PURCHASE ORDER SCOPE OF WORK

1. Description of Service

The Provider must provide the services described within this Scope of Work (Scope).

1.1 The Provider will assign Psychiatric Residents that are postgraduate year two (PGY-2), or above, to deliver monthly psychiatric clinical services at Florida State Hospital (FSH), Northeast Florida State Hospital (NEFSH) and North Florida Evaluation and Treatment Center (NFETC), under the supervision of each facility's attending physician.

1.2 The Provider will ensure that at least one Psychiatric Resident provides services each month at NEFSH. These placements are essential to supporting NEFSH's certification as a behavioral health teaching facility and to sustaining enhanced psychiatric services at FSH. Services provided by the Psychiatric Residents will expand the pool of on-site clinical psychiatric support and enhance care through education and consultation. The Provider can provide Psychiatric Residents at FSH and NFETC each month; such coverage can be offered on an as available basis.

1.3 All patients of FSH, NEFSH and NFETC in need of psychiatric consultations are eligible for service. Patient eligibility and service determination are the exclusive responsibility of the Department. The Medical Executive Director at each facility under the supervision of the Hospital Administrator, will oversee the determination of services.

2. Governance

Based on §287.057(19), Florida Statutes (F.S.), if applicable, Provider(s) under this Contract will be prohibited from participating in any other engagement that the Provider provides related content as this would create a conflict of interest. The Provider shall comply with all applicable state and federal requirements, including, without limitation:

2.1 Chapter 394 F.S. Florida Civil Commitment

2.2 Chapter 916, F.S. Forensic Client Services Act

3. Term

3.1 The anticipated term of the resulting Contract is July 1, 2026, through June 30, 2031, with a 5-year renewal option. The term of the resulting Contract is subject to change based on the actual execution date of the resulting Contract.

3.2 In accordance with §287.058(1)(g), F.S., the Contract resulting from this procurement may be renewed for a period that may not exceed five years or the term of the resulting original Contract period, whichever is longer. Renewal of the Contract shall be in writing and subject to the same terms and conditions set forth in the original Contract. A renewal may not include any compensation for costs associated with the renewal. Renewals are contingent upon satisfactory performance as determined by the Department, are subject to the availability of funds, and optional to the Department.

3.3 Funding under this Contract is subject to the availability of funds. The Department reserves the right to expand the Scope performed by the Provider, should any additional needs and funding become available. Additional services may be included in, or added to, any purchase order(s), upon mutual written agreement, and through issuance of a change order.

4. Composition of the Contract

4.1 This Contract is composed of the documents listed in this section. In the event of any conflict between the documents, the documents shall be interpreted in the following order of precedence:

4.1.1 Purchase Order Scope of Work (PMT-57), and other attached documents: All other attachments and exhibits to the contract referenced in the solicitation shall also be part of the resulting contract, if any

4.1.2 The Department's Purchase Order Terms and Conditions, located at: https://www.myflfamilies.com/general-information/contracted-client-services/library.

4.1.3 Department of Children and Families Standard Contract Definitions, located at: https://www.myflfamilies.com/general-information/contracted-client-services/library.

4.1.4 PUR 1000 Form, located at: https://www.dms.myflorida.com/business_operations/state_purchasing/state_agency_resources/state_purchasing_pur_forms.

4.1.5 Provider Response: The Provider's Response and any additional submittals, if incorporated into or attached to the contract.

4.2 Notwithstanding the order of precedence indicated, for purchases based on a state term contract or an enterprise alternative contract source procured for state agency use by the Department of Management Services, the terms of the underlying state term contract or Department of Management Services enterprise alternative contract source agreement shall prevail over conflicting terms in other documents in the order of precedence, unless by the terms of that underlying state term contract or alternative contract source agreement the "Customer" is explicitly authorized to vary the terms to the State's detriment.

5. Elements of Services

The Provider is responsible for the performance of all tasks and deliverables contained in this Scope.

5.1 Service Delivery

5.1.1 Service Delivery Location:

Psychiatric Residents will provide services at the following locations, Monday through Friday within the hours of 8:00 A.M.to 4:30 P.M.:

Florida State Hospital
100 North Main Street
Chattahoochee, Florida 32324

Northeast Florida State Hospital
7487 S State Road 121
Macclenny Florida, 32063

North Florida Evaluation and Treatment Center
1200 NE 55th Blvd.
Gainesville Florida 32641

5.2 Equipment

5.2.1 All equipment necessary to perform the services outlined in this agreement at the Facilities will be supplied to the Provider.

