

FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOLS

PROCUREMENT DIVISION

320 Hospital Drive Ste. 23

Warrenton, Virginia 20186

Phone: (540) 422-8348

Fax: (540) 422-8355

NOTICE OF SHORT-TERM CONTRACT EXTENSION

1. DATE: December 28, 2017
2. COMMODITY NAME: Medical Services
3. CONTRACT NUMBER: PIM31-11smc
4. SUPERCEDES: N/A
5. CONTRACT PERIOD: *Latest short-term extension: 1/1/2018 – 3/31/2018*
6. RENEWAL OPTIONS: No renewals
7. FIRM: Piedmont Internal Medicine – Fauquier Health Physician Services
419 Holiday Court, Suite 100
Warrenton, VA 20186
PH (540) 341-7521 FX (540) 341-7054
8. TERMS: Net 45 days
9. FOR FURTHER INFORMATION CONTACT: Susan R. Monaco, CPPO, CPPB
PH (540) 422-8348

NOTICE TO ALL FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOL USING DEPARTMENTS: This contract is the result of a competitive bid program and its use must follow the FCG&PS Procurement Policy/Procedures for the purchase of the commodity listed herein. Please see the reverse side of this notice for further instructions regarding this contract.

INSTRUCTIONS

1. Orders: All FCG&PS Using Departments must order services listed by issuing FCG&PS Purchase Orders per FCG&PS Procurement Procedures Manual. An extra copy of the Procedures Manual can be obtained by calling Procurement at (540) 422-8351 or 8352.
2. The applicable contract number, vendor number, estimated total dollar amount (can be done as a “Not to exceed” estimated figure), contact person with phone number, and billing/delivery address must be shown on each purchase order for Finance & Firm use.
3. Inspection of services performed and approval of Firm’s invoice is the responsibility of the receiving using department.
4. Any complaint as to quality of services, faulty or delinquent delivery, or violation of contract provisions by contractor shall be reported to FCG&PS Procurement for handling with the Firm. All complaints must be submitted in writing and can be forwarded to Procurement via fax or courier.
5. Renewals: As stated on the face of this notice, no renewals remain on this contract. A new solicitation will be issued by the Contract Officer, with input requested from the using departments, approximately ninety (90) days in advance of the expiration date of the current term.
6. Price Adjustments: Changes to contract prices will be negotiated only at the time of renewal. All price increases must be approved by the Contract Officer. Contract users will be sent notification of contract change from the Procurement office as official notification of such changes, if approved.
7. Firm Hours, Contact and Billing Information:

<u>Hours:</u>	M/T/W/TH:	7:00 a.m. – 7:00 p.m.
	Friday:	7:00 a.m. – 5:00 p.m.
	Saturday:	8:00 a.m. – 12:00 p.m.
<u>Point of Contact, Contract:</u>	Sandy Quesenberry, Business Manager PH 540-341-7521	
<u>Appointment scheduling:</u>	Receptionist/Business Office, PH 540-347-4200	

Using Departments are advised to send a physical form, and cover form (generic form attached for your use) stating date of appointment, full billing address, and all other pertinent information with employee(s) or potential employee(s) at the time of the appointment, for ease of contract/information management.

