIGNED: _____

DATE: _____

All questions should be directed to the Purchasing Department at (913) 573-5440.

For Purchasing Use Only

Date Mailed: _____

Date Fax Sent: _____

Date Picked Up: _____

Date E-mailed: _____

The Purchasing Department must inform you of the following:

Please find enclosed Answers to Questions Regarding the R28129

**RFP QUESTIONS AND RESPONSES:
“Electronic Medical Records System”**

See Attachments

EMR RFP Ques Responses Final

Section 9.05 Billing Workflow