5.3 Task List

The Provider will perform the following tasks:

5.3.1 Participate in medical staff meetings relating to clinical service delivery and hospital management as it relates to resident care.

5.3.2 Participate in multi-disciplinary treatment team meetings by taking the clinical lead on patient interview and presentation, with the goal of learning how to function within and lead a multi-disciplinary treatment team meeting.

5.3.3 Conduct admissions evaluations, and discharges, under the supervision of the service location attending physician, as part of patient care and treatment.

5.3.4 Make court appearances, if required, to serve as a member of the involuntary commitment continuation process, (I.E., testifying as to continued clinical need for treatment), all under the supervision of the service location attending physician.

5.4 Provider Responsibilities

5.4.1 The Provider agrees to supply adequate qualified Psychiatric Residents to deliver the services in accordance with minimum performance measures.

5.4.2 Professional Qualifications – All Psychiatric Residents providing services under this agreement must be currently enrolled as a postgraduate year two (PGY-2) or higher at the university or college and meet all the specified requirements. Upon execution of the agreement, evidence to support licensure, certification, and status with the State of Florida Department of Health will be made available to the Department's Contract Manager within 30 days.

5.4.3 Subcontracting - The Provider shall not assign the responsibility of this agreement to another party or subcontract for any of the work provided under this agreement.

5.4.4 Records and Documentation – Under the supervision of the service location's attending physician, the Psychiatric Residents will use the **Department's Patient Log (Attachment B),** hereafter referred to as the "Patient Log", to document evaluations, consultations, recommended treatments, and follow-up care for all patients served. The Patient Log identifies the patient by name/unique hospital identifier with dates and types of service and shall be maintained by the attending physician and submitted monthly to the Medical Executive Director. The Provider will maintain documentation of service location site, service dates, and total service times using the **Monthly Service Log (Attachment A),** hereafter referred to as the "Service Log". Total service time will include the time of arrival to and departure from the service location less the time used for lunches and breaks by the Psychiatric Residents. The Provider is responsible for obtaining the attending physician's signature from the assigned Facility location and their representative's signature on the Service Log. The signed Service Log shall be attached to the request for payment and submitted monthly to the Department's Contract Manager.

5.4.5 Reports – The Provider will submit all reports, and the invoice (**Attachment C**), within the timeframes indicated in **Section 7**.

5.4.6 The Provider shall instruct the Psychiatric Residents to keep all patient information strictly confidential and to not use it for any purpose other than treatment or as a part of their training. Psychiatric Residents shall comply with all applicable requirements of state and federal law for the protection of confidential patient information, including privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

5.4.7 The Provider shall instruct the Psychiatric Residents to wear a pictured name tag identifying his/her status with the Provider.

5.4.8 Proof of Professional Licensure

The Provider must furnish documentation verifying that all individuals assigned under this contract are legally authorized and credentialed to provide services in the State of Florida. At a minimum, the Provider shall:

5.4.9 Psychiatric Residents

5.4.9.1 Submit proof of current registration as an Intern/Resident/Fellow with the Florida Department of Health, Board of Medicine, for each assigned resident.

5.4.9.2 Provide verification of enrollment in an accredited Psychiatry Residency Program (ACGME-accredited), including year of training (PGY level).

5.4.10 Residency Program Accreditation

5.4.10.1 Provide documentation of the program's current accreditation by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent accrediting body.

5.4.10.2 Provide a current roster or formal letter from the sponsoring institution confirming the resident(s) assigned to the Department's facilities.

5.4.11 Submission and Updates

Immediately notify the Department's Contract Manager in writing of any lapse, suspension, restriction, or expiration of licensure, registration, or accreditation.

5.5 Department Responsibilities

5.5.1 The Department shall provide to each Psychiatric Resident, upon arrival at the service location, a current set of the Department's rules and regulations relevant to this location assignment.

5.5.2 The Department shall arrange for immediate emergency care in the event of a Psychiatric Residents' accidental illness or injury; however, the Department will not be responsible for the cost involved, follow up care, or hospitalization.

5.5.3 The Department shall formally evaluate, in writing, the performance of each Psychiatric Resident.

5.5.4 The Department shall have the right to remove any Psychiatric Resident who does not, in the sole judgement of the Department, satisfactorily perform assigned duties.