Sheriff's Office Personnel	
<i>Pre-Employment physicals</i>	
Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Lipid Profile (LP)	\$ 47.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Urine Drug Screen (UDS)	\$ 38.00
Visual Acuity	\$ 14.00
Auditory Acuity	\$ 25.00
Electrocardiogram (ECG)	\$ 42.00
Pulmonary Function Test (PFT)	\$ 47.00
Urinalysis (UA)	\$ 14.00
<i>Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)</i>	\$ 100.00
Diphtheria-Tetanus (dT)	\$ 30.00
<i>Piedmont Internal Contract Price</i>	\$ 498.00
<i>Annual repeat physicals - personnel under 39 years old</i>	
Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Lipid Profile (LP)	\$ 47.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Urine Drug Screen (UDS)	\$ 38.00
Visual Acuity	\$ 14.00
Auditory Acuity	\$ 25.00
Electrocardiogram (ECG)	\$ 42.00
Pulmonary Function Test (PFT)	\$ 47.00
Urinalysis (UA)	\$ 14.00
<i>Piedmont Internal Contract Price</i>	\$ 368.00
<i>Annual repeat physicals - personnel over 40 years old</i>	
Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Lipid Profile (LP)	\$ 47.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Urine Drug Screen (UDS)	\$ 38.00
Visual Acuity	\$ 14.00
Auditory Acuity	\$ 25.00
Electrocardiogram (ECG)	\$ 42.00
Pulmonary Function Test (PFT)	\$ 47.00
Urinalysis (UA)	\$ 14.00
<i>Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)</i>	\$ 100.00
Diphtheria-Tetanus (dT)	\$ 30.00
Prostate Specific Antigen (PSA)	\$ 45.00
Exercise Tolerance Test, Standard Bruce Protocol (ETT)	\$ 191.00
<i>Piedmont Internal Contract Price</i>	\$ 734.00
<i>Communication Division, Sheriff's Office</i>	
Procedure	
Urine Drug Screen (UDS)	\$ 38.00
Visual Acuity	\$ 14.00
Auditory Acuity	\$ 25.00
<i>Piedmont Internal Contract Price</i>	\$ 77.00

Department of Fire Rescue & Emergency Management (DFREM)	
<i>Volunteer Fire & Rescue Personnel - Class A</i>	
Procedure	
Basic Physical Exam (PEX) and vital signs including Extensive History (Hx) and complete review of medical questionnaire	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Lipid Profile (LP)	\$ 47.00
<i>Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)</i>	\$ 100.00
Urine Drug Screen (UDS)	\$ 38.00
Electrocardiogram (ECG)	\$ 42.00
Auditory Acuity	\$ 25.00
Visual Acuity	\$ 14.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Pulmonary Function Test (PFT)	\$ 47.00
<i>Piedmont Internal Contract Price</i>	\$ 454.00
<i>Volunteer Fire & Rescue Personnel - Class B</i>	
Procedure	
Basic Physical Exam (PEX) and vital signs including Extensive History (Hx) and complete review of medical questionnaire	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Lipid Profile (LP)	\$ 47.00
<i>Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)</i>	\$ 100.00
Urine Drug Screen (UDS)	\$ 38.00
Visual Acuity	\$ 14.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
<i>Piedmont Internal Contract Price</i>	\$ 340.00
**Subsequent physicals for volunteers shall only be required when mutually agreed upon between PIM/Owner for VFRS personnel	
<i>Career Fire Rescue and Emergency Management Personnel</i>	
Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Lipid Profile (LP)	\$ 47.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Urinalysis (UA)	\$ 14.00
Urine Drug Screen (UDS)	\$ 38.00
<i>Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)</i>	\$ 100.00
Diphtheria-Tetanus (dT)	\$ 30.00
Auditory Acuity	\$ 25.00
Visual Acuity	\$ 14.00
Pulmonary Function Test (PFT)	\$ 47.00
Chest X-Ray, PA only	\$ 127.00
Exercise Tolerance Test, Standard Bruce Protocol (ETT)	\$ 191.00
<i>Piedmont Internal Contract Price (note: Physical price without ETT is \$583)</i>	\$ 774.00
<i>Career Fire Rescue and Emergency Management Personnel - personnel over 40 year old</i>	
Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Prostate Specific Antigen (PSA)	\$ 45.00
Lipid Profile (LP)	\$ 47.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Urinalysis (UA)	\$ 14.00
Urine Drug Screen (UDS)	\$ 38.00
<i>Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)</i>	\$ 100.00
Diphtheria-Tetanus (dT)	\$ 30.00
Auditory Acuity	\$ 25.00
Visual Acuity	\$ 14.00
Pulmonary Function Test (PFT)	\$ 47.00
Chest X-Ray, PA only	\$ 127.00
Exercise Tolerance Test, Standard Bruce Protocol (ETT)	\$ 191.00
<i>Piedmont Internal Contract Price (note: Physical price without ETT is \$628)</i>	\$ 819.00
**For the two consecutive years following the pre-employment physical, the Firm shall provide an annual physical excluding stress testing and chest X-ray. Chest X-ray and stress test may be added at the Firm's discretion.	

