

NDA Cover Letter – Required Bidder Information

Please indicate what your organization intends to bid on:

- Medical
- Pharmacy
- Both Medical and Pharmacy

Please return the signed NDA to Hope Reed at hreed@mcgohanbrabender.com

If bidding on Pharmacy, enter email address for Ringmaster invitation:

If bidding on Medical, enter email address to receive de-identified medical claims data:

Vendor Point of Contact (POC):

Name:

Title:

Email:

Phone: