

**SERIAL 05113 S            MOBILE ULTRASOUND & RADIOLOGY READING SERVICES - CHS**

**DATE OF LAST REVISION: July 23, 2008**

**CONTRACT END DATE: October 31, 2011**

**CONTRACT PERIOD THROUGH OCTOBER 31, ~~2008~~ 2011**

TO:                    All Departments

FROM:                Department of Materials Management

SUBJECT:            Contract for **MOBILE ULTRASOUND & RADIOLOGY READING SERVICES – CHS**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **October 05, 2005**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

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Wes Baysinger, Director  
Materials Management

SF/mm  
Attach

Copy to:            Materials Management  
                        Dennis Flynn, Correctional Health

(Please remove Serial 00138-RFP from your contract notebooks)

SPECIFICATIONS ON INVITATION FOR BID FOR: **MOBILE ULTRASOUND & RADIOLOGY READING SERVICES –CHS (NIGP 94897)****1.0 INTENT:**

It is the intent of Maricopa County to procure the services to perform mobile ultrasound examinations and radiographic readings on Correctional Health Services (CHS) patients and to provide prompt interpretation to the referring physician. These services will be provided at Maricopa County Correctional Health facilities and other approved sites. It is expected that all services will be awarded to one awardee.

**2.0 TECHNICAL SPECIFICATIONS:****2.1 ULTRASOUNDS****2.1.1 Objective:**

To perform high quality mobile ultrasound examinations on CHS patients, to include but not limited to, gall bladder, abdominal, pelvic, male breast, obstetric, gynecological, renal and scrotal ultrasounds. **Note: This service must be owned and operated by the bidder/vendor submitting the response, and cannot be subcontracted.**

**2.1.2 Tasks:**

2.1.2.1 Provide mobile ultrasound services at scheduled CHS clinics in CHS facilities and other approved sites. Current schedule includes ½ day per week.

2.1.2.2 Contractor shall provide ultrasound equipment, technician, film, and supplies.

2.1.2.3 Assure that there is an authorization number assigned to the request for mobile ultrasound and radiographic services. Claims cannot be paid without the authorization number.

2.1.2.4 Accept approved referrals from CHS providers.

2.1.2.5 Perform the ultrasound examinations, utilizing only qualified, certified technologist and radiologist, as appropriate.

2.1.2.6 Call the referring provider if it is requested. Also, call the referring provider, if in the opinion of the radiologist, there is or may be need for the referring provider to initiate action prior to receiving the written report.

2.1.2.7 Interpret and provide written report, utilizing CHS approved forms, of the ultrasound examinations within two (2) working days of exam.

2.1.2.8 Maintain original ultrasound examinations at site of business of Contractor.

2.1.2.9 Provide and deliver original ultrasound exams to accompany patient to specialty clinics upon request.

**2.2 RADIOLOGY****2.2.1 Objective:**

Contractor will pick up film, interpret and develop a written report, and return results to approved CHS sites. These radiological exams are performed on site by CHS employed staff. Current practice requires pick-up and delivery once a day minimum at one site.

2.2.2 **Tasks:**

2.2.2.1 Pick up, interpret and submit written report to the referring provider within two (2) working days of the exam.

2.2.2.2 Call the referring provider if it is requested. Also, call the referring provider, if in the opinion of the radiologist, there is or may be need for the referring provider to initiate action prior to receiving the written report.

2.2.2.3 Provide consultation to CHS providers and x-ray technician on an as-needed basis.

2.3 LICENSURE/STANDARDS/REQUIREMENTS

2.3.1 All applicable provisions of law and other rules and regulations of any and all governmental and regulatory authorities relating to the licensure, certification and regulation of ultrasound and radiological facilities, physicians, technologists and other employees/subcontractors shall be complied with in full by the contractor.

2.3.2 The quality of the ultrasound and radiographic procedures shall be within the acceptable medical standards of the community.

2.3.3 These services shall be provided at Correctional Health Services facilities and other approved sites.

2.3.4 The Contractor shall provide safeguards, safety devices, protective equipment, and shall take any other needed actions, as determined by either the Contractor or the County, reasonable to protect the life and health of employees on the job and safety of the member.

2.3.5 The Contractor shall be licensed to do business in the State of Arizona.

2.3.6 The Contractor and its employees shall possess current valid professional licenses and/or certifications for all services that they will provide. This is to include licensure by the Arizona Regulatory Commission.

2.3.7 Prior to approval to work in County detention facilities, all medical providers will be subject to a background check including but not limited to fingerprinting and a check for outstanding warrants or convictions, and clearance by the Sheriff's Office prior to working in the detention facilities. The Contractor will submit a copy of the current quality assessment and improvement plan including Quality and Utilization Management functions.

2.3.8 The Contractor agrees to work collaboratively with CHS in the collecting and reporting of data and in the development of indicators to be measured.

2.4 LOCATIONS OF CHS FACILITIES:

<b><i>CORRECTIONAL HEALTH SERVICES</i></b>	
<b><i>FACILITY LOCATIONS</i></b>	
<i>SITE NAME</i>	<i>ADDRESS</i>
LOWER BUCKEYE JAIL - INTAKE	3250 W. LOWER BUCKEYE ROAD, PHX, AZ 85009
LOWER BUCKEYE JAIL - CLINIC	3250 W. LOWER BUCKEYE ROAD, PHX, AZ 85009
LOWER BUCKEYE JAIL - PSYCH	3250 W. LOWER BUCKEYE ROAD, PHX, AZ 85009
4 <sup>TH</sup> AVE JAIL - INTAKE	201 S. 4 <sup>TH</sup> AVENUE, PHX, AZ 85009
4 <sup>TH</sup> AVE JAIL - CLINIC	201 S. 4 <sup>TH</sup> AVENUE, PHX, AZ 85009
ESTRELLA JAIL	2939 W. DURANGO, PHX 85009
ESTRELLA TENTS	2939 W. DURANGO, PHX 85009
DURANGO O/P	3225 W. DURANGO, PHX 85009
TOWERS O/P	3127 W. DURANGO, PHX 85009

2.5 DOCUMENTATION:

The following documentation must be submitted with your bid/submission. Failure to provide the requested documentation may cause your response to be deemed non-responsive, and not considered for evaluation and contract award.

- 2.5.1 Radiologist (s) current Arizona license
- 2.5.2 Board Certifications/Medical Degree Diploma Certifications/Professional Licenses
- 2.5.3 CV of Radiologist(s) providing service
- 2.5.4 Resume of Technician(s) providing service
- 2.5.5 Malpractice Insurance
- 2.5.6 Brief history of malpractice findings and/or loss of privileges
- 2.5.7 Two professional references
- 2.5.8 Ultrasound Technician(s) License

2.6 PRICING:

Pricing offered (Attachment A, Pricing Page), shall be inclusive of all costs, including, but not limited to, transportation, equipment, labor, supplies, interpretation, and reporting.

2.7 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.8 DELIVERY:

It shall be the Contractor's responsibility to meet the County's service delivery requirements, as called for in the Technical Specifications. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make service delivery and any price differential will be charged against the Contractor.

2.9 INVOICING:

Invoicing for services provided under this contract shall include the information listed below, at a minimum:

- 1) Contract serial number.
- 2) First and last name of the respective individual.
- 3) Booking #.
- 4) Date of Service.
- 5) CPT Code with description.
- 6) ICD 9 Code (Diagnosis Code).
- 7) Unit Price.
- 8) Total amount billed.

Electronic invoicing is preferred.

**3.0 SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

This Invitation for Bids is for awarding a firm, fixed price purchasing contract to cover a three (3) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 ESCALATION:

Any request for reasonable price adjustments must be submitted thirty (30) days prior to the Contract expiration date. Justification for the requested adjustment in cost of labor and/or materials must be supported by appropriate documentation and fall within the Producer Price Index for the commodity. Increases are subject to approval in writing by the Materials Management Department prior to any adjusted invoicing being submitted for payment.

3.4 EVALUATION CRITERIA:

The evaluation of this Bid will be based on, but not limited to, the following:

- 3.4.1 Compliance with specifications
- 3.4.2 Price
- 3.4.3 Determination of responsibility

The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.5 TAX:

No tax shall be levied against labor. Bid pricing to include all labor, overhead tools and equipment used, profit, and any taxes that may be levied. It is the responsibility of the Contractor to determine any and all taxes and include the same in bid price.

3.6 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor's personnel with adequate workspace for consultants and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

3.7 INDEMNIFICATION AND INSURANCE:

3.7.1 Indemnification.

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney fees and costs, relating to this Contract.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the negligence of the County.

3.7.2 Insurance Requirements.

Contractor, at its own expense, shall purchase and maintain the herein stipulated minimum insurance with companies duly licensed, possessing a current A.M. Best, Inc. Rating of B++6, or approved unlicensed companies in the State of Arizona with policies and forms satisfactory to the County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of the County, constitute a material breach of this Contract.

The Contractor's insurance shall be primary insurance as respects the County, and any insurance or self-insurance maintained by the County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect the County.

The Contractor shall be solely responsible for the deductible and/or self-insured retention and the County, at its option, may require the Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

The County reserves the right to request and to receive, within ten (10) working days, certified copies of any or all of the herein required insurance policies and/or endorsements. The County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of the County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, shall name the County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The insurance policies required hereunder, except Workers' Compensation, shall contain a waiver of transfer of rights of recovery (subrogation) against the County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

3.7.2.1 Commercial General Liability. Contractor shall maintain Commercial General Liability insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00 01 10 93 or any replacements thereof.

The policy shall contain a severability of interest provision, and shall not contain a sunset provision or commutation clause, or any provision which would serve to limit third party action over claims.

The Commercial General Liability additional insured endorsement shall be at least as broad as the Insurance Service Office, Inc.'s Additional Insured, Form CG 20 10 11 85, and shall include coverage for Contractor's operations and products and completed operations.

If the Contractor subcontracts any part of the work, services or operations awarded to the Contractor, Contractor shall purchase and maintain, at all times during prosecution of the work, services or operations under this Contract, an Owner's and Contractor's Protective Liability insurance policy for bodily injury and property damage, including death, which may arise in the performance of the Contractor's work, service or operations under this Contract. Coverage shall be on an occurrence basis with a limit not less than \$1,000,000 per occurrence, and the policy shall be issued by the same insurance company that issues the Contractor's Commercial General Liability insurance.

3.7.2.2 Automobile Liability. Contractor shall maintain Automobile Liability insurance with an individual single limit for bodily injury and property damage of no less than \$1,000,000, each occurrence, with respect to Contractor's vehicles (whether owned, hired, non-owned), assigned to or used in the performance of this Contract.

3.7.2.3 Workers' Compensation. The Contractor shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services, as well as Employer's Liability insurance of not less than \$1,000,000 for each accident, \$1,000,000 disease for each employee, and \$1,000,000 disease policy limit.

If any work is subcontracted, the Contractor will require Subcontractor to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of the Contractor.

3.7.3 Certificates of Insurance.

3.7.3.1 Prior to commencing work or services under this Contract, Contractor shall furnish the County with certificates of insurance, or formal endorsements as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

3.7.3.2 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

If a policy does expire during the life of the Contract, a renewal certificate must be sent to the County fifteen (15) days prior to the expiration date.

3.7.4 Occurrence Basis.

All insurance required by this contract shall be written on an occurrence basis rather than a claims-made basis.

3.7.5 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.8 PROCUREMENT CARD ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize a procurement card that may be used by the County from time to time, to place and make payment for orders under the Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.9 INTERNET ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize the Internet to place orders under this Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.10 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF MATERIALS MANAGEMENT  
ATTN: CONTRACT ADMINISTRATION  
320 W. LINCOLN ST.  
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT, 602-506-3274  
(sfisher@mail.maricopa.gov)

Technical telephone inquiries shall be addressed to:

DENNIS FLYNN, CONTRACT ADMINISTRATOR, CHS, 602-506-5579

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.11 SUBMISSION PRICE CLARITY:

For reasons of clarity all submissions of pricing (Attachment A) shall be priced in the same unit (size, volume, quantity, weight, etc.) as the bid specifications request. Submissions (bids) failing to comply with this requirement may be declared non-responsive.

3.12 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

**Respondents are to provide one (1) original (labeled), inclusive of all required documents, certifications, licensures, etc., and one (1) complete “copy” labeled as such, plus an electronic copy of pricing (Attachment A) on a CD.** Respondents are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **A corporate official who has been authorized to make such commitments must sign bids.**

**ARCADIA RADIOLOGY & BREAST CENTER, LTD, PO BOX 15628, PHOENIX, AZ 85060-5628**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT?  YES  NO

INTERNET ORDERING CAPABILITY:  YES  NO  % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT:  YES  NO

**NIGP CODE 9489701**

**1.0 PRICING:**

	<u>ITEM DESCRIPTION</u>	<u>CODE</u>	<u>UNIT COST/EACH</u>
1	MOBILE ULTRASOUND:		
1.1	ABDOMINAL	76700	\$137.91
1.2	LIMITED SINGLE ORGAN	76705	\$98.21
1.3	US: RETROPERITONEAL; KIDNEYS, ABDOMINAL AORTA, ILIAC ARTERY, VENA CAVA, BLADDER	76770	\$133.88
1.4	US: RETROPERITONEAL; LIMITED	76775	\$99.44
1.5	US: TRANSPLANTED KIDNEY W/ OR W/O DUPLEX DOPPLER STUDY	76778	\$131.31
1.6	BREAST: UNILATERAL OR BI-LATERAL, B-SCAN	76645	\$80.47
1.7	CHEST B-SCAN	76604	\$90.52
1.8	OBSTETRIC - FIRST TRIMASTER	76801	\$152.64
1.9	EACH ADDITIONAL GESTATION (USE W/ 76801)	76802	\$99.39
1.10	AFTER FIRST TRIMESTER	76805	\$155.17
1.11	EACH ADDITIONAL GESTATION (USE WITH 76811)	76810	\$301.35
1.12	FETAL/MATERNAL EVAL + DETAILED FETAL ANATOMIC EXAM, TRANS ABDOMINAL	76811	\$284.02
1.13	EACH ADDITIONAL GESTATION (USE W/ 76811)	76812	\$170.78
1.14	LIMITED FETAL HEART BEAT, PLACENTAL LOCATION/POSITION &/ORAMNIOTIC FLUID VOL.	76815	\$102.46
1.15	USED FOR RE-EVAL FETAL SIZE OR ORGAN SYSTEMS SUSPECT/CONFIRMED	76816	\$101.29
	ABNORMAL PRIOR SCAN		
1.16	MODIFIED FOR EACH ADDITIONAL FETUS W/ CODE 76816	Modifier 59	
1.17	TRANSVAGINAL	76817	\$111.31
1.18	FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TESTING	76818	\$136.19
1.19	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	\$118.65
1.20	PELVIC - TRANS-VAGINAL NON-OBSTETRICAL	76830	\$109.31
1.21	SALINE INFUSION SONOHYSTEROGRAPHY	76831	\$111.45
1.22	PELVIC, NON-OBSTETRICAL, B-SCAN W/ IMAGE DOCUMENTATION	76856	\$119.89
1.23	LIMITED OR FOLLOW-UP, FOR FOLLICLES	76857	\$97.12
1.24	EXTREMITIES, NON-VASCU;AR	76880	\$98.21
1.25	EXTREMITY, NON-VASCULAR, REQUIRING PHYSICIAN MANIPULATION	76885	\$111.88
1.26	TESTICULAR, SCROTUM AND CONTENTS	76870	\$107.52
1.27	TRANSRECTAL	76872	\$130.44
1.28	PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLAN	76873	\$187.48
1.29	THYROID	76536	\$98.29

