

**ATTACHMENT AA**  
(NEGOTIATED POINTS)

**ATTACHMENT G – COST SCHEDULE**

<b>Components of Physical Panel 1</b>	<b>Cost</b>
State of Nevada Medical History Form	No Charge
Audiometry w/interpretation (identify air conduction or pure tone test)	\$30.00
Blood Pressure Monitoring	No Charge
Chest X-Ray (1 view) radiologist over-read	\$40.00
Coronary Risk II (CBC + Chem Panel + HDL + LDL	\$40.00
Heart Lung Physical Exam	\$80.00
Resting EKG	\$40.00
Pulmonary Function Test (Spirometry)	\$40.00
Vision Screening	No Charge
TB Skin test	\$20.00
Urinalysis	\$25.00
Nicotine Test (Cotinine Only) with Quant Levels (Urine only)	\$35.00
Per Cent Body Fat (BMI Method) /Waist Circumference	No Charge
* A1c - If employee has documented Diabetes	\$20.00
State of Nevada Physician's Report of Results Form	No Charge
Written Report to Agency and Employee	\$20.00
Hepatitis ABC Antibody Screening	\$145.00
Hepatitis A/B Inoculation Series, must be offered if the employee has not been previously inoculated -Vendor must provide a card identifying status and dates of inoculations	\$100 per injection/\$300.00 for series of 3
<b>Total Cost of Physical</b>	\$535.00 w/o Hep A/B series  \$835 with Hep A/B series
<b>Rural Fees</b>	N/A
Charge for physical conducted on site	
Mobile fee	
<b>Total Cost of Rural Physical</b>	

Vendor Name: *Nevada Occupational Health and Injury Care Center*



**ATTACHMENT I – COST SCHEDULE**

<b>Components of Physical Panel 2</b>	<b>Cost</b>
Audiometry w/interpretation (identify air conduction or pure tone test)	\$30.00
Resting EKG	\$40.00
Pulmonary Function Test (Spirometry)	\$40.00
Vision Screening	No Charge
<b>Total Cost of Physical</b>	<b>\$ 110.00</b>
<b>Rural Fees</b>	N/A
Charge for physical conducted on site	
Mobile fee	
<b>Total Cost of Rural Physical</b>	<b>\$</b>

Vendor Name: *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Physical Panel 3</b>	<b>Cost</b>
State of Nevada Medical History Form	No Charge
Audiometry w/interpretation ( identify air conduction or pure tone test)	\$30.00
Blood Pressure Monitoring	No Charge
Chest X-Ray (2 View) radiologist over-read	\$60.00
Coronary Risk II (CBC + Chem Panel + HDL + LDL	\$40.00
Heart Lung Physical Exam	\$80.00
Stress EKG	\$150.00
Pulmonary Function Test (Spirometry)	\$40.00
Vision Screening	No Charge
TB Skin Test Exception: Dept. of Corrections employees do not receive	\$20.00
Urinalysis	\$25.00
Nicotine Test (Cotinine Only) with Quant Levels (Urine only)	\$35.00
Per Cent Body Fat (BMI Method) /Waist Circumference	No Charge
* A1c - If employee has documented Diabetes	\$20.00
State of Nevada Physician's Report of Results Form	No Charge
Written Report to Agency and Employee	\$20.00
Hepatitis ABC Antibody Screening	\$145.00
Hepatitis A/B Inoculation Series, must be offered if the employee has not been previously inoculated -Vendor must provide a card identifying status and dates of inoculations	\$100 per inj/\$300.00 for series of 3
<b>Total Cost of Physical</b>	\$665.00 w/o Hep A/B series \$965.00 with Hep A/B series
<b>Rural Fees</b>	N/A
Charge for physical conducted on site	
Mobile fee	
<b>Total Cost of Rural Physical</b>	\$