School Bus Drivers

Entrance and Annual Physical Examinations - Occur during the months of June, July and Aug.

Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Visual Acuity	\$ 14.00
Auditory Acuity	\$ 25.00
Urinalysis (UA)	\$ 14.00
Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)	\$ 100.00
Urine Drug Screen (UDS)	\$ 38.00
Piedmont Internal Contract Price	\$ 255.00

Note: County/Schools reserve the right to seek TB Tine Skin Test and pull that from the exam if available elsewhere

School Bus Drivers Aides

Entrance and Annual Physical Examinations - Occur during the months of June, July and Aug.

Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Visual Acuity	\$ 14.00
Auditory Acuity	\$ 25.00
Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)	\$ 100.00
Chest X-Ray, PA only	\$ 127.00
Electrocardiogram (ECG)	\$ 42.00
Piedmont Internal Contract Price (for basic elements 1-4; add Chest X-Ray & ECG only if needed)	\$ 203.00

Note: County/Schools reserve the right to seek TB Tine Skin Test and pull that from the exam if available elsewhere

Random Alcohol and Controlled Substance Screenings

Procedure	
Evidential Breath Testing (EBT)	\$ 38.00
Urine Drug Screen (UDS)	\$ 38.00

Other Personnel Classified as High Risk

Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 75.00

Other Related Services as Required - "ala carte" pricing

Procedure	
Complete Physical Exam (PEX) including Extensive History (Hx)	\$ 64.00
Auditory Acuity	\$ 25.00
Chest X-Ray, PA only	\$ 127.00
Complete Blood Count (CBC)	\$ 20.00
Complete Metabolic Profile (CMP)	\$ 42.00
Diphtheria-Tetanus (dT)	\$ 30.00
Evidential Breath Testing (EBT)	\$ 38.00
Exercise Tolerance Test, Standard Bruce Protocol (ETT)	\$ 191.00
Hep B - 3 dose series	\$ 151.00
Human Immunodeficiency Virus (HIV)	\$ 15.00
Lipid Profile (LP)	\$ 47.00
Prostate Specific Antigen (PSA)	\$ 45.00
Pulmonary Function Test (PFT)	\$ 47.00
Blood TB Test (takes the place of previous PPD/Skin Screening Test, no longer available from PIM)	\$ 100.00
Seasonal influenza immunizations	\$ 34.00
Urinalysis (UA)	\$ 14.00
Urine Drug Screen (UDS)	\$ 38.00
Visual Acuity	\$ 14.00

(INSERT YOUR DEPARTMENT LETTERHEAD HERE)

Include a contact person, phone, fax, and e-mail if available, and account number if available

MEDICAL SERVICES, CONTRACT# PIM31-11smc
Cover Form for Services

Service Provider/Physician: _____

Address: _____

Phone/Fax: _____

The undersigned individual is being sent to your office for the medical service indicated.

Please provide services solely based on the form attached; any deviation from services, or testing/services provided above and beyond what the form specifically requires, will not be paid for unless prior authorization is received from the billing department listed above.

Invoices for services rendered must be based on the contract prices on file, and sent directly to the department listed above for payment, which will occur within forty-five (45) days from date of service or receipt of accurate invoice, whichever occurs later. **The attached form is due within twenty-four hours of services rendered, with the exception of blood work which is due within seven business days of samples being drawn; forms will be obtained as noted below.**

Type of Service Provided (Check what applies):

_____ Pre-Employment Physical _____ Annual Physical

_____ Pre-Employment Drug Test _____ Drug Test, Random _____ Alcohol Test, Random

_____ Bus Driver Physical _____ Bus Driver's Aide Physical

Patient's Name: _____

Print legibly, please

Date/Time of Appointment: _____

Billing Account # _____

The attached service form, completed in all areas, ready within twenty-four hours of service date, will be obtained by:

_____ PICK UP BY DEPARTMENT LISTED ABOVE, or

_____ Mailed to Department listed above.

As the Department/Agency listed above is paying for these services, completed forms are not to be sent out with the patient. Any and all invoices and correspondence relating to this service should be sent to the agency specified on the letterhead that appears above. Thank you for your assistance and cooperation!