

**Exhibit D-1 – Reference Form (REGIONAL)**

This reference applies to the REGIONAL PPO Health Plan Type as described in the RFP. Bidders must provide a separate Reference Form for each of their references.

Note: Bidder submission of this form constitutes permission for HCA to contact the reference indicated herein.

Organization Legal Name:

Contact Name of Reference:

Contact's E-mail:

Contact's Phone Number:

Name of the Bidder's employee(s) who are known to this Contact:

Time Frame of Services Provided:

Number of members (subscribers and their dependents) covered under the Bidder's largest fully insured MA-PD health plan with the organization (past or current):

Description of Services Performed:

(This space reserved for HCA use)