5.5.5 The Department agrees to provide a 24-hour notice of cancellation to the Provider in the event the Department is unable to provide proper supervision for any service dates. If the Department fails to provide the notification to the Provider, the Department agrees to compensate the Provider for an amount equal to three hours at the contracted rate of the assigned Psychiatric Resident at FSH and NEFSH, and an amount equal to one hour at the contracted rate for the assigned Psychiatric Resident at NFETC.

6. Deliverables, Minimum Performance Measures, and Financial Consequences

6.1 The Provider must complete or submit the following deliverables in the time and manner specified herein.

6.2 Pursuant to §287.058, F.S., the Contract must contain financial consequences that will apply if the Provider fails to perform in accordance with the Contract terms.

6.3 The deliverables must meet the minimum service level, and failure of the Provider to complete or submit a deliverable in the time and manner specified will result in a reduction in payment for that deliverable

6.4 The Department will pay only for units of services provided in accordance with the terms and conditions of this agreement. Services shall be delivered in a timely manner and no later than five (5) business days upon receipt of referral by the service location attending physician. Deliverables must be received and accepted in writing by the Department prior to payment. All deliverables are subject to subsequent audit and review.

6.5 A service unit is one hour (60 minutes) of a Psychiatric Resident's time while participating in the delivery of clinical services at the assigned service location as described in the Task list, and as documented in the **Monthly Service Log (Attachment A).** Service Units will be broken down on the **Monthly Service Log (Attachment A)** and **Invoice (Attachment C**), into increments as small as ¼ hour (15 minutes), to accurately reflect the time delivering clinical services. Increments will be rounded to the nearest ¼ hour (15 minutes), by using the following method:

Partial Increments of:	Rounding Method	Example
8 Minutes to 14 Minutes	Round **UP** to nearest ¼ hour (15 minutes)	1 hour 8 minutes = 1.25 hours
1 minute to 7 minutes	Round **DOWN** to nearest ¼ hour (15 minutes)	1 hour 7 minutes = 1 hours

6.6 This will be a fixed rate agreement. The costs are as shown below:

TABLE A: INITIAL TERM						
Psychiatric Resident Post Graduate Year (PGY)		**FY26/27 Unit Rate Per Hour**	**FY27/28 Unit Rate Per Hour**	**FY28/29 Unit Rate Per Hour**	**FY29/30 Unit Rate Per Hour**	**FY30/31 Unit Rate Per Hour**
PGY2	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY3	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY4	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
RENEWAL TERM						
Psychiatric Resident Post Graduate Year (PGY)		**FY31/32 Unit Rate Per Hour**	**FY32/33 Unit Rate Per Hour**	**FY33/34 Unit Rate Per Hour**	**FY34/35 Unit Rate Per Hour**	**FY35/36 Unit Rate Per Hour**
PGY2	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD

	NFETC	TBD	TBD	TBD	TBD	TBD
PGY3	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY4	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD

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DELIVERABLES, MINIMUM PERFORMANCE MEASURES, AND FINANCIAL CONSEQUENCES				
Deliverable # and Description	**Minimum Performance Measure**	**Supporting Documentation**	**Qualitative Monitoring Criteria**	**Financial Consequence**
Deliverable 1: Provision of Psychiatric Residents to NEFSH	The Provider must assign, monthly, at least one qualified Psychiatry Resident (PGY-2 or above) to NEFSH. Providers are only required to meet staffing requirements for the facilities to which they applied and were awarded.	Psychiatric Residents must complete a Patient Log (Attachment B), and the Monthly Service Log (Attachment A), for each patient served.	• Documentation must be complete, legible, and submitted timely each month. • Monthly logs must reflect clinical engagement and alignment with training objectives. • Provider must respond to any deficiencies or documentation issues identified by the Department within five business days. • Monitoring may include review of logs, and verification of resident participation and rotation schedules with facility staff.	Failure to assign a qualified Psychiatric Resident (PGY-2 or above) to NEFSH for the month shall be deemed non-delivery of services, and the Department will deduct the full invoiced amount for that month. Failure to submit required logs (Attachments A and B) timely, or to correct deficiencies within five business days of Department notification, shall result in a deduction of up to 25% of the monthly invoice..

