

**Exhibit A**

1.	General Description of RFP	Project to implement an Electronic Signature Application (ESA)
2.	List key evaluation criteria	(1)"Best overall fit" of vendor's proposed technical solution to SMMC's operating requirements (2) Technical compliance with the RFP functional requirements (3) Vendor's proven and successful previous experience with similar projects (4) Cost of the proposed solution(s) (5) Compliance with county purchasing policies (6) Vendor's general financial strength and stability in the industry
3.	Where advertised	N/A
4.	In addition to any advertisement, list others to whom RFP was sent	List of Names in #8
5.	Total number sent to prospective proposers	7
6.	Number of proposals received	4
7.	Who evaluated the proposals	Mary Cruz, Medical Records Albert P. David, ISD Relationship Manager Jenny Dutra, Lead Medical records Office Assistant Christina Garvey, Medical Office Services Supervisor Richard Hom, O.D Zabin Kathim, IT Analyst ISD Happy Louie, IT Analyst, ISD Deborah Pines, Director, Medical Records Geoff Rutledge, Chief Medical Information Officer, MD
8.	In alphabetical order, names of proposers (or finalists, if applicable) and location	SoftMed Systems, Inc - Tom Burkland, Sr. Account Executive Plum Orchard Drive Silver Spring, MD 20904  e-MDs - Andrea Lesh, Sales 9900 Spectrum Drive Austin, Texas 78717  Allscripts - Darlene Osborn, Sales Executive 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654  Siemens / NextGen, USA - Steve Miller, Account Executive 6700 Koll Center Pkway, Suite 220 Pleasanton, CA 94566  Practice Partner - Chelsea Mitchell, A/R 2401 4th Avenue, Suite 700 Seattle, WA 98121  SoftAid, Inc - Jeff Dimm, National Sales Manager 16291 N.W. 57th Avenue Miami, FL 33014 USA  Webmedx Todd Jensen, 564 Alpha Drive Pittsburgh, PA 15238-2912



**County of San Mateo  
Contractor's Declaration Form**

**I. CONTRACTOR INFORMATION**

Contractor Name:	WEBMEDX, INC.	Phone:	678.443.7252
Contact Person:	LANE J. FUSACCHIA, CFO	Fax:	678.443.7241
Address:	5901-C PEACHTREE DUNWOODY RD. NE SUITE 450, ATLANTA, GA 30328		

**II. EQUAL BENEFITS** (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
- offering equal benefits to employees with spouses and employees with domestic partners.
  - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
  - Contractor does not comply with the County's Equal Benefits Ordinance.
  - Contractor is exempt from this requirement because:
    - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
    - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to offer equal benefits when said agreement expires.

**III. NON-DISCRIMINATION** (check appropriate box)

- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

**IV. EMPLOYEE JURY SERVICE** (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
  - the contract is for \$100,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

*Lane J. Fusaccia, CFO*  
Signature  
1/3/07  
Date

LANE J. FUSACCHIA  
Name  
CHIEF FINANCIAL OFFICER  
Title

### COUNTY OF SAN MATEO

## Equal Benefits Compliance Declaration Form

### I Vendor Identification

Name of Contractor: Webmedx Inc.  
 Contact Person: Lance Fusacchia  
 Address: 564 Alpha Drive  
Pittsburgh, PA 15238  
 Phone Number: 1-888-932-6339  
 Fax Number: 1-800-914-3650

### II Employees

Does the Contractor have any employees?  Yes  No

Does the Contractor provide benefits to spouses of employees?  Yes  No

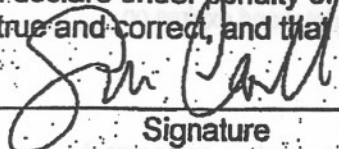
\*If the answer to one or both of the above is no, please skip to Section IV.\*

### III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date).

### IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
Name (Please Print)

CEO  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
Date

# CONTRACT INSURANCE APPROVAL

DATE: April 5, 2006

TO: Janine Keller, Risk Manager Ext. 4387 FAX: 4864 PONY: EPS 163

FROM: Tere Larcina, San Mateo Medical Center, Ext. 2280, FAX: 2267, PONY: HOS316MM

CONTRACTOR NAME: WebMedx

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? No.

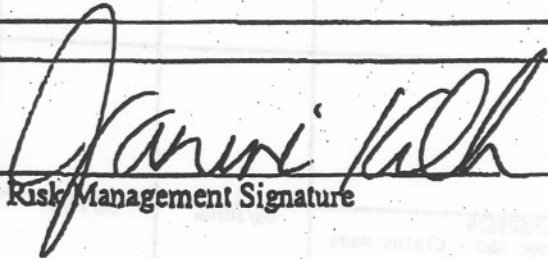
NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: More than one

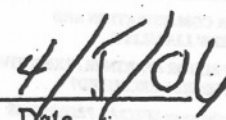
DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Contractor will provide medical transcription services to San Mateo Medical Center and all facilities.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability / Mil	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability / Mil	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation / Statutory	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Risk Management Signature

  
Date

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2006

**PRODUCER**  
Aon Risk Services, Inc. of Pennsylvania  
Dominion Tower, 10th Floor  
625 Liberty Avenue  
Pittsburgh PA 15222-3110 USA

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

PHONE (866) 283-7122 FAX (847) 953-5390

**INSURERS AFFORDING COVERAGE**

NAIC #

**INSURED**  
Webmedx, Inc.  
564 Alpha Drive  
Pittsburgh PA 15238-2912 USA

INSURER A:	AXIS Surplus Insurance Company	26620
INSURER B:	Pacific Indemnity Co	20346
INSURER C:	Federal Insurance Company	20281
INSURER D:		
INSURER E:		

Holder Identifier :

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
B		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	35375089	09/18/06	09/18/07	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	Included
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	
C		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	73516743	09/18/06	09/18/07	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC AGG	
C		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	79781651	09/18/06	09/18/07	EACH OCCURRENCE	\$3,000,000
						AGGREGATE	\$3,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		<b>OTHER</b> Misc E&O Cvg	ECN625679 Spec E&O - Claims Made	06/30/06	06/30/07	Each Wrongful Act	\$1,000,000
						Total Lmt of Ins	\$1,000,000

Certificate No : 570019427277

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**CANCELLATION**

San Mateo Medical Center  
Attn: Tere Larcina  
222 West 39th Avenue  
San Mateo CA 94403 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*James J. ...*

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/03/2007

**PRODUCER**  
Aon Risk Services, Inc. of Pennsylvania  
Dominion Tower, 10th Floor  
625 Liberty Avenue  
Pittsburgh PA 15222-3110 USA

PHONE - (866) 283-7122      FAX - (847) 953-5390

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
Webmedx, Inc.  
564 Alpha Drive  
Pittsburgh PA 15238-2912 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	AXIS Surplus Insurance Company	26620
INSURER B:	State Compensation Ins Fund of CA	35076
INSURER C:		
INSURER D:		
INSURER E:		

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1790876-2006 Workers' Comp - CA	09/18/06	09/18/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
A		<b>OTHER</b> Misc E&O Cvg	ECN625679 Spec E&O - Claims Made	06/30/06	06/30/07	Each wrongful Act	\$1,000,000
						Total Lmt of Ins	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 San Mateo Esign Contract Amendment and Declaration

**PRODUCER AND ISSUING OFFICE**  
 San Mateo Medical Center  
 Tere Larcina - Contract Administration  
 222 W. 39th Avenue  
 San Mateo CA 94403 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *James J. Barnes*

Holder Identifier : Certificate No : 570020741181



