



**ATTACHMENT 4**

**SUPPLEMENTAL RATE INFORMATION**

Please provide a list of hourly rates for other claim management services and minimum billable hours (if applicable) as outlined in Section 4.2.5(B) of the RFP. Please note, these rates are for informational purposes only and cannot be billed back to NYSIF. Only the rates contained within the Appendix Z Fee Schedule are billable back to NYSIF. Please add additional pages if needed.

Claim Management Service	Hourly Rate	Minimum Billed Hours (if applicable)
Nurse Case Management	\$	
Utilization Review	\$	
Medical Bill Review	\$	
Rehabilitation Services	\$	
Loss Prevention Services	\$	
Fraud Surveillance	\$	
Independent Medical Exams	\$	
Medical File Reviews	\$	
Salaried Legal	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	

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**Company Name**

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**Title**