Vendor Name: *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Physical Panel 4</b>	<b>Cost</b>
Audiometry w/interpretation (identify air conduction or pure tone test)	\$30.00
Blood Pressure Monitoring	No Charge
Chest X-Ray (1 view) radiologist over-read	\$40.00
Resting EKG	\$40.00
Pulmonary Function Test (Spirometry)	\$40.00
Vision Screening	No Charge
<b>Total Cost of Physical</b>	<b>\$150.00</b>
<b>Rural Fees</b>	<b>N/A</b>
Charge for physical conducted on site	
Mobile fee	
<b>Total Cost of Rural Physical</b>	<b>\$</b>

Vendor Name: *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Physical Panel 5</b>	<b>Cost</b>
State of Nevada Medical History Form	No Charge
Audiometry w/interpretation (identify air conduction or pure tone test)	\$30.00
Blood Pressure Monitoring	No Charge
Chest X-Ray (1 view) radiologist over-read	\$40.00
Coronary Risk II (CBC + Chem Panel + HDL + LDL)	\$40.00
Heart Lung Physical Exam	\$80.00
Resting EKG	\$40.00
Pulmonary Function Test (Spirometry)	\$40.00
Vision Screening	No Charge
TB Skin Test	\$20.00
Urinalysis	\$25.00
Nicotine Test (Cotinine Only) with Quant Levels (Urine only)	\$35.00
Per Cent Body Fat (BMI Method) /Waist Circumference	No Charge
A1c - If employee has documented Diabetes	\$20.00
State of Nevada Physician's Report of Results Form	No Charge
Written Report to Agency and Employee	\$20.00
Hepatitis ABC Antibody Screening	\$145.00
Hepatitis A/B Inoculation Series (First year only, if indicated)	\$300/Series
<b>Total Cost of Physical</b>	\$535.00 w/o Hep A/B series \$835.00 with Hep A/B series
<b>Rural Fees</b>	N/A
Charge for physical conducted on site	
Mobile fee	
<b>Total Cost of Rural Physical</b>	\$

Vendor Name: *Nevada Occupational Health and Injury Care Center*





**ATTACHMENT I – COST SCHEDULE**

<b>Optional Components of a Physical Exam</b>	<b>Cost</b>
<b>Hepatitis Testing</b>	
Hepatitis Profile Screening	\$145.00
Hepatitis A	\$100.00
Hepatitis B surface Ag	\$30.00
Hepatitis B surface Ab	\$35.00
Hepatitis B core Ab	\$ 35.00
Hepatitis C Ab	\$ 35.00
<b>HIV Testing</b>	
HIV 1 & 2 Screen (AIDS Screening)	
HIV I & II - Western Blot	
HIV 11 Screen	
Immunoblot Confirmation	
<b>Confirmation Charges on Hepatitis (if Positive)</b>	
Hep A -Hep A IgM	\$ 65.00
Hep B Ag - Neutralization Assay	\$ 30.00
Hep C - HCV RIBA ( <i>Discontinued 2013 per CDC</i> ) <i>Replaced with HCV RNA; Genotype is performed automatically for positive RNA's</i>	\$480.00
<b>Hepatitis Inoculations</b>	
Hepatitis A inoculations ( <i>2 part series, \$75/inj</i> )	\$150.00
Hepatitis B inoculations ( <i>Heplisav 2 part series; \$150/inj</i> )	\$300.00
TwinRix (Hep A and B) inoculations ( <i>3 part series; \$100/inj</i> )	\$300.00
<b>Respirator Clearance Exams</b>	
Respiratory Fit Test	\$ 40.00
OSHA Respirator Questionnaire	\$ 30.00
Pulmonary Function Test	\$ 45.00
Respirator Clearance Letter	NC
<b>Department of Transportation/CDL Exams</b>	
DOT Examinations	\$ 90.00
DOT Paperwork	NC

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**ATTACHMENT I – COST SCHEDULE**

