

AGREEMENT FOR EMPLOYEE MEDICAL SERVICES

THIS AGREEMENT is made between the City of Reno (hereinafter referred to as CITY) and Burroff and Associates, LTD d/b/a ARC Health & Wellness Centers (hereinafter referred to as CONTRACTOR).

WITNESSETH

WHEREAS, the CITY requires medical services for certain City of Reno employees; and

WHEREAS, the CONTRACTOR has the personnel and resources necessary to accomplish the CONTRACT within the required schedule and within the scope of work as set forth in this written agreement and attachments; and,

WHEREAS, the CONTRACTOR and its employees, shall have and maintain the required licenses and/or authorizations pursuant to all federal, State of Nevada and local laws in order to conduct business relative to this CONTRACT.

Now, therefore in consideration of the mutual covenants and promises set forth, the Parties to this Agreement agree as follows:

1. MEDICAL SERVICES

CONTRACTOR agrees to provide the following medical services:

- 1.1 Pre-employment medical examinations for prospective sworn employees and designated civilian employees based upon specific job requirement pursuant to NAC 289.110.1(e).
- 1.2 Annual physical examinations for existing sworn employees in compliance with NRS 617.455, NRS 617.457, and NAC Chapter 617.
- 1.3 Administration of Hepatitis A and B vaccinations for designated employees pursuant to NRS 417.485.3(b).
- 1.4 Required medical services as identified in Attachment "A".

2. DURATION OF AGREEMENT

CITY agrees to retain and engage CONTRACTOR to perform said services for the period of July 1, 2024 through June 30, 2027 unless terminated earlier pursuant to the provisions of Section 9, with (2) two additional one (1) year renewal options, at the discretion of the CITY.

3. COMPENSATION AND TIME OF PAYMENT

- 3.1 CONTRACTOR shall submit monthly invoices within five (5) business days of the end of each month for actual services rendered. Each invoice shall have detailed documentation to include the invoice number, patient's full name, service(s) provided, date(s) of service, approved fee amount for each service, and total balance due. Invoices shall be submitted to the following address unless other bill arrangements are approved by the CITY:

City of Reno
1 E First St.

Reno, NV 89505

- 3.2 CONTRACTOR shall provide all required completed patient forms, reports, and test results to the City of Reno prior to submission of applicable invoices.
- 3.3 CITY agrees to pay CONTRACTOR in accordance with the Attachment “C” Fee Schedule. These fees will remain firm for the duration of the initial three (3) year contract period. A new Fee Schedule must be presented in writing to the CITY at least forty-five (45) days prior to the expiration of the three (3) year contract period, for the renewal period, and shall provide documentation for the need for any such increase, which is subject to the sole approval of the CITY.
- 3.4 Payment shall be rendered within thirty (30) days of invoice receipt by CITY to CONTRACTOR for each invoice submitted, unless CITY in good faith disputes the invoice in writing within ten (10) days of receiving invoice. Payment by CITY of invoices or request for payments shall not constitute acceptance by CITY of work performed by CONTRACTOR. If CITY disputes invoice, CONTRACTOR shall provide all additional material necessary to substantiate the amount claimed for payment.

4. HOURS OF OPERATION AND SCHEDULING

CONTRACTOR shall maintain normal business hours of operation (Monday – Friday 8:00 a.m. – 5:00 p.m.) for scheduling of City employees.

5. CONTRACTOR RESPONSIBILITIES

- 5.1 The CONTRACTOR has provided the primary and alternate contact point to be used after contract implementation. This point of contact will be responsible for responding to CITY inquiries within two (2) business days. The primary and alternate point of contact shall not be changed without written notification to the CITY.

Primary Contact:
Paul Granstrom
Title: President
Business Cell#: 775-846-3413
Email: paul@archealthandwellness.com

Secondary Contact:
Wes Granstrom
Title: Chief Executive Officer
Business Cell#: 775-315-5150
Email: wes@archealthandwellness.com

- 5.2 The CONTRACTOR has provided a medical examiner (Primary Physician) for contact purposes with the City of Reno Risk Management Division. The medical examiner (Primary Physician) shall not be changed without written notification to the CITY.

Medical Examiner (Primary Physician):
Mark J. Gaetke
Title: Medical Director – ARC Health & Wellness

Email: gaetke@archealthandwellness.com
Phone: 775-331-3361

- 5.3 The CONTRACTOR shall be responsible for providing all labor, materials, equipment, supplies, furniture, and office area(s) required to perform the required medical services.
- 5.4 The CONTRACTOR shall be responsible for notifying the CITY the location(s) where the various medical services will be provided. Locations should be within a 50 mile radius of the City of Reno, except where such services are not available within that distance.
- 5.5 The CONTRACTOR shall provide a private waiting area for CITY employees receiving medical services under this Agreement.
- 5.6 The CONTRACTOR shall ensure CITY employees are seen within fifteen (15) minutes of their scheduled appointment and have medical services completed within two (2) hours of their scheduled appointment.
- 5.7 The CONTRACTOR shall complete all required medical services for annual physicals in no more than two (2) appointments. TB reads do not count as an appointment.
- 5.8 The CONTRACTOR shall provide written medical reports of pre-employment examinations within five (5) business days of the examination and within ten (10) business days for all other examinations, unless otherwise agreed to on a case-by-case basis.

6. CITY RESPONSIBILITIES

- 6.1 CITY shall designate in writing a primary and alternate point of contact for all matters relative to this contract. CITY shall provide a written notice to the CONTRACTOR should there be a subsequent change.
- 6.2 CITY shall notify designated employees who require pre-employment or annual examinations, or other medical services and advise them to contact the CONTRACTOR.
- 6.3 CITY shall provide all patient forms and reports necessary to perform all required medical services.

7. MEDICAL GUIDELINES

- 7.1 CONTRACTOR acknowledges and agrees that CITY will suffer irreparable harm if CONTRACTOR breaches the provisions of this section. CONTRACTOR fully understands and acknowledges that monetary damages alone will be inadequate to compensate CITY for such breach. Accordingly, CONTRACTOR agrees that this Agreement may be enforced by specific performance or other injunctive relief, in addition to any other remedies provided by this Agreement or otherwise available at law or equity.

8. ADA and GINA Requirements

- 8.1 All medical examinations and determinations must be administered and evaluated in compliance with the American's with Disabilities Act of 1990 including changes made by the ADA Amendments Act of 2008 (P.L. 110-325), which became effective on January 1, 2009 and the Genetic Information Nondiscrimination Act of 2008 (GINA).

