

ATTACHMENT F – FEE SCHEDULE

1. VOLUNTARY PHYSICAL

Provide cost per employee for all requirements and items to be performed annually as outlined and defined in Section 2.2. The cost per person identified should be inclusive of all costs associated with the annual physical exam including overhead, indirect costs, etc.

Voluntary Physical Cost: \$ 645.00 Per Employee X 900 Employees = \$ 580,500.00

2. ADDITIONAL SERVICES

In addition to the voluntary physicals described above, the employee, at their discretion, may ask the successful proposer to provide additional testing/services as outlined and defined in Section 2.3 during their voluntary exam. The cost per person should be inclusive of all costs associated with the test/service including test result reviews, overhead, indirect costs, etc. and will not be included in the cost scoring criteria.

1.	Chest X-Ray	\$ <u>87.00</u>
2.	Respirator Fit Testing (SCBA Face piece Fit Test/N-95 Respirators *Department to supply N-95 Masks	\$ <u>57.00*</u>
3.	Hepatitis B Test (antigen)	\$ <u>65.00</u>
4.	Hepatitis B Test (antibody)	\$ <u>65.00</u>
5.	Hepatitis B Vaccine (3 per series) Hepatitis B=3 shot series Based on current market costs	\$ <u>82.00 per shot</u>
6.	Hepatitis A Test (antigen)	\$ <u>65.00</u>
7.	Hepatitis A Titer (antibody)	\$ <u>42.00</u>
8.	Hepatitis A Vaccine (2 per series) Hepatitis A=2 shot series Based on current market costs	\$ <u>82.00 per shot</u>
9.	PPD Test	\$ <u>24.00</u>

Company Name: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Authorized Signature: _____ Date: _____