Components of a Physical Examination (Cont'd)	Cost
DOT Urine Drug Screen	\$ 45.00
Non DOT Urine Drug Screen	\$ 45.00
DOT Breath Alcohol Test	\$ 25.00
Non DOT Breath Alcohol Test	\$35.00
Breath Alcohol Confirmation (if positive)	N/C
<b>Individual Test Pricing (Not part of Heart and Lung Physical)</b>	
Audiometry with interpretation (air conduction or pure tone test)	\$30.00
Chest X-Ray (Single View)	\$40.00
Chest X-Ray (Dual View) includes radiologist over-read	\$60.00
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$
Resting EKG	\$40.00
Stress EKG (Graded Exercise Test)	\$150.00
TB Skin Test	\$20.00
Nicotine Test (Cotinine Only) with Quant Levels (Urine only)	\$35.00
Per-Cent Body Fat (BMI Method)/Waist Circumference	N/C
Pulmonary Function Test	\$40.00
Normal Vision screening (Snellen, Far, Near)	N/C
Advanced Vision Screening (Ishihara, Depth, Peripheral)	\$15.00
Venipuncture <i>*Not charged, included in lab/testing fees</i>	N/A
<b>Psychological Screening and Interpretation</b>	
Psychological Evaluation/Consultation/Interview -Pre-hire	N/A
Psychological Evaluation 1	
Psychological Evaluation 2	
Fitness for Duty – Non-occupational condition or potential workplace violence situation psychological interview, testing and evaluation	
Fitness for Duty – medical evaluation	\$500+
<b>Cardiology</b>	
Office visit- consultation	N/A
Office visit -New patient comprehensive	
Follow-up office visit	
ECG Monitor 24 hr w/Scan & Recording	
Echocardiogram complete	
Catheterize left heart	

Vendor Name *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

Optional Components of a Physical Exam (Cont'd)	Cost
a gram	N/A
<u>Imaging Cardiac supervision &amp; interpretation</u>	
<u>Catheterize Left Heart complete</u>	
<b>Audiologist</b>	
<u>Consultation (Southern Nevada/Northern Nevada)</u>	
<b>CT Scan</b>	N/A
<u>CT Calcium Scoring</u>	
<u>CT Chest with Contrast</u>	
<u>CT Chest w/o Contrast</u>	
<u>Coronary CTA</u>	
<u>Echo w/Rest &amp; CV Stress</u>	
<u>Return to work examination</u>	\$150.00
	0
	\$15000
	By
<b>Rural Fees</b>	N/A
<u>Charge for physical conducted on site</u>	

Vendor Name *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Termination Testing Components</b>	<b>Cost</b>
<b>Testing within 30 days of termination</b>	
TB Skin Test	\$20.00
Hepatitis Profile Screening	\$145.00
HIV 1 & 2 Screen	\$35.00
<b>Total 30 Day Termination Testing</b>	<b>\$ 200</b>
<b>Testing 90 Days of Termination</b>	
TB Skin Test	\$20.00
<b>Total 90 Day Termination Test</b>	<b>\$ 20.00</b>
<b>Testing 180 Days of Termination</b>	
Hepatitis Profile Screening	\$145.00
HIV 1 & 2 Screen	\$35.00
<b>Total 180 Days of Termination Testing</b>	<b>\$180.00</b>
<b>Testing at 365 Days of Termination</b>	
Hepatitis Profile Screening	\$145.00
HIV 1 & 2 Screen	\$35.00
<b>Total 365 Days Termination Testing</b>	<b>\$180.00</b>

