

**SIGNATURE PAGE**

**CC-7-2026**

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Company Name: Coronis Health RCM I, LLC  
(PRINT)

Preparer's Name: Steve Louris  
(PRINT)

Signature: [Handwritten Signature] (DATE)

Address: 101 Crawfords Corner Rd SUITE 2305  
Holmdel, NJ 07733

Telephone No.: 866-624-0900

Fax No.: \_\_\_\_\_

E-Mail Address: Stevellouris@coronishealth.com  
\*\*\* (This should be the email where Contracts would be sent) \*\*\*

Contact Person: Suzen Colindres

FEIN: \_\_\_\_\_  
(Federal Employee ID)

BRC: \_\_\_\_\_  
(Business Registration Certificate)

(Revised 2/2017)

**PROPOSAL COST FORM**  
**CC-7-2026**

YEAR	FIXED PERCENTAGE COMMISSION RATE
Initial Contract Period: May 1, 2026 – April 30, 2027	<u>7</u> %
1 <sup>st</sup> Optional renewal: May 1, 2027 – April 30, 2028	<u>7</u> %
2 <sup>nd</sup> Optional renewal: May 1, 2028 – April 30, 2029	<u>7</u> %
3 <sup>rd</sup> Optional renewal: May 1, 2029 – April 30, 2030	<u>7</u> %
4 <sup>th</sup> Optional renewal: May 1, 2030 – April 30, 2031	<u>7</u> %

List any and all costs/fees that may be incurred: