

**TECHNICAL PROPOSAL
OPTIONAL SERVICES**

Place a checkmark next to any optional services to be provided and indicate if onsite or offsite. If offsite, indicate name of facility where service will be performed and include letter of commitment from the facility. If not providing optional services, checkmark the box "Will not provide any optional services". Include this form with your Technical Proposal.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ONSITE</u>	<u>OFFSITE</u>	<u>OFFSITE LOCATION</u>
<input type="checkbox"/> 96100	Adaptive Behavior Scale	_____	_____	_____
<input type="checkbox"/> 90005	Complete Eye Exam	_____	_____	_____
<input type="checkbox"/> 90006	Complete Ear Examination (without Barany or Caloric)	_____	_____	_____
<input type="checkbox"/> 94700	Arterial Oxygen tension (PO2) at rest and simultaneously obtained arterial carbon dioxide tension (PCO2)	_____	_____	_____
<input type="checkbox"/> 94705	Arterial Gases Rest/Treadmill	_____	_____	_____
<input type="checkbox"/> 94720	Measurement of Lung Diffusing Capacity	_____	_____	_____
<input type="checkbox"/> 76620	Echocardiogram (2 Dimensional)	_____	_____	_____
<input type="checkbox"/> 92556	Speech Discrimination Test, binaural	_____	_____	_____
<input type="checkbox"/>	WILL NOT PROVIDE ANY OPTIONAL SERVICES			