9. CANCELLATIONS OF AGREEMENT

- 9.1 Either the CITY or the CONTRACTOR may cancel this Agreement without cause, penalty, charge, or sanction on ninety (90) days written notice to the other party of their intent to terminate the Agreement.
- 9.2 CITY reserves the right to terminate this Agreement at any time the CONTRACTOR fails to carry out the required services (i.e., breach of contract). However, CITY shall agree to give the CONTRACTOR prior notice of any deficiencies in performance, and shall state reasons for deficiencies if known to CITY. If within thirty (30) days after receipt of such notice of deficiencies, the CONTRACTOR fails to cure the conditions stated to be deficient, CITY may terminate this Agreement. Circumstances which may result in a deficiency notification include, but are not limited to:
 - 9.2.1 Evidence that CONTRACTOR fails to perform the work required by this Agreement with sufficient personnel and/or equipment to assure services as per this Agreement.
 - 9.2.2 Evidence, in the opinion of the CITY, of a failure of CONTRACTOR to perform the work suitably (e.g. acceptable to the CITY) or if CONTRACTOR neglects or refuses to perform such work as outlined within the Agreement.
 - 9.2.3 Evidence that the CONTRACTOR fails to perform, keep, or observe any and all of the terms contained in this Agreement.
- 9.3 CITY shall further reserve the right to cancel this Agreement for cause, and without prior notice and without penalty, charge, or sanction to the CITY under the following circumstances:
 - 9.3.1 On evidence that CONTRACTOR fails to commence the work as required by this Agreement.
 - 9.3.2 On evidence that CONTRACTOR discontinues the prosecution of the work or fails to resume work which has been discontinued within ten (10) business days after notice to do so.
 - 9.3.3 On evidence that CONTRACTOR shall be adjudicated as bankrupt, or is in receivership, or has made an assignment to creditors of the CONTRACTOR, or on evidence of any other indication that the financial or legal situation of the CONTRACTOR shall preclude the ability of the CONTRACTOR to continue to operate successfully.

9.3.4 Upon notification of delinquency or cancellation of any required insurance coverage held by CONTRACTOR.

9.3.5 On evidence that CONTRACTOR has come under criminal conviction, they shall be precluded from performing under this Agreement.

10. FUNDING OUT CLAUSE

10.1 Notwithstanding any provision of this Agreement to the contrary, each payment obligation of the CITY created by this Agreement is conditioned upon the availability of funds that are appropriated or budgeted for the purposes of this Agreement. In the event that the CITY has failed to appropriate or budget funds for the purposes specified in the Agreement, or that CITY has been required, in its sole judgement, to amend previous appropriations or budgeted amounts to eliminate or reduce funding for the purposes of this Agreement, the CITY shall provide reasonable notice of such occurrence, and the Agreement shall be terminated without penalty, charge, or sanction.

11. INSURANCE AND INDEMNIFICATION REQUIREMENTS

11.1 The CONTRACTOR agrees to provide legal representation, defend, indemnify, and hold harmless the CITY and the employees, officers, and agents of CITY from any claims, legal action, liabilities, damages, or losses that may arise from the performance of this contract.

CONTRACTOR shall adhere to the insurance and indemnification requirements specified in Attachment "B".

12. STATUS OF CONTRACTOR

12.1 The CONTRACTOR shall have the status of an "INDEPENDENT CONTRACTOR," and shall not be entitled to any of the rights, privileges, benefits, and emoluments of either an officer or employee of the CITY. CITY and CONTRACTOR agree to the following terms consistent with INDEPENDENT CONTRACTOR status:

12.2 CONTRACTOR has the right to perform services for others during the term of this Agreement.

12.3 CONTRACTOR shall not be assigned a daily work location on CITY premises. However, CITY may occasionally provide an on-site area for CONTRACTOR to provide vaccinations/immunizations or for collection services. CITY may also occasionally provide an area for the CONTRACTOR'S mobile unit to perform examinations for new hires, annual, and periodic examinations.

12.4 CONTRACTOR shall perform the services required by this Agreement and CONTRACTOR agrees to the faithful performance and delivery of described services in accordance with required time frames; CITY shall not hire, supervise, or pay any assistants to help CONTRACTOR.

12.5 The CITY shall not require CONTRACTOR to devote full time to performing the services required by this Agreement.

Further, CONTRACTOR hereby certifies:

12.6 That CONTRACTOR is not an employee of the City, and thereby CONTRACTOR waives any and all claims to benefits otherwise provided to employees of the CITY, including but not limited to: medical, dental, other personal insurance; retirement benefits, unemployment benefits, and liability or workers' compensation insurance.

12.7 That CONTRACTOR is licensed or exempted by the State or other political subdivisions to do business in accordance with applicable law.

12.8 CONTRACTOR shall be required to provide the CITY with its federal tax I.D. number in order to receive payment under this Agreement. CONTRACTOR understands that he/she is solely responsible, individually, for federal taxes and social security payments applicable to money received for services provided. CONTRACTOR understands that the CITY will file an IRS Form 1099 for all payments received.

13. COMPLIANCE WITH IMMIGRATION AND NATURALIZATION LAWS

CONTRACTOR shall at all times be in compliance with Immigration and Naturalization Laws regarding eligibility of their employees or sub-contractors to work in the United States.

14. TRANSFER OF OWNERSHIP, CHANGE OF NAME, OR CHANGE OF PRINCIPALS

CONTRACTOR agrees that, prior to any sale, transfer, business name change, change in principal, assignment or any other occurrence that alters this Agreement in any way between the CONTRACTOR and CITY, it shall notify the CITY.

15. SUB-CONTRACTS

The CITY must approve, in advance, all sub-contracts entered into by the CONTRACTOR for the purpose of completing the provisions of this Agreement.

16. SEVERABILITY

It is expressly understood and agreed by the CONTRACTOR and CITY that in the event any term, covenant or condition in this Agreement is held to be invalid by any court of competent jurisdiction, the invalidity of the term, covenant, or condition shall in no way affect any other term, covenant, or condition; provided, however, that the invalidity of such term, covenant, or condition does not materially prejudice either the CONTRACTOR or CITY in their respective rights and obligations contained in the valid terms, covenants, or conditions of this Agreement.

17. NONDISCRIMINATION

The CONTRACTOR agrees not to discriminate against any employee or applicant for employment because of race, religion, color, national origin, disability, sex, sexual orientation, or

age. Such agreements shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. Any violation of such provision by the CONTRACTOR shall constitute a material breach of contract. Further, CONTRACTOR agrees to insert this nondiscrimination provision in all subcontracts hereunder, except sub-contracts for standard commercial supplies or raw materials.

18. AUDITING

18.1 The CONTRACTOR shall maintain medical examination records in accordance with the State of Nevada and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Upon contract award, the CONTRACTOR shall retain CITY employee medical records for a minimum of three (3) years. If the CONTRACTOR is replaced for any reason, the CONTRACTOR shall transfer three (3) years of CITY employee medical records to the CITY at no cost to the CITY.

