

ATTACHMENT F

PRICING SCHEDULE -- DO NOT INCLUDE PRICING WITH YOUR PROPOSAL

THE OFFEROR SHALL SUBMIT THE PRICING SCHEDULE IN THE FOLLOWING FORMAT **ONLY WHEN REQUESTED BY DOLI.**

Line	Description	Cost of Service
1.	Pre-Hire with Chest X-Ray & Hepatitis B vaccine series	
2.	Pre-Hire with Chest X-Ray, without Hepatitis B vaccine series	
3.	Annual with Chest X-Ray, with Hepatitis B vaccine series	
4.	Annual without Chest X-Ray, with Hepatitis B vaccine series	
5.	Annual with Chest X-Ray, without Hepatitis B vaccine series	
6.	Annual without Chest X-Ray and without Hepatitis B vaccine series	
7.	Lead Testing w/Zpp	
8.	B-Read for Chest X-Ray	
9.	Post Exposure Follow Up - Billed at prevailing Workers Comp Rates	

Tests below are part of pre-hire/annual exam but may be billed separately if medically necessary or performed separately with concurrence of Agency.

1.	Hepatitis B Vaccine (Series of 3)	
2.	Hemoccult II Slides	
3.	Medical Evaluation for Respirator Use	
4.	X-Ray (14x17 PA)	
5.	Audiometric Testing	
6.	Pulmonary Function Test	
7.	EKG	
8.	PPD	
9.	General Health Panel w/UA (Blood & Urine)	
10.	Other -- Please Describe:	

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