

**APPENDIX B -CAPITAL DISTRICT
 BID AMOUNT PER SERVICE - COST PROPOSAL SUBMITTAL FORM
 MANDATORY SERVICES**

A. EXAMINATIONS

CODE	DESCRIPTION	ANNUAL VOLUME	YEAR 1		YEAR 2		YEAR 3		3 YEAR
			UNIT COST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL	TOTAL
90001	Complete Specialist Exam	3,255	_____	_____	_____	_____	_____	_____	_____
90002	Complete Orthopedic Exam	1,460	_____	_____	_____	_____	_____	_____	_____
90003	Complete Psychiatric Exam	5,400	_____	_____	_____	_____	_____	_____	_____
90004	Complete Neurological Exam	275	_____	_____	_____	_____	_____	_____	_____
90009	Complete Pediatric Exam	170	_____	_____	_____	_____	_____	_____	_____
90008	Drug Addiction/Alcohol Exam*	1	_____	_____	_____	_____	_____	_____	_____
92506	Speech-Language Evaluation	250	_____	_____	_____	_____	_____	_____	_____
PSYCHOLOGICAL DIAGNOSTIC TEST									
9800	Intelligence Evaluation (see form DSS-4130)	1,655	_____	_____	_____	_____	_____	_____	_____
9802	Organicity Evaluation (see form DSS-4133)	125	_____	_____	_____	_____	_____	_____	_____
9804	Non-Verbal Intelligence Evaluation (see form DSS-4130)	60	_____	_____	_____	_____	_____	_____	_____

B-1

* WHEN YOU ENTER THE UNIT COST FOR THE DRUG/ALCOHOL EXAM (90008), DO NOT INCLUDE THE COST OF THE 90003 EXAM. THE ANNUAL VOLUME FOR THE PSYCHIATRIC EXAM INCLUDES ANY PSYCHIATRIC REFERRALS AS A RESULT OF THE DRUG/ALCOHOL EXAM (90008).

RATES MUST NOT EXCEED DDD FEE SCHEDULE FOR THE TERM OF THE CONTRACT.

**APPENDIX B CAPITAL DISTRICT COST PROPOSAL FORM
PAGE 2**

CODE	DESCRIPTION	ANNUAL VOLUME	YEAR 1		YEAR 2		YEAR 3		3 YEAR TOTAL
			UNIT COST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL	
RESPIRATORY SYSTEM									
94010	Ventilation Tests	590	_____	_____	_____	_____	_____	_____	_____
94060	Ventilation Tests before and after bronchodilators	245	_____	_____	_____	_____	_____	_____	_____
CARDIOVASCULAR SYSTEM									
93000	Electrocardiogram, resting	1	_____	_____	_____	_____	_____	_____	_____
93015	Treadmill exercise electrocardiography	5	_____	_____	_____	_____	_____	_____	_____
93910	Doppler ultrasound Flow Meter test Bilateral, arterial only	5	_____	_____	_____	_____	_____	_____	_____
93911	Doppler Ultrasound Flow Meter test after exercise, arterial only	5	_____	_____	_____	_____	_____	_____	_____

B-2

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DDD'S FEE SCHEDULE IS INCLUDED IN APPENDIX V.**

**APPENDIX B - CAPITAL DISTRICT COST PROPOSAL FORM
PAGE 3**

B. RADIOLOGY *

CODE	DESCRIPTION	ANNUAL VOLUME	YEAR 1		YEAR 2		YEAR 3		3 YEAR TOTAL
			UNIT COST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL	
CHEST									
71010	X-ray, chest, single PA	1	_____	_____	_____	_____	_____	_____	_____
SPINE AND PELVIS									
72040	X-ray spine, cervical, Ap and lateral	235	_____	_____	_____	_____	_____	_____	_____
72070	X-ray spine thoracis, Ap and lateral	15	_____	_____	_____	_____	_____	_____	_____
72100	X-ray spine lumbar, sacral Ap and lateral	1,400	_____	_____	_____	_____	_____	_____	_____
B-3 72190	X-ray pelvis, including hips	25	_____	_____	_____	_____	_____	_____	_____
UPPER EXTREMITIES									
73000	X-ray clavicle, complete (specify left or right)	1	_____	_____	_____	_____	_____	_____	_____
73030	X-ray Shoulder Complete (specify left or right)	220	_____	_____	_____	_____	_____	_____	_____
73060	X-ray humerus proximal inc should	1	_____	_____	_____	_____	_____	_____	_____
73061	X-ray humerus distal inc elbow	5	_____	_____	_____	_____	_____	_____	_____
73090	X-ray forearm proximal inc elbow	10	_____	_____	_____	_____	_____	_____	_____
73091	X-ray foreman distal inc wrist	30	_____	_____	_____	_____	_____	_____	_____