18.1.1 The CITY reserves the right to subject all medical examinations to audit or review by CITY or external auditors to ensure appropriate procedures and practices have been followed. In the case of an audit, the CONTRACTOR must provide the information requested within fourteen (14) business days to the auditor. Any internal costs to provide this information will be the responsibility of the CONTRACTOR.

18.2 The CONTRACTOR shall maintain a complete set of financial records relating to this Agreement in accordance with generally accepted accounting practices.

18.2.1 CONTRACTOR shall permit CITY to inspect and audit all work materials, payrolls, books, accounts, and other financial data and records relating to its performance of this Agreement until the expiration of three (3) years after the final payment is made. Any internal costs to provide this information will be the responsibility of the CONTRACTOR.

19. GOVERNING LAW

The laws of the State of Nevada shall govern this Agreement executed between the CONTRACTOR and the CITY. Further, the place of performance and transaction of business shall be deemed to be in Reno, Nevada, and in the event of litigation, the exclusive venue and place of jurisdiction shall be the State of Nevada, and more specifically Reno, Washoe County, Nevada.

20. NOTICES

All written notices required or permitted under this Agreement shall be deemed to have been duly given when mailed postage prepaid, addressed to the designated representative of the respective parties at their address shown or at such other address as either party hereafter may designate in writing from time to time to the other party.

Except as otherwise specified, all notices under this Agreement shall be in writing. Notices to CONTRACTOR shall be addressed to:

ARC Health and Wellness Centers
Attn: Paul Granstrom
2205 Glendale Ave.
Sparks, NV 89431

Notices to CITY shall be addressed to:

City of Reno
Risk Management
1 E First St.
Reno, NV 89505

IN WITNESS WHEREOF, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

By: _____

City of Reno

Date: _____

Contractor:

By: _____

ARC Health & Wellness

Date: _____

ATTACHMENT “A”

REQUIRED MEDICAL SERVICES

A.1 PRE-EMPLOYMENT MEDICAL EXAMINATIONS

Pre-employment medical examinations are required by NAC 289.1 10.1(e). In conducting the physical examination, the physician will consider the prospective employee's ability to perform the physical requirements of the job based upon the City's medical guidelines, essential functions, and job analysis information.

- 1.1 The CITY designee shall authorize all referrals to specialists or recommendations for additional testing or treatment determined by the examination in advance. The CONTRACTOR will indicate in writing the risk factor for heart disease (being over 40 or having two or more risk factors) and if the prospective employee will be referred for a treadmill (if the treadmill is not part of the employee's exams).
- 1.2 The content of the pre-employment examination for sworn employees (civilian employees only require selected tests due to specific job requirements) is as follows:
 - 1.2.1 Doctor exam, review of medical history and reports
 - 1.2.2 TB Skin Test or Quantiferon-Gold TB Test
 - 1.2.3 Spirometry – Pulmonary Function Test
 - 1.2.4 Urine Drug Screen
 - 1.2.5 Chem Panel+Lipid Panel+CBC+UA
 - 1.2.6 Audiogram with interpretation (including annual reporting)
 - 1.2.7 Resting EKG
 - 1.2.8 Stress Treadmill for those over age 40, or under age 40 with two or more risk factors for heart disease
 - 1.2.9 Vision Screening (Bailey-Lovie Wall Chart)
 - 1.2.10 Color vision screening: (Plate Test followed by Farnsworth D-15 if necessary)
 - 1.2.11 Chest X-ray interpreted by Radiologist
 - 1.2.12 Heart-lung medical review letter – if needed
 - 1.2.13 Immunization review (Per Center for Disease Control Guidelines Hepatitis Panel A, B, C)
 - 1.2.14 Blood pressure monitoring
 - 1.2.15 Body Mass Index
 - 1.2.16 Percent body fat by electrical impedance test or other approved medical procedure

A.2 REPORT OF EXAMINATION RESULTS

For all pre-employment examinations, the physician should translate pertinent medical findings into functional placement data that can be transmitted to the hiring department. Functional assessments generally should not contain specific details of medical diagnosis but be in sufficient detail to assist the hiring department in assessing the individual's capability of fulfilling employment requirements. However, it is recognized that exceptions will need to be made since it is often difficult to consider particular accommodations without knowledge of the specifics of the condition and its impact on performance, work hours, and other factors. The Health Status Report has been designed to facilitate this process. Each examined person will be assigned to a status category (I, 2, 3, or 4) on the Health Status Report. Status categories are defined as follows:

- **Status Category 1**

This designation indicates that no medical condition has been identified that conflicts with the individual's ability to safely address the physical demands of the position being applied for or currently held.

- **Status Category 2**

This designation means that the prospective employee was found to have a medical condition that could interfere with the individual's ability to safely perform the essential duties of the position. The physician on the Health Status Report may indicate restrictions. The physician must also reference the medical guideline(s) they reviewed in reaching the recommendation. The hiring department should review these restrictions and functional limitations to determine if such limitations will impose an undue hardship upon the jurisdiction's ability to provide service. The Human Resources Department and the Primary Physician may need to consult with the hiring department to assess issues of reasonable accommodation.

- **Status Category 3**

This designation indicates that the physician is not willing to make a placement decision without further evaluation, tests, and consultation with the hiring department.

- **Status Category 4**

This designation is for the physician to write in other comments directed to the hiring department regarding the individual's medical status. An example might be that the individual's condition is so severe that the physician cannot recommend placement of the individual into the job.

A.3 DRUG SCREENING

Drug screening is used only during pre-employment medical examinations. The successful proposer is responsible for maintaining the integrity of the specimen collection and transfer process for alcohol and drug screening and the privacy of the prospective employee, and is to avoid any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.

A.4 TESTING EQUIPMENT AND CONDITIONS

- 4.1 Spirometry - will be performed on equipment that meets or exceeds the current standards for National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), American Thoracic Society (ATS), and American College of Chest Physicians (ACCP) Standards for Pulmonary Function Equipment. A technician who must have current certification of completion of an approved NIOSH course on Spirometry will perform tests.
- 4.2 Audiology - testing must be performed using a soundproof booth that meets the current requirements as set forth by OSHA. Testing to be conducted by a technician with a current certification for audio logic testing from the Council for Accreditation in Occupational Hearing Conservation (CAOHC). Regular calibration is mandatory and records must be permanently maintained.