Vendor Name *Nevada Occupational Health and Injury Care Center*

Occupational Health Services

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat I Baseline Physical</b>	<b>Cost</b>
Audiogram	\$30.00
Blood Lead ZPP	\$50.00
Chem Panel + CBC + UA	\$50.00
Chest X-Ray 3 view	\$80.00
Cholinesterase RBC (Serum)	\$150.00
Heavy Metals/24 Hr Urine	\$430.00
Hep A – <i>(2 part series; \$75/inj)</i>	\$150.00
Hep B – <i>(Heplisav 2 part series; \$150/inj)</i>	\$300.00
Hep C Reba test <i>(Discontinued 2013 per CDC) Replaced with HCV RNA; Genotype is performed automatically for positive RNA's</i>	\$480.00
Hepatitis Panel Screen (A,B,C)	\$145.00
PCB Serum	\$180.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Pulmonary Function Test (Spirometry)	\$40.00
Respiratory Compliance Letter	N/C
Review of Medical Questionnaire/HazMat Form	N/C
Stress EKG	\$150.00
Tetanus inoculation (Tdap)	\$45.00
	\$2375.00 for all services
	\$1445.00 w/o Hep A, Hep B, Hep C RIBA
<b>Total Cost of Physical Exam</b>	

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat Level I Annual Physical</b>	<b>Cost</b>
Audiogram	\$30.00
Benzene (Exposure to gasoline)	\$150.00
Blood Lead ZPP	\$50.00
Chem Panel + CBC + UA	\$50.00
Chest X-Ray 3 view	\$80.00
Cholinesterase RBC (Serum)	\$150.00
Heavy Metals/24 Hr Urine	\$430.00
Hepatitis B Antibody	\$35.00
PCB Serum	\$180.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Pulmonary Function Test (Spirometry)	\$40.00
Respiratory Compliance Letter	N/C
Review of Medical Questionnaire/HazMat Form	N/C
Stress EKG test	\$150.00
<b>Total Cost of Physical</b>	<b>\$1440.00</b>

Vendor Name *Nevada Occupational Health and Injury Care Center*

Occupational Health Services

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat Level I Termination Physical</b>	<b>Cost</b>
Audiogram	\$30.00
Blood Lead ZPP	\$50.00
Chem Panel + CBC + UA	\$50.00
Chest X-Ray 3 view	\$80.00
Cholinesterase RBC (Serum)	\$150.00
Heavy Metals/24 Hr Urine	\$430.00
Hep C Reba test ( <i>Discontinued 2013 per CDC</i> ) <i>Replaced with HCV RNA; Genotype is performed automatically for positive RNA's</i>	\$480.00
Hepatitis Panel Complete A, B, C	\$145.00
PCB Serum	\$180.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Pulmonary Function Test (Spirometry)	\$40.00
Respiratory Compliance Letter	N/C
Review of Medical Questionnaire/HazMat Form	N/C
Stress EKG test	\$150.00
 	\$1880.00
 	for all
 	services
 	\$1400.00
<b>Total Cost of Physical</b>	w/o Hep C RIBA

Vendor Name Nevada Occupational Health and Injury Care Center





**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat Level II Baseline Physical</b>		Cost
Audiogram		\$ 30.00
Blood Lead ZPP		\$50.00
Chem Panel + CBC + UA		\$50.00
Chest X-ray 2 view		\$ 60.00
Cholinesterase RBC (Serum)		\$150.00
EKG (Resting)		\$40.00
Heavy Metals/24 Hr Urine		\$430.00
Hep A – (2 part series; \$75/inj)		\$150.00
Hep B -3 shot inoculation series ( <i>Heplisav 2 part series; \$150/inj</i> )		\$300.00
Hep C Reba test (if positive C from screen) ( <i>Discontinued 2013 per CDC</i> ) Replaced with <i>HCV RNA; Genotype is performed automatically for positive RNA's</i>		\$480.00
Hepatitis Panel Complete A, B, C		\$145.00
PCB Serum		\$180.00
Physical Exam		\$80.00
Physician's Statement		\$15.00
Pulmonary Function Test (Spirometry)		\$40.00
Review of Medical Questionnaire/HazMat Form		N/C
Tetanus inoculation (Tdap)		\$45.00
		\$1315.00 w/o Hep A series, Hep B series, Hep C RIBA
<b>Total Cost of Physical</b>		\$2245.00 with all services

