ATTACHMENT 4



Offeror Certifications Form

"Health Maintenance Organizations Specifications for the NYSHIP"

Offeror Name: _	 	
Email address:	 	

Question Number	Page #	Section Reference	Question

An Offeror is required to use the **Questions Template** table above when submitting questions. Offeror's questions must be submitted to Designated Contact specified in Section 2 of the Specifications.