- 4.3 Stress Treadmill - A Physician needs to be present.
- 4.4 Far Visual Acuity Screening - is particularly important for the unique job demands of public safety occupations. Vision screening must be performed using a wall chart recommended by the National Academy of Sciences -National Research Council Committee (NAS-NRC) on Vision Working Group 39. The Bailey-Lovie Wall chart is one of two acceptable wall charts meeting NAS-NRC specifications. Bailey-Lovie wall charts are available from the University of Berkeley, (510) 642-0229 or online at http://optomctry.berkeley.edu/opttxtp/studentlife/ucosa/merchandise/professional_materials.html. Titmus and Ortho-Rater devices do not meet the NAC-NRC specifications and must not be used for vision screening for law enforcement.
- 4.5 Color Vision - is critical for certain CITY occupations. Color vision screening must be performed with a clinical test recommended by the National Academy of Science - National Research Council Committee on Vision Working Group 41. Initial testing must be with an approved Pseudoisochromatic Plate Test. Tests that meet these criteria are the Dvorinc Pseudo-Isochromatic Plate Test and the Ishihara Plate Test for Color Blindness. Persons failing the initial screening test will be tested using the Farnsworth Dichotomous Test for Color 81.indness (Panel D-15). The Farnsworth D-15 is available from Richmond Products (505) 275-2406 or online at http://www.richmondproducts.com/shop/index.php?route=product/category&path=3I7_321. Titmus and other automated tests for color vision are unacceptable, as they do not meet NAS-NRC specifications for use as screening devices.
 - 4.5.1 Color vision and visual acuity tests must be performed under the standards of illumination as recommended by the manufacturers of the tests.

A.5 FORMS/REPORTS:

Prospective and existing employees will be given a physical examination utilizing examination forms specified by the CITY. All required forms and reports will be provided by the CITY. These forms will include a Medical History Form (OD-1), a Lung Examination Form (OD-2), an Extensive Heart and Limited Heart Combination Form (OD-3/OD-4), a Healing Examination Form (00-5), a Public Safety Officer Examination Recap Form, an Annual TB Skin Test Result Report, an Annual Heart-Lung/Corrective Action Response Form, a Patient Information Form, a Health Status Report, an OSHA Respiratory Questionnaire and Clearance Letter, etc.

- 5.1 Documentation of physical examination findings can be important in future workers' compensation proceedings and in evaluating whether any subsequent abnormal findings are related to a preexisting condition. The CITY will rely on the CONTRACTOR to clearly document abnormal physical examination findings discovered during the pre-employment medical examination.
- 5.2 Documentation of the medical decision-making process is critical. The CONTRACTOR must maintain clear, accurate and retrievable written records regarding the evaluative steps, which were taken in problem cases after the initial medical evaluation was performed. For persons with complex problems, the examining physician should document the basis or rationale for subsequent placement recommendations and decisions.

- 5.3 The CONTRACTOR shall provide written medical reports of pre-employment examinations within five (5) business days of the examination, and within ten (10) business days for all other examinations, unless otherwise agreed to on a case-by-case basis. In emergency situations, a telephone call report shall be made within twenty-four (24) hours of the examination. Pursuant to NRS 617.457.10, the examining physician will report in writing any predisposing conditions that may affect employee's benefits or position.

A.6 MEDICAL CONSULTATION

The Primary Physician shall provide medical consultation for the purposes of special medical interpretation of reports and "return to work" slips provided to the CITY by other medical practitioners. It is sometimes necessary that this be accomplished through telephone consultation or facsimile. The Primary Physician shall also be required to perform specialized medical evaluations of those employees whose physical abilities to perform certain job functions may be questionable (fitness for duty examinations, back to work examinations). Such evaluations will be in accordance with the medical guidelines established for the classification. Consultations that may also be requested by the CITY include case reviews, case intervention with patient's treating physician or coordination with other consultants performing services for the CITY. The Primary Physician shall assist the CITY in identifying job modifications or work restrictions for CITY employees when necessary.

- 6.1 The CITY may require the Primary Physician to provide information to or testify before administrative bodies or other tribunals regarding specific cases such as medical appeals, reasonable accommodation, and other occupational medical issues.
- 6.2 The CITY requires the Primary Physician to refer any employee who does not pass the Heart/Lung portion(s) of the exam to the CITY'S Risk Management Division within twenty-four (24) hours.

A.7 PHYSICAL EXAMINATION REQUIREMENTS FOR EXISTING EMPLOYEES

Annual physical examinations shall be conducted in accordance with the provisions of NRS 617.455 and NRS 617.457 and NAC Chapter 617. It is preferred that an Occupational Physician perform the Heart/Lung exams also in accordance with NRS 617.455 and NRS 617.457. Occupational and contagious diseases applying to law enforcement are outlined in NRS 617.450, NRS 617.481, NRS 617.485, and NRS 617.487

- 7.1 The following describes the services required for each physical examination panel.
- 7.1.1 Panel I -Employees under the age of forty (40) with less than five (5) years' service, required annually:
- 7.1.1.1 Physical examination and vital signs
 - 7.1.1.2 Spirometry – Pulmonary Function Test
 - 7.1.1.3 TB Skin Test or Quantiferon-Gold TB Test
 - 7.1.1.4 Urinalysis
 - 7.1.1.5 Coronary Risk Panel (Chem Panel+CBC+UA+HDL+LDL)
 - 7.1.1.6 Audiogram with interpretation (including annual reporting)
 - 7.1.1.7 Two (2) View Chest X-ray interpreted by a Radiologist – required every other year on even years
 - 7.1.1.8 Vision screening (Bailey-Lovie Wall Chart)

- 7.1.1.9 Heart-lung medical review letter – if needed
- 7.1.1.10 Blood pressure monitoring
- 7.1.1.11 Body Mass Index
- 7.1.1.12 Percent body fat by electrical impedance test or other approved medical procedure
- 7.1.1.13 Hepatitis C (screen antibody)
- 7.1.2 Panel II -Employees with more than five (5) years of service, required annually until age forty (40):
 - 7.1.2.1 Physical examination and vital signs
 - 7.1.2.2 Spirometry -Pulmonary Function Test
 - 7.1.2.3 TB Skin Test or Quantiferon-Gold TB Test
 - 7.1.2.4 Urinalysis
 - 7.1.2.5 Coronary Risk Panel (Chem Panel+ CBC+ UA + HDL + LDL)
 - 7.1.2.6 Audiogram with interpretation (including annual reporting)
 - 7.1.2.7 Two (2) View Chest X-ray interpreted by a Radiologist - required every other year on even years
 - 7.1.2.8 Vision screening (Bailey-Lovie Wall Chart)
 - 7.1.2.9 Heart-lung medical review letter- if needed
 - 7.1.2.10 Blood pressure monitoring
 - 7.1.2.11 Body Mass Index
 - 7.1.2.12 Percent body fat by electrical impedance test or other approved medical procedure
 - 7.1.2.13 Resting EKG unless contradiction may require a Stress Treadmill
- 7.1.3 Panel III - Employees over the age of forty (40) with more than five (5) years of service require a basic physical with a Chest X-ray and a Stress Treadmill EKG every year.
 - 7.1.3.1 Physical examination and vital signs
 - 7.1.3.2 Spirometry -Pulmonary Function Test
 - 7.1.3.3 TB Skin Test or Quantieron-Gold TB Test
 - 7.1.3.4 Urinalysis
 - 7.1.3.5 Coronary Risk Panel (Chem Panel+ CBC+ UA + HDL + LDL)
 - 7.1.3.6 Audiogram with interpretation (including annual reporting)
 - 7.1.3.7 Two (2) View Chest X-ray interpreted by a Radiologist- required every year
 - 7.1.3.8 Vision screening (Bailey-Lovie Wall Chart)
 - 7.1.3.9 Heart-lung medical review letter- if needed
 - 7.1.3.10 Blood pressure monitoring
 - 7.1.3.11 Body Mass Index
 - 7.1.3.12 Percent body fat by electrical impedance test or other approved medical procedure
 - 7.1.3.13 Hepatitis C (screen antibody)
 - 7.1.3.14 Stress Treadmill EKG (read by Physician)
- 7.2 As discussed in NRS 617.485.3(b), the CONTRACTOR shall administer Hepatitis A and B vaccinations to all. designated employees.

