

**ATTACHMENT B**

**PERAC DISCLOSURE FORM**

**Bidder:** \_\_\_\_\_

**RFR Number:** \_\_\_\_\_

To ensure that members receive objective, unbiased evaluations, it is essential that the physicians screen all PERAC referrals before conducting an examination on the member. It is important that you have not examined or treated the member in the past.

To help minimize the potential for conflicts of interest arising, all bidders must disclose the following information:

Have you contracted to provide services to a public entity (i.e., the City of Lynn) either now or in the past?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the public entity or entities with whom you have contracted to provide services, and the inclusive dates of such services:

<b>PUBLIC ENTITY</b>	<b>DATE SERVICE BEGAN</b>	<b>DATE SERVICE ENDED</b>

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
BIDDER NAME

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE  
SIGNING ON BEHALF OF BIDDER

\_\_\_\_\_  
PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE