

OCCUPATIONAL HEALTH SERVICES 2020 10-15-2019	MERCY OCCUPATIONAL HEALTH 660A S TRUMAN BLVD FESTUS MO 63028
COMPANY INFORMATION	
How many years has your company been in business?	26 YEARS
Who will be the assigned group service representative and what is the location of the representative's office?	KIM VANCE (636) 933-1670 660A S TRUMAN BLVD FESTUS, MO 63028 FAX: (636) 931-3990 KIMBERLY.VANCE2@MERCY.NET
Does your company currently provide services to other public-sector employees or local government groups in the state of Missouri?	US DEPT OF LABOR - FED EMPLOYEES - WORK COMPS 1 DS STATE OF MO/MODOT - STATE EMPLOYEES - WORK COMP / DOT NON-DOT PEX NON-DOT / NON-DOT DOT DS/ BAT CITY OF FESTUS - 120 EMPLOYEES - W/C, PRE EMP PEX, DOT PEX, DOT NON, DOT P6 BAT CITY OF CRYSTAL CITY - 60 EMPLOYEES W/C, PRE EMP PEX, NON DOT, DOT PEX, NON DOT, DOT DS, BAT
How many employees does your company have? How many are in the Occupational Health Services Department?	1800 - MERCY HOSPITAL JEFFERSON 43 - MERCY UCC FESTUS 9 - OCC HEALTH

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Do you offer case management services? If so describe how you will handle our cases.	NO DEPT CASE MANAGER. DR. RICHARDS AND /OR OMC CO-WORKERS WILL DIRECTLY WORK W/ EMPLOYER ON EACH CASE TO ENSURE EMPLOYEE/ EMPLOYER NEEDS ARE MET. WE CAN WORK DIRECTLY W/ CASE MANAGER, ADJUSTORS, AND HR TO DISCUSS EACH PLAN AND WORK STATUS.
MISCELLANEOUS	
Will the company guarantee that plan coverage will be provided for the amount of bid for at least 12 months, except for breach of contract?	YES
LOCATION OF SERVICES	
Location of Services	660A TRUMAN BLVD FESTUS, MO 63028
Millage from Hillsboro, Mo	15 MILES
OCCUPATIONAL HEALTH SERVICES	
Pre-Employment Physical (NON-DOT)	
Physican Exam with Health History Review:	\$55.00
Pre-Employment work fitness screening:	-
Pre-Employment Physical (DOT):	
DOT Physical:	\$58.52

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DOT Urine Drug Screening consisting of: Urine Collection 5 Panel Drug Screen Medical Review & Reporting	\$56.96
Re-Certification Physical (DOT):	
DOT Physical:	\$58.52
Substance Abuse (NON-DOT) Post Accident/ Reasonable Suspicion:	
Urine Drug Screening Consists of: Urine Collection 8 Panel Drug Screen Medical Review & Reporting	\$56.96
SUBSTANCE ABUSE (DOT) POST ACCIDENT/REASONABLE SUSPICION/RANDOM:	
Dot Urine Drug Screening Consist of: Urine Collection 8 Panel Drug Screen Medical Review & Reporting	\$56.96
Breath Alcohol Screen with confirmation:	\$27.31/TISA

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Fit for Duty Physical:	
Physician Exam with Return to Work Short Narrative Note:	\$55.00
On-Call After Hours/On-site Substance Abuse Services:	
On-call Drug/Alcohol Collection: Per hour, portal to portal	\$125/HR (2 HR MIN) + COST OF UDS/BAT LISTED ABOVE
On-site Drug/Alcohol Collection: Per hour, portal to portal	\$50/HR ON-SITE + COST OF UDS/BAT
Worker's Compensation (In-Clinic Treatment of Work-Related Injuries/Illness)	
Initial Visit and Report:	
99202 Limited Visit	CHARGE: \$125 * 75% OF CHG: 93.75
99203 Intermediate Visit	CHARGE: \$174 * 75% OF CHG: \$130.50
99204 Extensive Visit	CHARGE: \$275 * 75% OF CHG: \$206.25
Return Visit Report:	
99212 Limited Visit	CHARGE: \$96.25 * 75% OF CHG: \$77
99213 Intermediate Visit	CHARGE: \$112 * 75% OF CHG: \$84
99214 Extensive Visit	CHARGE: \$167 * 75% OF CHG: \$125.25

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WORKER'S COMPENSATION	
Contracted Service Rates Per CPT Code	
73610 Ankel X-ray 3 or more views	CHARGE: \$102 * 75% OF CHG: \$76.50
73600 Ankle X-ray 2 views	CHARGE: \$125.86 * 75% OF CHG: \$94.40
73080 Elbow X-ray Complete	CHARGE: \$115 * 75% OF CHG: \$86.25
95904 Nerve Conduction	N/A
95903 Nerve Conduction	N/A
95900 Nerve Conduction	N/A
96860 EMG 1 Extremity	N/A
73721 MRI Lower Extremity	N/A
73221 MRI Lower Extremity	N/A
73630 Foot X-ray Complete	CHARGE: \$88 * 75% OF CHG: \$66
73564 Knee X-ray 4 or more views	CHARGE: \$181.68 * 75% OF CHG \$136.26
73560 Knee X-ray 2 view	CHARGE: \$136.24 * 75% OF CHARGE \$102.18

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73140 Finger X-ray Complete	CHARGE: \$82 * 75% OF CHG: \$61.50
73130 Hand X-ray Complete	CHARGE: \$107 * 75% OF CHG: \$80.25
72040 Cervical X-ray 2 View	CHARGE: \$122 * 75% OF CHG: \$91.50
72110 Lumber X-ray 4 View	CHARGE: \$177 * 75% OF CHG: \$132.75
73110 Wrist X-ray Complete	CHARGE: \$82 * 75% OF CHG: \$61.50
72070 Thoracic X-ray 2 View	CHARGE: \$173.18 * 75% OF CHG: 129.89
73000 Clavicle X-ray Complete	CHARGE: \$80 *75% OF CHG: \$60
73030 Shoulder X-ray Complete	CHARGE: \$86 * 75% OF CHG: 64.50
73090 Forearm X-ray Complete	CHARGE: \$79 * 75% OF CHG: \$59.25
97001 PT Evaluation (1 st Visit)	N/A
97003 OT Evaluation (1st Visit)	N/A
97545 Work Conditioning/ Initial 2 Hours	N/A
97546 Work Conditioning/ per additional hour	N/A
PT/OT Subsequent Visits	N/A

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COMMENTS:	* 75% DISCOUNT APPLIED IF PAID BY COUNTY. ANY CONTRACTS BETWEEN WORKMAN'S COMPENSATION INSURANCE WILL SUPERSEDE THIS BID IF SUBMITTED TO INSURANCE.
REQUIRED DOCUMENTS	
NOTARIZED WORK AFFIDAVIT COMPLETED	Y
E-VERIFICATION DOCUMENTATION (Y/N):	N
COPY OF INSURANCE PROVIDED	Y
TAX RECEIPTS OR NOTARIZED LETTER STATING NO REAL OR PERSONAL PROPERTY OWNED IN JEFFERSON COUNTY	Y
COOPERATIVE BID FORM (Y/N)	N
COOPERATIVE CONTACT INFO:	Y
COMPANY INFORMATION AND SIGNATURE	Y
BID DEPOSIT REQUIRED	N/A
COMMENTS:	