ATTACHMENT "B"

INSURANCE, HOLD HARMLESS, AND INDEMNIFICATION REQUIREMENTS FOR MEDICAL PHYSICALS

INDEMNIFICATION AGREEMENT

CONTRACTOR agrees to hold harmless, indemnify, and defend CITY, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death, or property damage, including damage to CONTRACTOR'S property, caused by any negligent or willful act, omission, or failure to act, on the part of CONTRACTOR, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement by CONTRACTOR, or by others under the direction or supervision of CONTRACTOR.

In the event of a lawsuit against the CITY arising out of the activities of CONTRACTOR, should CONTRACTOR be unable to defend CITY due to the nature of the allegations involved, CONTRACTOR shall reimburse CITY, its officers, agents, and employees for the cost of CITY personnel in defending such actions at its conclusion should it be determined that the basis for the action was in fact the negligent or willful acts, errors or omissions of CONTRACTOR.

GENERAL REQUIREMENTS

CONTRACTOR shall purchase Industrial Insurance, General Liability, and Automobile Liability Insurance as described below. The cost of such insurance shall be borne by CONTRACTOR. CONTRACTOR may be required to purchase Professional Liability coverage based upon the nature of the service agreement.

INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for CONTRACTOR or any Sub-consultant by CITY. CONTRACTOR agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the CITY to make any payment under this Agreement to provide CITY with a certificate issued by an insurer in accordance with NRS 616B.627 and with a certificate of an insurer showing coverage pursuant to NRS 617.210 for CONTRACTOR and any sub-consultants used pursuant to this Agreement.

If CONTRACTOR or Subcontractor is a sole proprietor, coverage for the sole proprietor must be purchased and evidence of coverage must appear on the Certificate of Insurance. Such requirement may be waived for a sole proprietor who does not use the services of any employees, Subcontractors, or independent contractors and completes an Affirmation of Compliance pursuant to NRS 616B.627.

Should CONTRACTOR be self-funded for Industrial Insurance, CONTRACTOR shall so notify CITY in writing prior to the signing of this Agreement. CITY reserves the right to approve said retentions and may request additional documentation financial or otherwise for review prior to the signing of this Agreement.

It is further understood and agreed by and between CITY and CONTRACTOR that CONTRACTOR shall procure, pay for, and maintain the above-mentioned industrial insurance coverage at CONTRACTOR'S sole cost and expense.

MINIMUM LIMITS OF INSURANCE

CONTRACTOR shall maintain limits no less than:

1. General Liability: \$1,000,000 combined single limit per claim for bodily injury, personal injury, and property damage. If Commercial General Liability insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to each project or location.
2. Automobile Liability: \$1,000,000 combined single limit per claim for bodily injury and property damage. No aggregate limits may apply.
3. Professional Liability: \$1,000,000 per claim and \$3,000,000 annual aggregate.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must meet the limits as stated in "Minimum Limits of Insurance" section of this Agreement. CITY reserves the right to request additional documentation, financial or otherwise, prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy must be approved by the CITY Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. CITY, its officers, employees and volunteers are to be covered as insureds as respects: liability arising out of activities performed by or on behalf of CONTRACTOR, including CITY'S general supervision of CONTRACTOR; products and completed operations of CONTRACTOR; premises owned, occupied or used by CONTRACTOR; or automobiles owned, leased, hired, or borrowed by CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to CITY, its officers, employees or volunteers.
2. CONTRACTOR'S insurance coverage shall be primary insurance as Respects CITY, its officers, employees and volunteers. Any insurance or self-insurance maintained by CITY, its officers, employees or volunteers shall be excess of CONTRACTOR'S insurance and shall not contribute with it in any way.
3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to CITY, its officers, employees or volunteers.
4. CONTRACTOR'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to CITY except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-. CITY, with the approval of the Risk Manager, may accept coverage with carriers having lower Best's Ratings upon review of financial information concerning CONTRACTOR and insurance carrier. CITY reserves the right to

require that CONTRACTOR'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

CONTRACTOR shall furnish CITY with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be addressed to the specific CITY contracting department and be received and approved by the CITY before work commences. CITY reserves the right to require complete, certified copies of all required insurance policies, at any time.

SUBCONTRACTORS

CONTRACTOR shall include all Subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each Subcontractor. All coverages for Subcontractors shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. CONTRACTOR shall be responsible for and remedy all damage or loss to any property, including property of CITY, caused in whole or in part by CONTRACTOR, any Subcontractor, or anyone employed, directed or supervised by CONTRACTOR.
2. Nothing herein contained shall be construed as limiting in any way the extent to which the CONTRACTOR may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Subcontractor under it.
3. In addition to any other remedies CITY may have, if CONTRACTOR fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, CITY may, at its sole option:
 - a. Order CONTRACTOR to stop work under this Agreement and/or withhold any payments which become due CONTRACTOR hereunder until CONTRACTOR demonstrates compliance with the requirements hereof;
 - b. Terminate the Agreement.

