



## Order Information

10 / 04 / 2024

Purchase Order No.007

Version No.: 1

Issued By: Rebeca Knecht

Life Scan Wellness Centers  
1011 N Macdill Ave

POC Rebecca Knecht

Client POC: Indian River County Fire rescue

### Ship To:

4225 43rd Ave Vero beach FL US 32967

### Bill To:

4225 43rd Ave Vero beach FL US 32967

| Name                                             | Price    | QTY | Subtotal     |
|--------------------------------------------------|----------|-----|--------------|
| Exam                                             | \$540.00 | 340 | \$183,600.00 |
| Drug Screen, I CUP                               | \$58.00  | 336 | \$19,488.00  |
| Hazmat Heavy Metals                              | \$85.00  | 26  | \$2,210.00   |
| OSHA Respirator Mask Fit Testing<br>(PortaCount) | \$48.00  | 325 | \$15,600.00  |

Subtotal **\$220,898.00**

**Total \$220,898.00**



# LIFE SCAN WELLNESS CENTERS

## *Saving the Lives of America's Heroes*

| LIFE SCAN WELLNESS CENTERS QUOTE:                                                                                      |          |
|------------------------------------------------------------------------------------------------------------------------|----------|
| Department: Indian River County Fire<br>City & State: Vero Beach, FL<br>Contact: Chief David Kiernan<br>Date: 10/16/24 | 2025     |
| Number of Physicals: TBD                                                                                               |          |
| <b>Public Safety Physical Exam (NFPA 1582 compliant)</b>                                                               |          |
| Medical & Occupational/Environmental Questionnaire                                                                     | Included |
| Comprehensive Hands-On Physical Exam                                                                                   | Included |
| Vital Signs: Height, Weight, Blood Pressure, Pulse                                                                     | Included |
| Behavioral Health Eval - Epworth Sleep, PCL-5, PHQ-9                                                                   | Included |
| Back Health Evaluation                                                                                                 | Included |
| Urinalysis                                                                                                             | Included |
| Audiogram                                                                                                              | Included |
| Titmus Occupational Vision Exam                                                                                        | Included |
| Breast Exam with Self-Exam education                                                                                   | Included |
| Personal Consultation with review of testing results                                                                   | Included |
| <b>Laboratory Tests:</b>                                                                                               |          |
| Comprehensive Metabolic Panel, Blood Chemistry                                                                         | Included |
| Complete Blood Count, Hematology Panel                                                                                 | Included |
| Hemoccult Stool Test for Colon Cancer Screening                                                                        | Included |
| Total Lipid Panel                                                                                                      | Included |
| Thyroid Test TSH                                                                                                       | Included |
| Glucose                                                                                                                | Included |
| Hemoglobin A1C                                                                                                         | Included |
| Men: PSA (Prostate cancer marker) and Testosterone                                                                     | Included |
| Women: CA-125                                                                                                          | Included |
| <b>Ultrasound Screenings (Early Detection of Heart Disease and Cancer):</b>                                            |          |
| Echocardiogram (Heart Ultrasound)                                                                                      | Included |
| Carotid Arteries Ultrasound                                                                                            | Included |
| Aorta and Aortic Valve Ultrasounds                                                                                     | Included |
| Liver Ultrasound                                                                                                       | Included |
| Gall Bladder Ultrasound                                                                                                | Included |
| Kidneys Ultrasound                                                                                                     | Included |
| Spleen Ultrasound                                                                                                      | Included |
| Bladder Ultrasound                                                                                                     | Included |
| Thyroid Ultrasound                                                                                                     | Included |
| Men: Prostate and Testicular Ultrasounds                                                                               | Included |

|                                                                                          |                       |
|------------------------------------------------------------------------------------------|-----------------------|
| Women: Ovaries and Uterus Ultrasounds                                                    | Included              |
| <b>Cardiopulmonary Testing &amp; Fitness Eval (NFPA 1583 &amp; IAFF WFI)</b>             |                       |
| Cardiac Stress Test (Treadmill with 12 lead, sub-maximal)                                | Included              |
| EKG, 12 Lead                                                                             | Included              |
| Spirometry, PFT with OSHA Respirator Medical Clearance                                   | Included              |
| Fitness tests for muscular strength & endurance                                          | Included              |
| VO2 Max Calc for Aerobic Capacity                                                        | Included              |
| Body Weight and Composition                                                              | Included              |
| Personal Fitness Rx                                                                      | Included              |
| <b>LIFE SCAN PUBLIC SAFETY PHYSICAL EXAM BASIC COST Each</b>                             | <b>\$515.00</b>       |
| <b>Mandatory LifeScan NFPA Proprietary EMR System with Behavioral Health Assessments</b> | <b>\$25.00</b>        |
| <b>Total Life Scan Wellness Center Cost per physical</b>                                 | <b>\$540.00</b>       |
| <b>OPTIONAL TESTS AVAILABLE</b>                                                          | <b>Line Item Cost</b> |
| Chest X-Ray, 2 view with radiologist review ( included)                                  | \$92.00               |
| Lumbar X-Ray, 2 view with radiologist review                                             | \$92.00               |
| Hazmat Cholinesterase                                                                    | \$85.00               |
| Hazmat Heavy Metals                                                                      | \$85.00               |
| Hepatitis A Screening Test                                                               | \$64.00               |
| Hepatitis A Titer                                                                        | \$44.00               |
| Hepatitis B Screening Test                                                               | \$68.00               |
| Hepatitis B Titer                                                                        | \$44.00               |
| Hepatitis C Screening Test                                                               | \$68.00               |
| HIV Test, Gen 4                                                                          | \$33.00               |
| PPD TB Skin Test                                                                         | \$27.00               |
| QuantiFeron Gold TB Blood Test                                                           | \$84.00               |
| Tdap (Tetanus, Diphtheria, Pertussis) Titer                                              | \$37.00               |
| OSHA Respirator Mask Fit Testing (PortaCount)                                            | \$48.00               |
| Drug Screen, I CUP                                                                       | \$58.00               |
| Drug Rescreen with confirmation                                                          | \$68.00               |
| ABO                                                                                      | \$33.00               |
| Nicotine                                                                                 | \$80.00               |
| CPET Cardiopulmonary Test                                                                | \$126.00              |
| Medical Review Officer (MRO) as indicated/secondary review                               | \$149.00              |
| Phlebotomist (Blood Draw) Fee                                                            | \$25.00               |
| Labs Drawn without Appointment                                                           | \$100.00              |
| Form Fee - Add'l forms needing to be filled out by APRN (per form)                       | \$50.00               |
| Secure Wifi if not provided by department (per week)                                     | \$50.00               |

**Minimum 45 appointments: Pricing subject to annual increase. Pricing is based on 9 patients per day, 45 per week. All scheduled appointments will be billed.**