

**APPENDIX B - SUFFOLK  
 BID AMOUNT PER SERVICE - COST PROPOSAL SUBMITTAL FORM  
 MANDATORY 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	
90001	Complete Specialist Exam	3,300	_____	_____	_____	_____	_____	_____	_____
90002	Complete Orthopedic Exam	1,300	_____	_____	_____	_____	_____	_____	_____
90003	Complete Psychiatric Exam	3,600	_____	_____	_____	_____	_____	_____	_____
90004	Complete Neurological Exam	210	_____	_____	_____	_____	_____	_____	_____
90009	Complete Pediatric Exam	90	_____	_____	_____	_____	_____	_____	_____
90008	Drug/Alcohol Addiction Exam*	1	_____	_____	_____	_____	_____	_____	_____
B-1 92506	Speech-Language Evaluation	20	_____	_____	_____	_____	_____	_____	_____
PSYCHOLOGICAL DIAGNOSTIC TEST									
9800	Intelligence Evaluation (see form DDD-4130)	90	_____	_____	_____	_____	_____	_____	_____
CARDIOV/	Non-Verbal Intelligence Evaluation (see form DDD-4130)	30	_____	_____	_____	_____	_____	_____	_____

\*THE UNIT COST FOR THE DRUG/ALCOHOL EXAM (90008) SHOULD 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.  
 DDD'S FEE SCHEDULE IS INCLUDED IN APPENDIX N.**

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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	165	_____	_____	_____	_____	_____	_____	_____
94060	Ventilation Tests before and after bronchodilators	115	_____	_____	_____	_____	_____	_____	_____
CARDIOVASCULAR SYSTEM									
93000	Electrocardiogram, resting	1	_____	_____	_____	_____	_____	_____	_____
B-2 93015	Treadmill exercise electrocardiography	1	_____	_____	_____	_____	_____	_____	_____
93910	Doppler ultrasound Flow Meter test Bilateral, arterial only	5	_____	_____	_____	_____	_____	_____	_____
CARDIOV/	Doppler Ultrasound Flow Meter test after exercise, arterial only	1	_____	_____	_____	_____	_____	_____	_____
9390	Toe Doppler	1	_____	_____	_____	_____	_____	_____	_____

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**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	225	_____	_____	_____	_____	_____	_____	_____
72070	X-ray spine thoracic, AP and lateral	20	_____	_____	_____	_____	_____	_____	_____
72100	X-ray spine lumbar, sacral AP and lateral	1,075	_____	_____	_____	_____	_____	_____	_____
72190	X-ray pelvis, including hips	15	_____	_____	_____	_____	_____	_____	_____
CARDIOVASCULAR SYSTEM									
73000	X-ray clavicle, complete	1	_____	_____	_____	_____	_____	_____	_____
73030	X-ray Shoulder Complete	180	_____	_____	_____	_____	_____	_____	_____
73060	X-ray humerus proximal inc shoulder	5	_____	_____	_____	_____	_____	_____	_____
73061	X-ray humerus distal inc elbow	5	_____	_____	_____	_____	_____	_____	_____
73090	X-ray forearm proximal inc elbow	10	_____	_____	_____	_____	_____	_____	_____
73091	X-ray foreman distal inc wrist	25	_____	_____	_____	_____	_____	_____	_____

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\* 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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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	85	_____	_____	_____	_____	_____	_____	_____
LOWER EXTREMITIES									
73510	X-ray hip joint	80	_____	_____	_____	_____	_____	_____	_____
73550	X-ray femur proximal	1	_____	_____	_____	_____	_____	_____	_____
73551	X-ray femur distal	1	_____	_____	_____	_____	_____	_____	_____
73560	X-ray knee	375	_____	_____	_____	_____	_____	_____	_____
73590	X-ray leg proximal	10	_____	_____	_____	_____	_____	_____	_____
73591	X-ray leg distal	15	_____	_____	_____	_____	_____	_____	_____
CARDIOV/	X-ray ankle	60	_____	_____	_____	_____	_____	_____	_____
73620	X-ray foot including toes	35	_____	_____	_____	_____	_____	_____	_____
				YEAR 1	YEAR 2		YEAR 3		3 YEAR TOTAL
TOTAL FOR ALL MANDATORY PROCEDURES				_____	_____		_____		_____

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MANDATED CASE CONSULT SERVICES:

YEAR 1

YEAR 2

YEAR 3

INTERNAL MEDICINE

HOURLY RATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PSYCHIATRY

HOURLY RATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PEDIATRICS

HOURLY RATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PSYCHOLOGY

HOURLY RATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SPEECH AND LANGUAGE

HOURLY RATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CARDIOVASCULAR SYSTEM

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