* EACH X-RAY SHOULD BE PRICED AS AN INDIVIDUAL UNIT COST. DDD WILL NOT IMPLEMENT A PRICE REDUCTION METHODOLOGY BASED ON MULTIPLE OR CONTIGUOUS X-RAYS.

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**APPENDIX B - CAPITAL DISTRICT COST PROPOSAL FORM
PAGE 4**

CODE	DESCRIPTION	ANNUAL VOLUME	YEAR 1		YEAR 2		YEAR 3		3 YEAR TOTAL
			UNIT COST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL	
UPPER EXTREMITIES (Cont.)									
73120	X-ray hand including fingers (specify left or right)	115	_____	_____	_____	_____	_____	_____	_____
LOWER EXTREMITIES									
73510	X-ray hip joint (specify left or right)	130	_____	_____	_____	_____	_____	_____	_____
73550	X-ray femur proximal	5	_____	_____	_____	_____	_____	_____	_____
73551	X-ray femur distal	5	_____	_____	_____	_____	_____	_____	_____
73560	X-ray knee (specify left or right)	525	_____	_____	_____	_____	_____	_____	_____
73590	X-ray leg proximal	10	_____	_____	_____	_____	_____	_____	_____
73591	X-ray leg distal	25	_____	_____	_____	_____	_____	_____	_____
73600	X-ray ankle (specify left or right)	130	_____	_____	_____	_____	_____	_____	_____
73620	X-ray foot including toes (specify left or right)	65	_____	_____	_____	_____	_____	_____	_____

B-4

	YEAR 1	YEAR 2	YEAR 3	3 YEAR TOTAL
TOTAL FOR ALL MANDATORY PROCEDURES	_____	_____	_____	_____

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**APPENDIX C - CAPITAL DISTRICT
 BID AMOUNT PER SERVICE - COST PROPOSAL SUBMITTAL FORM*
 OPTIONAL SERVICES**

A. EXAMINATIONS

CODE	DESCRIPTION	ANNUAL VOLUME	YEAR 1		YEAR 2		YEAR 3		3 YEAR TOTAL
			UNIT COST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL	
90005	Complete Eye Examination	250	_____	_____	_____	_____	_____	_____	_____
96100	Adaptive Behavior Scale	1	_____	_____	_____	_____	_____	_____	_____
90006	Complete Ear Examination (without Barany or Caloric)	300	_____	_____	_____	_____	_____	_____	_____
RESPIRATORY									
94700	Arterial Oxygen tension (PO2) at rest and simultaneously obtained arterial carbon dioxide tension (PCO2)	1	_____	_____	_____	_____	_____	_____	_____
94705	Arterial Gases Rest/Treadmill	1	_____	_____	_____	_____	_____	_____	_____
94720	Measurement of Lung Diffusing Capacity	5	_____	_____	_____	_____	_____	_____	_____
CARDIOVASCULAR SYSTEM									
76620	Echocardiogram (2 Dimensional)	10	_____	_____	_____	_____	_____	_____	_____
SPECIAL SENSES									
92556	Speech Discrimination Test, binaural	300	_____	_____	_____	_____	_____	_____	_____

C-1

* ENTER FEES ONLY FOR THOSE SPECIFIC PROCEDURES YOU WISH TO BID ON

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I, _____, representing _____
 Print Name Firm Name

am authorized to bind this offer and assure that the offer will remain open and not subject to change for a minimum of 180 days.

 Authorized Binding Signature