Deliverable 2: Provision of Psychiatric Residents to FSH and/or NFETC	The Provider may also assign Psychiatry Residents to FSH and NFETC, as available. Providers are only required to meet staffing requirements for the facilities to which they applied and were awarded.	Psychiatric Residents must complete a Patient Log (Attachment B), and the Monthly Service Log (Attachment A), for each patient served.	• Documentation must be complete, legible, and submitted timely each month. • Monthly logs must reflect clinical engagement and alignment with training objectives. • Provider must respond to any deficiencies or documentation issues identified by the Department within five business days. • Monitoring may include review of logs, and verification of resident participation and rotation schedules with facility staff.	When Psychiatry Resident services are provided under this deliverable, failure to submit complete, legible, and timely supporting documentation as required will be considered a non-delivery of services for that service period. In such cases, the Department will deduct an amount equal to 100% of the value of the services for this deliverable for the month(s) in which services were provided without the required supporting documentation. This deduction applies to the *undocumented services* (not automatically all services if part of the documentation is complete). The deduction will be applied to the associated invoice.

7. Reports & Required Documents

7.1 The Provider shall adhere to reporting requirements included in this section. The Department reserves the right to direct the Provider to amend or update its reports and/or report formats in accordance with the best interests of the Department and at no cost to the Department. The Department will notify the Provider of such modification, in writing.

REPORTS			
#	**Title**	**Due Date**	**Section Reference**
1	Monthly Service Log	15th calendar day of each month following the month of service to the Contract Manager	Attachment A
2	Department's Patient Log	Immediately after providing services for essential activities Site Location attending physician	Attachment B
3	Monthly Invoice	15th calendar day of each month following the month of service to the Contact Manager	Attachment C
4	Proof of Professional Licensure	Upon execution of agreement, and within 30 days of License renewal to the Contract manager	
5	Proof of Liability Insurance	Upon execution of agreement, and within 30 days of License renewal to the Contract Manager	

7.2 The Department reserves the right to modify reporting formats and submission timetables resulting from changing priorities or management direction.

7.3 Executive Compensation Reporting

7.4 Annually on or before May 1 Provider shall complete and return the Executive Compensation Annual Report (Form PCMT-08), located at: https://www.myflfamilies.com/general-information/contracted-client-services/library.

7.5 All reports shall be developed and produced at no cost to the Department.

8. Invoicing and Payments

8.1 General Information

8.1.1 A Purchase Order (PO) will be issued to the Provider.

8.1.2 The method of payment for this purchase is a fixed rate.

8.1.3 The Provider will not receive payment in advance for goods or services described in this Scope.

8.2 Invoicing

8.2.1 The Provider must submit an invoice upon completion of each deliverable that provides a detailed accounting of the deliverables performed during the invoice period for which payment is being requested. Invoices must be sufficient for a proper pre-audit and post-audit thereof.

8.2.2 The invoice shall be submitted along with the documentation supporting completion of each

deliverable, milestone, recurring maintenance, and operations monthly cost. Each invoice must include the following information:

8.2.2.1 PO number,

8.2.2.2 Provider name and address,

8.2.2.3 Provider federal identification number,

8.2.2.4 Date(s), location(s), and services provided,

8.2.2.5 Identification of any deliverable(s) due during the invoicing period,

8.2.2.6 Invoice amount,

8.2.2.7 PO balance after payment of invoice, and

8.2.2.8 Signature of Provider's authorized representative and date signed.

8.2.3 The Department may require any other information from the Provider that the Department deems necessary to verify the completion of services.

8.3 Payments

8.3.1 Frequency of Payment: All deliverables will be paid monthly, upon Department acceptance of the deliverable.

8.3.2 The Provider will receive payment for deliverables described in this Scope after deliverables submitted to the Department are deemed to meet the Department's satisfaction.

8.3.3 This will be a fixed rate agreement. The Department shall pay the Provider for the delivery of service units provided in accordance with the terms and conditions of this agreement for the total dollar amount not to exceed $TBD, per fiscal year. The State of Florida's performance and obligation to pay under this agreement is contingent upon an annual appropriation by the Legislature. The Department agrees to pay for service units at the unit rate(s) listed below:

TABLE A: INITIAL TERM						
Psychiatric Resident Post Graduate Year (PGY)		**FY26/27 Unit Rate Per Hour**	**FY27/28 Unit Rate Per Hour**	**FY28/29 Unit Rate Per Hour**	**FY29/30 Unit Rate Per Hour**	**FY30/31 Unit Rate Per Hour**
PGY2	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY3	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY4	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
RENEWAL TERM						

Psychiatric Resident Post Graduate Year (PGY)		FY31/32 Unit Rate Per Hour	FY32/33 Unit Rate Per Hour	FY33/34 Unit Rate Per Hour	FY34/35 Unit Rate Per Hour	FY35/36 Unit Rate Per Hour
PGY2	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY3	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY4	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD

8.3.4 Payments to the Provider through this PO will be made through MyFloridaMarketPlace (MFMP), thus it is required that the Provider is registered with MFMP.