ATTACHMENT “C”

FEE SCHEDULE

<u>Type of Examination</u>	<u>Cost per Exam</u>
Pre-Employment Examination with Stress Treadmill	\$ 715.00
Pre-Employment Examination without Stress Treadmill	\$ 600.00
Panel One (1) Annual Examination - Male	\$ 600.00
Panel One (1) Annual Examination - Female	\$ 600.00
Panel Two (2) Annual Examination - Male / Female with Vo2 Max	\$ 870.00
Panel Two (2) Annual Examination - Male / Female w/o Vo2 Max	\$ 715.00
Police Prehire	\$ 814.00
Police Panel 1	\$ 560.00
Police Panel 2	\$ 645.00
<u>Misc. Services Separate from Pre-Employment/Annual Exams</u>	
Audiogram with Interpretation	\$ 25.00
Urine/Drug	\$ 34.00
PSA	\$ 25.00
Hepatitis A Vaccine – Two (2) shot series – cost per shot	\$ 75.00
Hepatitis B Vaccine – Three (3) shot series – cost per shot	\$ 60.00
Hepatitis A/B Combination – cost per shot	\$ 105.00
Hepatitis Titer A, B, C Blood Tests:	\$ 80.00
Hepatitis A (screen antibody)	\$ 35.00
Hepatitis B (screen antigen)	\$ 25.00
Hepatitis B (screen antibody)	\$ 25.00
Hepatitis C (screen antibody)	\$ 30.00
Hepatitis Panel A, B, C	\$ 80.00
Travel time for on-site shot(s) - two (2) hours allowed per visit	\$ 50.00 per hour
Physical Exam and Vital Signs	\$ 175.00
Spirometry – Breathing Test	\$ 50.00
TB Skin Test	\$ 40.00
Quantiferon- Gold TB Test	\$ 80.00
Quantiferon – Blood Test	\$ 80.00
Blood Lead (Not Serum) Blood Test	\$ 150.00
Zinc Porphyrin (ZPP) Blood Test	\$ 60.00
Lab Tests (Chem Panel+UA+CBC+Lipid Panel)	\$ 150.00
Resting EKG	\$ 60.00
Stress Treadmill EKG (read by Physician)	\$ 185.00
Stress Treadmill EKG (read by Cardiologist)	\$ 307.00
Two (2) View Chest X-ray (Radiologist Review)	\$ 68.00
Department of Transportation Physical for CDL License (if separate from Annual Physical)	\$ 100.00
Medical Consultation - cost per hour	\$ 200.00

Testifying Fee (See A12.1) – cost per hour	\$ 200.00
OSHA Respirator Questionnaire & Clearance Letter	\$ 35.00
Basic Lifting Evaluation	\$ 15.00
Physical Capacity Evaluation (conducted by PT)	\$ 125.00
Prostate Specific Antigen (PSA Test)	\$ 25.00
Psychological Evaluation (MMPI-2-RF)	\$ 350.00
Other (describe service)	See Attachment # 1

Additional Services if requested	Cost
Confirmation Charges on HIV and Hepatitis (if Positive)	Cost
Hep A - Hep A IgM	\$ 40.00
Hep B Ag - Neutralization Assay	\$ 175.00
HIV 1/2 Differentiation	\$ 70.00
HCV Verification	\$ 386.00
Respirator Clearance Exams	Cost
Respiratory Fit Test (Quantitative or Qualitative)	\$ 30.00
OSHA Respirator Questionnaire	\$ 25.00
Pulmonary Function Test	\$ 50.00
Respirator Clearance Letter	\$ 10.00
Department of Transportation/CDL Exams	Cost
DOT Examinations	\$ 45.00
DOT Paperwork	\$ 45.00
Drug and Alcohol Testing	Cost
DOT Urine Drug Screen	\$ 39.00
Non DOT Urine Drug Screen	\$ 34.00
DOT Breath Alcohol Test	\$ 25.00
Non DOT Breath Alcohol Test	\$ 25.00
Breath Alcohol Confirmation (if positive)	\$ 15.00
Individual Test Pricing (Not part of Heart and Lung Physical)	Cost
Audiometry with interpretation (air conduction or pure tone test)	\$ 35.00
Chest X-Ray (Single View)	\$ 68.00
Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 50.00
Resting EKG	\$ 60.00
Stress EKG (Graded Exercise Test)	\$ 185.00
TB Skin Test	\$ 40.00
Nicotine Test (Cotinine Only) with Quant Levels	\$ 25.00
Per-Cent Body Fat (BMI Method)/Waist Circumference	\$ 15.00
Pulmonary Function Test	\$ 50.00
Normal Vision screening (Snellen, Far, Near)	\$ 25.00
Venipuncture	\$ 15.00
Vo2 Max Testing conducted by ARC	Cost
Cardio Pulmonary Exercise Test - Vo2 Max - Cardiopulmonary Stress Test	\$ 350.00
Vo2 Max Pulmonary Interpretation (Saint Mary's Pulmonary)	\$ 50.00
Ultrasound Screening conducted by ARC	Cost
Ultrasound Bundle (Carotid, Aortic Aneurysm, Thyroid, Kidney, Liver, Spleen, Pancreas, Gall Bladder, Testicular, External Prostate - Non Diagnostic Screening)	\$ 200.00
Echo-cardiogram Heart Ultrasound - (Non Diagnostic)	\$ 100.00
Audiology	Cost
Full Comprehensive Audiology Exam and Report	\$ 250.00
Cerumen Removal (Ear Lavage)	\$ 75.00
Office Visit	\$ 200.00

Psychological Screening and Interpretation	
Psychological Evaluation/Consultation/Interview - Pre-hire	\$ 350.00
Psychological Evaluation 1 (Jail/Corrections - Prehire Pysch MMPI-2)	\$ 350.00
Psychological Evaluation 2 (Police - Prehire Pysch MMPI-2)	\$ 350.00
Fitness for Duty - Non-occupational condition or potential workplace violence situation psychological interview, testing and evaluation	\$500.00 - \$750.00
Fitness for Duty - medical evaluation (situations like Officer Involved Shooting, Written Up or Put on Leave with or without Pay, Potential Psychological Condition possible harm to self or others.)	\$300.00 - \$1,300.00
LAQ Test	\$ 50.00
Hourly Rate - (Can be fractionated to actual minutes)	\$ 200.00
Physical Assessment screening (Physical Therapy)	
Cost	
Return to work examination	\$ 80.00
Functional Capacity Evaluation (per hour)	\$ 210.00
Musculoskeletal Evaluation	\$ 125.00
Physical Capacity Evaluation	\$ 125.00
Cardiology	
Cost	
Office visit- consultation	\$ 350.00
Office visit-New patient comprehensive	\$ 402.00
24 Hour Holter Monitor Tech and Professional	\$ 1,050.00
24 Hour Holter Monitor interpretation	\$ 600.00
ECG Monitor 24 hr w/Scan & Recording	\$ 350.00
Treadmill Stress Test	\$ 307.00
Thallium Single View w/supplies (aka - Cardiolite Stress)	\$ 1,950.00
Echocardiogram complete	\$ 800.00
Catheterize left heart	\$ 5,000.00
Left ventricular angiogram (Anesthesiologist will be extra)	\$ 750.00
Telemetry (including CPT 93288 and 93229)	\$ 1,100.00
Catheterize Left Heart complete* (Anesthesiologist will be extra)	\$ 5,000.00
Pulmonary Referral	
Cost	
New Patient Consult (reviewing ARC findings)	\$ 250.00
Established Patient Consult	\$ 175.00
Complete Pulmonary Function Test	\$ 250.00
Diffusion Study	\$ 125.00
Diagnostic Imaging	
Cost	
Firefighter CT (Chest and Abdomen)	\$ 756.00
2 View Chest X-Ray with B-Reader (Las Vegas only)	\$ 150.00
Mammography	\$ 300.00
PET Scan	\$ 2,675.00
CT Calcium Scoring	\$ 150.00
CT Chest with Contrast	\$ 500.00
CT Chest w/o Contrast	\$ 600.00
Coronary CTA	\$ 700.00
Echo w/Rest & CV Stress	\$ 1,200.00