Vendor Name *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat Level II Annual Physical</b>	<b>Cost</b>
Audiogram	\$30.00
Benzene (Exposure to gasoline)	\$150.00
Blood Lead ZPP	\$50.00
Chem Panel + CBC + UA	\$50.00
Chest X-ray 2 view	\$60.00
Cholinesterase RBC (Serum)	\$150.00
EKG (Resting)	\$40.00
Heavy Metals/24 Hr Urine	\$430.00
Hepatitis B Antibody	\$35.00
PCB Serum	\$180.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Pulmonary Function Test (Spirometry)	\$40.00
Review of Medical Questionnaire/HazMat Form	N/C
<b>Total Cost of Physical</b>	<b>\$1310.00</b>

Vendor Name *Nevada Occupational Health and Injury Care Center*

Occupational Health Services

Page 14 of 17

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat Level II Termination Physical</b>	<b>Cost</b>
Audiogram	\$30.00
Blood Lead ZPP	\$50.00
Chem Panel + CBC + UA	\$50.00
Chest X-Ray 2 view	\$60.00
Cholinesterase RBC (Serum)	\$150.00
EKG (Resting)	\$40.00
Heavy Metals/24 Hr Urine	\$430.00
Hep C Reba test (if positive C from screen) <i>(Discontinued 2013 per CDC) Replaced with HCV RNA; Genotype is performed automatically for positive RNA's</i>	\$480.00
Hepatitis Panel Complete A, B, C	\$145.00
PCB Serum	\$180.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Pulmonary Function Test (Spirometry)	\$40.00
Review of Medical Questionnaire/HazMat Form	N/C
	\$1270.00 without Hep C RIBA
<b>Total Cost of Physical</b>	\$1750.00 with all services

Vendor Name *Nevada Occupational Health and Injury Care Center*

Components of Hazmat Level III Baseline Physical	Cost
Audiogram	\$30.00
Chem Panel + CBC + UA	\$50.00
Chest X-ray 2 view	\$60.00
Hep A – <i>(2 part series; \$75/inj)</i>	\$150.00
Hep B -3 shot inoculation series ( <i>Heplisav – 2 shot series; \$150/inj</i> )	\$300.00
Hep C Reba test (if positive C from screen) <i>(Discontinued 2013 per CDC) Replaced with HCV RNA; Genotype is performed automatically for positive RNA's</i>	\$480.00
Hepatitis Panel Complete A, B, C	\$145.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Review of Medical Questionnaire/HazMat Form	N/C
Tetanus inoculation (Tdap)	\$45.00
<b>Total Cost of Physical</b>	\$425.00 w/o Hep A series, Hep B series, Hep C RIBA
	\$1355.00 with Hep B series

Vendor Name *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Components of Hazmat Level III Biennial Physical</b>	<b>Cost</b>
Audiogram	\$30.00
Benzene (Exposure to gasoline)	\$150.00
Chem Panel + CBC + UA	\$50.00
Hepatitis B Antibody	\$35.00
Physical Exam	\$80.00
Physician's Statement	\$15.00
Review of Medical Questionnaire/HazMat Form	N/C
<b>Total Cost of Physical</b>	<b>\$360.00</b>

Vendor Name *Nevada Occupational Health and Injury Care Center*



**Jay E. Betz, MD**  
Medical Director

Occupational Medicine  
Injury Care  
Employer Services

October 31, 2019

Gail Burchett  
Purchasing Officer II  
State of Nevada, Purchasing Division  
515 E. Musser Street, Suite 300  
Carson City, NV 89701

Dear Ms. Burchett,

Since my correspondence yesterday, we have received pricing and a commitment from Carson Tahoe Cardiology to provide cardiology services. Northern Nevada Cardiology failed to provide pricing or sign the contract and will not be utilized.

We have now completed all requested components on a revised attachment 1 -- cost schedule, which is attached.

If there are any other outstanding issues, please notify us promptly.

Sincerely,

A handwritten signature in black ink, appearing to be "JEB", written over a horizontal line.