8.3.5 MFMP registration instructions are located at: https://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace/mfmp_vendors/requirements_for_vendor_registration

8.3.6 The PO and this document contain all terms and conditions agreed upon by the parties, which terms and conditions shall govern all transactions between the Department and Provider related to this Contract. This Contract may only be modified or amended upon mutual written agreement of the Department and Provider. Any modification to this PO will be addressed through a change order within MFMP.

8.3.7 Effective July 1, 2024, the MFMP transaction fees imposed for the use of MFMP are equal to seven-tenths of one percent (0.7%) of the payment issued. More information is located at: https://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace/mfmp_vendors/transaction_fee_and_reporting.

9. Provider Travel Reimbursement

The Provider will not be reimbursed for any travel expenses under this Contract.

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ATTACHMENT A

Circle one: NEFSH / FSH / NFETC

Psychiatry Rotation

Monthly Service Log

** all fields must be completed for payment **

Resident's Last Name	Resident's First Name	Middle Initial	Rotation Unit (Living Area / Bldg.)	Certified or Non-Certified Unit	Rotation Date	Start Time	Lunch / Break Out	Lunch / Break In	End Time	Total Service Time (Less Lunch / Break)	Resident's Signature	Date

Department's Supervising Physician:

Signature Date

Print Name & Title

Provider's Representative:

Signature Date

Print Name & Title

ATTACHMENT B

Exhibit B

Patient Log

School: ____________ Course: ____________ Student: ____________

Number of hours required this semester________ from (date)______ to (date)______ Precepting Staff: ____________

Note: Trainee will report to MED office each day before starting clinical experience.

Date	Min/ Hrs	Pt MedRec#s	Activity
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:
			Progress Note: ☐ Incidental ☐ Weekly ☐ Monthly Psychiatric Evaluation ☐ Admission Eval. ☐ Annual Eval. ☐ Dischg Eval. ☐ Dischg Paperwork Other Paperwork ☐ Referral ☐ Testing (Lab, etc.) Orders Medication Regimen ☐ Review ☐ Med Start ☐ Med Adjustment ☐ Tx Team ☐ Court ☐ Court Petition(s) Comments:

1 NEFSH Activity_Log

Preceptor approval: Initials________ Date________

ATTACHMENT C

INVOICE

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

Invoice Number:	
Date Of Invoice:	
Service Month:	
Contract No.	

Provider Contact Information:	**Provider Certification Statement**
	I CERTIFY THAT SERVICES HAVE BEEN DELIVERED ACCORDING TO THE TERMS AND CONDITIONS OF THE AGREEMENT. Provider Signature: _____ Date: _____

DESCRIPTION OF DELIVERABLES / REPORTS	**AMOUNT**
Unit = One Hour (60 minutes) of contracted Trainee Physician services at the Hospitals during normal working hours. **FY 2025-2026 (July 1, 2025 through June 30, 2026) Cost per Unit (hour) of Services:* **FY 2026-2027 (July 1, 2026 through June 30, 2027) Cost per Unit (hour) of Services:* **FY 2027-2028 (July 1, 2027 through June 30, 2028) Cost per Unit (hour) of Services:* Units Provided: _____ X $ /Rate per Unit for PGY2 Units Provided: _____ X $ /Rate per Unit for PGY3 Units Provided: _____ X $ /Rate per Unit for PGY4	
TOTAL INVOICE AMOUNT:	

Submit Invoices To:	**Contract Manager Certification Statement**
Wendy Searcy, Contract Manager Northeast Florida State Hospital 7487 South State Road 121 Macclenny, Florida 32063 wendy.searcy@myflfamilies.com	I CERTIFY THAT SERVICES HAVE BEEN DELIVERED ACCORDING TO THE TERMS AND CONDITIONS OF THE AGREEMENT. SUPPORTING DOCUMENTATION AS REQUIRED BY THE AGREEMENT IS INCLUDED. Contract Manager Signature: _____ Date: _____