Specialist Billing Fee per Patient Encounter	Cost
To cover administrative, postage, processing and handling costs.	\$ 25.00

Mobile Medical Fee	
Charge for physical conducted on site (Monday - Friday 7 AM - 3 PM)	\$ 135.00
Afterhours / Holiday or Weekend Runs (per employee)	\$ 175.00

In the event, ARC is asked to provide services that are outside the scope of normal business hours (Mon. - Fri. 7 AM to 3 PM), then ARC can charge an increased mobile fee per Officer Firefighter

Additional Physician related services	Cost
Digital Rectal Exam / Hernia Check (Males)	\$ 15.00
Skin Cancer Screening	\$ 15.00
Expanded Physical Dictation (cost in addition to current Physical)	\$ 10.00
Expanded Physical (cost in addition to current Physical)	\$ 25.00
Ambulance Attendance Certification and Physical Bundle	\$ 115.00
Blood Pressure Check	\$ 15.00
Caliper	\$ 10.00
Hand's on Physical / Range of Motion	\$ 15.00
Sleep Study Screening - Non-Diagnostic (Take Home)	\$ 200.00

Medical Paperwork	Cost
Ambulance Attendance Certification (in conjunction with Physical)	\$ 15.00
Physical Screening Fact Sheet (in conjunction with Physical)	\$ 15.00
FBI Paperwork (in conjunction with Physical)	\$ 15.00
Calendestine Physical Paperwork (in conjunction with Physical)	\$ 15.00
POST Paperwork (in conjunction with Physical)	\$ 15.00
FEMA Nevada Task Force Paperwork (in conjunction with Physical)	\$ 15.00
14 Essential Tasks Paperwork (in conjunction with Physical)	\$ 15.00
Sleep Apnea Questionnaire (in conjunction with Physical)	\$ 15.00
Lateral Transfer (Dept. to Dept.) Physician Review and Clearance	\$ 50.00
ARC Physician Review and/or Dictation of other Physician's Exam / Testing	\$ 100.00

Additional Lab Testing	Cost
NMR Blood	\$ 95.00
HAZMAT Blood (As, Cd, Hg, Pb/Zpp)	\$ 150.00
Serum Lead & Zpp Testing	\$ 60.00
Rabies Test	\$ 40.00
Hemocult for Stool Occult Blood (Slide Instant)	\$ 10.00
Hemocult for Stool Occult Blood (Lab Analysis)	\$ 60.00
TSH	\$ 30.00
Cortisol Testing	\$ 24.00
NMP21 BladderChek	\$ 30.00
CA-125	\$ 65.00
C-Reactive Protein, Cadiac	\$ 45.00
LP-Pla2	\$ 95.00
Anabolic Steroid Testing	\$ 150.00
Testosterone Screening	\$ 60.00

Comprehensive Medical Panel - In Office	Cost
FRC M Panel	\$ 871.89
FRC F Panel	\$ 842.84
NFPA FRC M Panel	\$ 823.24
NFPA FRC F Panel	\$ 794.19
DPS Pre Panel	\$ 614.00
DPS U40	\$ 580.00
DPS O40	\$ 685.00
V1	\$ 735.00
V2	\$ 290.00
V3	\$ 600.00
V4	\$ 685.00
TMC	\$ 890.00
TMP	\$ 854.00
NRS U40	\$ 580.00
NRS O40	\$ 665.00

NFPA 1582	Cost
SMART Paperwork	\$ 15.00
Sleep Disturbance Apnea Questionnaire	\$ 10.00
Mental Health Screening	\$ 200.00
Chap. 8 Muscular Strength, Endurance & Flexibility Evaluation	\$ 90.00

General Heart & Lung Examination



Under 40 - General Heart/Lung Exam (conducted at ARC Office) COST		Over 40 - General Heart/Lung Exam (conducted at ARC Office) COST	
Heart and Lung Physical Exam (* denotes included in cost)	\$ 175.00	Heart and Lung Physical Exam (* denotes included in cost)	\$ 175.00
Vision Screening*	\$ -	Vision Screening*	\$ -
Medical History Form*	\$ -	Medical History Form*	\$ -
Blood Pressure Monitoring*	\$ -	Blood Pressure Monitoring*	\$ -
Urinalysis*	\$ -	Urinalysis*	\$ -
Written Report to Agency and Employee*	\$ -	Written Report to Agency and Employee*	\$ -
Physician's Report of Results Form & OD Forms	\$ 15.00	Physician's Report of Results Form & OD Forms	\$ 15.00
Audiometry with interpretation (air conduction or pure tone test)	\$ 25.00	Audiometry with interpretation (air conduction or pure tone test)	\$ 25.00
Hepatitis C Screening* Add confirmation if positive	\$ 30.00	Hepatitis C Screening* Add confirmation if positive	\$ 30.00
Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00	Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 140.00	Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 140.00
Per-Cent Body Fat (BMI Method) / Waist Circumference	\$ 7.00	Per-Cent Body Fat (BMI Method) / Waist Circumference	\$ 7.00
Resting EKG	\$ 40.00	Stress EKG	\$ 125.00
Pulmonary Function Test	\$ 40.00	Pulmonary Function Test	\$ 40.00
TB Skin Test	\$ 40.00	TB Skin Test	\$ 40.00
Total - Under 40 Heart/Lung Exam (conducted at ARC Location)	\$ 580.00	Total - Over 40 Heart/Lung Exam (conducted at ARC Location)	\$ 665.00

Under 40 includes the Resting EKG

Over 40 includes the Stress EKG

Optional Tests / Letter

OSHA Respirator Questionnaire / Clearance Letter	\$ 10.00
CDL Paperwork* (in conjunction with Heart and Lung Physical Exam)	\$ 45.00

Confirmation Charges on Hepatitis Positive

Hep A – Hep A IgM	\$ 36.86
Hep B Ag – Neutralization Assay	\$ 175.00
Hep C – HCV RIBA	\$ 386.00