Jay E. Betz, MD, CIME, CHCQM, FABQAURP  
Certified Independent Medical Examiner  
Certified Medical Examiner, Federal Motor Carrier Safety Administration  
Certified Healthcare Quality Manager  
Fellow American Board of Quality Assurance & Utilization Review Physicians

JEB/jc

**ATTACHMENT I – COST SCHEDULE**

Optional Components of a Physical Exam (Con'd)	Cost
<b>Drug and Alcohol Testing</b>	
DOT Urine Drug Screen	\$ 45.00
Non DOT Urine Drug Screen	\$ 45.00
DOT Breath Alcohol Test	\$ 25.00
Non DOT Breath Alcohol Test	\$35.00
Breath Alcohol Confirmation (if positive)	N/C
<b>Individual Test Pricing (Not part of Heart and Lung Physical)</b>	
Audiometry with interpretation (air conduction or pure tone test)	\$30.00
Chest X-Ray (Single View)	\$40.00
Chest X-Ray (Dual View) includes radiologist over-read	\$60.00
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	\$40.00
Resting EKG	\$40.00
Stress EKG (Graded Exercise Test)	\$150.00
	\$20.00
	\$35.00
	N/C
	\$40.00
Normal Vision screening (Snellen, Far, Near)	N/C
Advanced Vision Screening (Ishihara, Depth, Peripheral)	\$15.00
Venipuncture <i>*Not charged, included in lab/testing fees</i>	N/A
<b>Psychological Screening and Interpretation</b>	
Psychological Evaluation/Consultation/Interview -Pre-hire	\$350.00
Psychological Evaluation 1 ( <i>History &amp; MMPI only</i> )	\$300.00
Psychological Evaluation 2 ( <i>Office visit/History/MMPI</i> )	\$350.00
Fitness for Duty – Non-occupational condition or potential workplace violence situation psychological interview, testing and evaluation	\$575.00
Fitness for Duty – Medical Evaluation ( <i>Dr. Betz</i> )	\$500- \$2000
<b>Cardiology (Currently unavailable)</b>	
Office visit-consultation	\$310.00
Office visit -New patient comprehensive	\$310.00
Follow-up office visit	\$226.00
24 Hour Holter Monitor Tech and Professional	N/A
24 Hour Holter Monitor interpretation	N/A
ECG Monitor 24hr w/Scan & Recording	N/A
Treadmill Stress Test ( <i>in office</i> )	\$150.00
Thallium Single View w/supplies ( <i>Test</i> )	\$1,852
Echocardiogram complete ( <i>Resting/Stress</i> )	\$837.00
Catheterize left heart	N/A

Vendor Name *Nevada Occupational Health and Injury Care Center*

**ATTACHMENT I – COST SCHEDULE**

<b>Optional Components of a Physical Exam (Cont'd)</b>	<b>Cost</b>
Left ventricular angiogram	N/A
Imaging Cardiac Cath	N/A
Inject for coronary X-Ray	N/A
Imaging Cardiac supervision & interpretation	N/A
Catheterize Left Heart complete	N/A
<b>Audiologist</b>	
Consultation (Southern Nevada/Northern Nevada)	\$125.00
<b>CT Scan</b>	
CT Calcium Scoring	\$197.00
CT Chest with Contrast	\$674.00
CT Chest w/o Contrast	\$387.00
Coronary CTA	\$763.00
Echo w/Rest & CV Stress	\$1901- \$2116
<b>Physical Assessment screening (Physical Therapy)</b>	
Return to work examination ( <i>Dr. Betz</i> )	\$150.00
Functional Capacity Evaluation (per hour)	\$264.00
Musculoskeletal Evaluation	\$150.00
Physical Capacity Evaluation	\$500- \$2000
<b>Rural Fees</b>	
Charge for physical conducted on site	N/A
Mobile fee	

Vendor Name *Nevada Occupational Health and Injury Care Center*

Occupational Health Services

Page 8 of 17