



State of Georgia
In conjunction with
NASPO ValuePoint

Attachment DD
References Form

Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

Please provide references as directed in the mandatory scored question for each scope of work proposed. For each year of experience include the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. The recovery amount is not applicable to and not required for the Hospital Physician scope of service.

REF #	Company or State	Population Size	Client Contact Information	SIMILAR SCOPE?	Annual Recovery Amount	Annual Cost Savings	CURRENT OR PAST?	PERMISSION TO CONTACT?
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