

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

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<p align="center">Do you offer case management services? If so describe how you will handle our cases.</p>	<p>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.</p>
<p align="center">MISCELLANEOUS</p>	
<p align="center">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?</p>	<p align="center">YES</p>
<p align="center">LOCATION OF SERVICES</p>	
<p align="center">Location of Services</p>	<p align="center">660A TRUMAN BLVD FESTUS, MO 63028</p>
<p align="center">Millage from Hillsboro, Mo</p>	<p align="center">15 MILES</p>
<p align="center">OCCUPATIONAL HEALTH SERVICES</p>	
<p align="center">Pre-Employment Physical (NON-DOT)</p>	
<p align="center">Physican Exam with Health History Review:</p>	<p align="center">\$55.00</p>
<p align="center">Pre-Employment work fitness screening:</p>	<p align="center">-</p>
<p align="center">Pre-Employment Physical (DOT):</p>	
<p align="center">DOT Physical:</p>	<p align="center">\$58.52</p>

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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:	
Physican 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 Vist	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

BID TABULATION - OCCUPATIONAL HEALTH SERVICES 2020

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	660A S TRUMAN BLVD FESTUS MO 63028
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
73090Forearm 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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<p align="center">COMMENTS:</p>	<p>* 75% DISCOUNT APPLIED IF PAID BY COUNTY. ANY CONTRACTS BETWEEN WORKMAN'S COMPENSATION INSURANCE WILL SUPERSEDE THIS BID IF SUBMITTED TO INSURANCE.</p>
<p align="center">REQUIRED DOCUMENTS</p>	
<p align="center">NOTARIZED WORK AFFIDAVIT COMPLETED</p>	<p align="center">Y</p>
<p>E-VERIFICATION DOCUMENTATION (Y/N):</p>	<p align="center">N</p>
<p align="center">COPY OF INSURANCE PROVIDED</p>	<p align="center">Y</p>
<p align="center">TAX RECEIPTS OR NOTARIZED LETTER STATING NO REAL OR PERSONAL PROPERTY OWNED IN JEFFERSON COUNTY</p>	<p align="center">Y</p>
<p align="center">COOPERATIVE BID FORM (Y/N)</p>	<p align="center">N</p>
<p align="center">COOPERATIVE CONTACT INFO:</p>	<p align="center">Y</p>
<p align="center">COMPANY INFORMATION AND SIGNATURE</p>	<p align="center">Y</p>
<p align="center">BID DEPOSIT REQUIRED</p>	<p align="center">N/A</p>
<p align="center">COMMENTS:</p>	