Prehire Heart & Lung Examination



Under 40 - Prehire Heart/Lung Exam (conducted at ARC Office) COST		Over 40 - Prehire Heart/Lung Exam (conducted at ARC Office) COST	
Heart and Lung Physical Exam (* denotes included in cost)	\$ 175.00	Heart and Lung Physical Exam (* denotes included in cost)	\$ 175.00
Vision Screening*	\$ -	Vision Screening*	\$ -
Medical History Form*	\$ -	Medical History Form*	\$ -
Blood Pressure Monitoring*	\$ -	Blood Pressure Monitoring*	\$ -
Urinalysis*	\$ -	Urinalysis*	\$ -
Written Report to Agency and Employee*	\$ -	Written Report to Agency and Employee*	\$ -
Physician's Report of Results Form & OD Forms	\$ 15.00	Physician's Report of Results Form & OD Forms	\$ 15.00
Audiometry with interpretation (air conduction or pure tone test)	\$ 25.00	Audiometry with interpretation (air conduction or pure tone test)	\$ 25.00
Hepatitis Profile Screening (Hep A,B,C)	\$ 30.00	Hepatitis Profile Screening (Hep A,B,C)	\$ 30.00
Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00	Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 140.00	Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 140.00
Per-Cent Body Fat (BMI Method) / Waist Circumference	\$ 7.00	Per-Cent Body Fat (BMI Method) / Waist Circumference	\$ 7.00
Resting EKG	\$ 40.00	Stress EKG	\$ 125.00
Pulmonary Function Test	\$ 40.00	Pulmonary Function Test	\$ 40.00
Non-DOT Urine Drug Screen	\$ 34.00	Non-DOT Urine Drug Screen	\$ 34.00
TB Skin Test	\$ 40.00	TB Skin Test	\$ 40.00
Total - Under 40 Heart/Lung Exam (conducted at ARC Location)	\$ 614.00	Total - Over 40 Heart/Lung Exam (conducted at ARC Location)	\$ 699.00

Under 40 includes the Resting EKG

Over 40 includes the Stress EKG

Optional Tests / Letter

OSHA Respirator Questionnaire / Clearance Letter	\$ 10.00
CDL Paperwork* (in conjunction with Heart and Lung Physical Exam)	\$ 45.00
POST Paperwork	\$ 15.00
Musculoskeletal Evaluation	\$ 125.00

Confirmation Charges on Hepatitis Positive

Hep A – Hep A IgM	\$ 36.86
Hep B Ag – Neutralization Assay	\$ 175.00
Hep C – HCV RIBA	\$ 386.00

General Heart & Lung Examination



Under 40 - General Heart/Lung Exam (conducted via Mobile)	COST	Over 40 - General Heart/Lung Exam (conducted via Mobile)	COST
Heart and Lung Physical Exam (* denotes included in cost)	\$ 175.00	Heart and Lung Physical Exam (* denotes included in cost)	\$ 175.00
Vision Screening ¹	\$ -	Vision Screening ¹	\$ -
Medical History Form ¹	\$ -	Medical History Form ¹	\$ -
Blood Pressure Monitoring ¹	\$ -	Blood Pressure Monitoring ¹	\$ -
Urinalysis ¹	\$ -	Urinalysis ¹	\$ -
Written Report to Agency and Employee ¹	\$ -	Written Report to Agency and Employee ¹	\$ -
Physician's Report of Results Form & OD Forms	\$ 15.00	Physician's Report of Results Form & OD Forms	\$ 15.00
Audiometry with interpretation (air conduction or pure tone test)	\$ 25.00	Audiometry with interpretation (air conduction or pure tone test)	\$ 25.00
Hepatitis C Screening* Add confirmation if positive	\$ 30.00	Hepatitis C Screening* Add confirmation if positive	\$ 30.00
Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00	Chest X-Ray (Dual View) includes radiologist over-read	\$ 68.00
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 140.00	Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$ 140.00
Per-Cent Body Fat (BMI Method) / Waist Circumference	\$ 7.00	Per-Cent Body Fat (BMI Method) / Waist Circumference	\$ 7.00
Resting EKG	\$ 40.00	Stress EKG	\$ 125.00
Pulmonary Function Test	\$ 40.00	Pulmonary Function Test	\$ 40.00
TB Skin Test	\$ 40.00	TB Skin Test	\$ 40.00
Mobile Fee	\$ 135.00	Mobile Medical Fee	\$ 135.00
Total - Under 40 Heart/Lung Exam (conducted via Mobile)	\$ 715.00	Total - Over 40 Heart/Lung Exam (conducted via Mobile)	\$ 800.00

Under 40 includes the Resting EKG

Over 40 includes the Stress EKG

Optional Tests / Letter

OSHA Respirator Questionnaire / Clearance Letter	\$ 10.00
CDL Paperwork* (in conjunction with Heart and Lung Physical)	\$ 45.00

Confirmation Charges on Hepatitis Positive

Hep A - Hep A IgM	\$ 36.86
Hep B Ag - Neutralization Assay	\$ 175.00
Hep C - HCV RIBA	\$ 386.00

Volunteer Fire Panels	V1 Volunteer New Recruit	V2 Volunteer Non-Physical Year	V3 Volunteer Vested (under 50)	V4 Volunteer Vested (50 and over)
<i>AB 153 - Volunteer Panels with Pricing</i>	Prehire	Years 1 - 2, and non V3 years (4,5,7,8,10,11...) ***Mini Physical***	Commencement of Coverage - Year 3 & every 3 years until 50	Age 50 and every even numbered birth year (52,54,56...)
Coronary Risk Profile II & Urinalysis	\$ 140.00		\$ 140.00	\$ 140.00
Hepatitis Profile Screen (A,B,C)	\$ 80.00			
Hepatitis C Antibody Screen			\$ 30.00	\$ 30.00
PPD TB Test	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00
Audiogram	\$ 25.00		\$ 25.00	\$ 25.00
OSHA Respirator Questionnaire and Clearance Letter	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
Pulmonary Function Test	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00
Vision Test (Snellen)	\$ -	\$ -	\$ -	\$ -
Body Mass Index Test	\$ 7.00		\$ 7.00	\$ 7.00
Blood Pressure Monitoring	\$ -	\$ -	\$ -	\$ -
2 View Chest X-Ray	\$ 68.00		\$ 68.00	\$ 68.00
Resting EKG			\$ 40.00	
Stress EKG	\$ 125.00			\$ 125.00
Heart and Lung Exam	\$ 175.00	\$ 175.00	\$ 175.00	\$ 175.00
Physical Report of Results	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
PANEL PRICES	\$ 735.00	\$ 290.00	\$ 600.00	\$ 685.00

Mobile Medical Fee = \$135.00 per exam