

<b>OCCUPATIONAL HEALTH SERVICES 2020 10-15-2019</b>	<b>MERCY OCCUPATIONAL HEALTH</b>  660A S TRUMAN BLVD FESTUS MO 63028
<b>COMPANY INFORMATION</b>	
<b>How many years has your company been in business?</b>	26 YEARS
<b>Who will be the assigned group service representative and what is the location of the representative's office?</b>	KIM VANCE (636) 933-1670 660A S TRUMAN BLVD FESTUS, MO 63028 FAX: (636) 931-3990 KIMBERLY.VANCE2@MERCY.NET
<b>Does your company currently provide services to other public-sector employees or local government groups in the state of Missouri?</b>	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
<b>How many employees does your company have? How many are in the Occupational Health Services Department?</b>	1800 - MERCY HOSPITAL JEFFERSON  43 - MERCY UCC FESTUS  9 - OCC HEALTH

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<b>Do you offer case management services? If so describe how you will handle our cases.</b>	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.
<b>MISCELLANEOUS</b>	
<b>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?</b>	YES
<b>LOCATION OF SERVICES</b>	
<b>Location of Services</b>	660A TRUMAN BLVD FESTUS, MO 63028
<b>Millage from Hillsboro, Mo</b>	15 MILES
<b>OCCUPATIONAL HEALTH SERVICES</b>	
<b>Pre-Employment Physical (NON-DOT)</b>	
Physican Exam with Health History Review:	\$55.00
<b>Pre-Employment work fitness screening:</b>	-
<b>Pre-Employment Physical (DOT):</b>	
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
<b>Re-Certification Physical (DOT):</b>	
DOT Physical:	\$58.52
<b>Substance Abuse (NON-DOT) Post Accident/ Reasonable Suspicion:</b>	
Urine Drug Screening Consists of: Urine Collection 8 Panel Drug Screen Medical Review & Reporting	\$56.96
<b>SUBSTANCE ABUSE (DOT) POST ACCIDENT/REASONABLE SUSPICION/RANDOM:</b>	
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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<b>Fit for Duty Physical:</b>	
Physician Exam with Return to Work Short Narrative Note:	\$55.00
<b>On-Call After Hours/On-site Substance Abuse Services:</b>	
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
<b>Worker's Compensation (In-Clinic Treatment of Work-Related Injuries/Illness)</b>	
<b>Initial Visit and Report:</b>	
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
<b>Return Visit Report:</b>	
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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<b>WORKER'S COMPENSATION</b>	
<b>Contracted Service Rates Per CPT Code</b>	
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 <sup>st</sup> 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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<b>COMMENTS:</b>	* 75% DISCOUNT APPLIED IF PAID BY COUNTY. ANY CONTRACTS BETWEEN WORKMAN'S COMPENSATION INSURANCE WILL SUPERSEDE THIS BID IF SUBMITTED TO INSURANCE.
<b>REQUIRED DOCUMENTS</b>	
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
<b>COMMENTS:</b>	