**ARCADIA RADIOLOGY & BREAST CENTER, LTD, PO BOX 15628, PHOENIX, AZ 85060-5628**

	<b><u>ITEM DESCRIPTION</u></b>	<b><u>CODE</u></b>	<b><u>UNIT COST/EACH</u></b>
2.	RADIOLOGY READING:		
2.1	EYE, FOR DETECTION OF FOREIGN BODY	70030	\$10.22
2.2	MANDIBLE; PARTIAL	70100	\$10.98
2.3	MANDIBLE; COMPLETE, MINIMUM OF FOUR	70110	\$15.21
2.4	MASTOIDS; PARTIAL	70120	\$10.99
2.5	MASTOIDS; COMPLETE	70130	\$20.22
2.6	INTERNAL AUDITORY MEATI, COMPLETE	70134	\$20.22
2.7	FACIAL BONES; LESS THAN THREE VIEW	70140	\$11.38
2.8	FACIAL BONES; COMPLETE, MINIMUM OF FOUR VIEWS	70150	\$15.71
2.9	NASAL BONES, COMPLETE, MINIMUM OF FOUR VIEWS	70160	\$10.22
2.10	OPTIC FORAMINA	70190	\$12.47
2.11	ORBITS, COMPLETE, MINIMUM OF FOUR	70200	\$16.79
2.12	SINUSES, PARANASAL, LESS THAN THREE VIEWS	70210	\$10.22
2.13	SINUSES, PARANASAL, COMPLETE	70220	\$15.21
2.14	SELLA TURCICA	70240	\$11.38
2.15	SKULL; LESS THAN FOUR VIEWS, WITH	70250	\$14.52
2.16	SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	70260	\$20.22
2.17	TEMPOROMANDIBULAR JOINT, OPEN AND	70328	\$10.99
2.18	TEMPOROMANDIBULAR JOINT, OPEN AND	70330	\$14.52
2.19	NECK, SOFT TISSUE	70360	\$10.22
2.20	LARYNOGGRAPHY	70373	\$25.88
2.21	CHEST; SINGLE VIEW, FRONTAL	71010	\$10.70
2.22	CHEST: 1 VIEW, STEREO FRONTAL	71015	\$12.40
2.23	CHEST, TWO VIEWS, FRONTAL AND LATE	71020	\$12.97
2.24	CHEST, COMPLETE, MINIMUM OF THREE VIEWS	71030	\$18.36
2.25	CHEST: SPECIAL VIEWS	71035	\$10.70
2.26	RIBS, UNILATERAL; TWO VIEWS	71100	\$13.44
2.27	RIBS, UNILATERAL; INCLUDING POSTER	71101	\$16.40
2.28	RIBS, BILATERAL; THREE VIEWS	71110	\$16.40
2.29	RIBS, BILATERAL; INCLUDING POSTERO	71111	\$19.06
2.30	STERNUM, MINIMUM OF TWO VIEWS	71120	\$11.80
2.31	STERNOCLAVICULAR JOINT OR JOINTS,	71130	\$12.97
2.32	SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	72010	\$26.50
2.33	SPINE, SINGLE VIEW, SPECIFY LEVEL	72020	\$9.12
2.34	SPINE, CERVICAL; ANTEROPOSTERIOR A	72040	\$12.97
2.35	SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	72050	\$18.36
2.36	SPINE, CERVICAL; COMPLETE	72052	\$21.32
2.37	SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	72069	\$13.25
2.38	SPINE; THORACIC, ANTEROPOSTERIOR A	72070	\$12.97
2.39	SPINE; THORACIC, ANTEROPOSTERIOR A	72072	\$12.97
2.40	SPINE; THORACIC, COMPLETE, INCLUDI	72074	\$12.97
2.41	SPINE; THORACOLUMBAR, ANTEROPOSTER	72080	\$12.97
2.42	SPINE, LUMBOSACRAL; ANTEROPOSTERIO	72100	\$12.97
2.43	SPINE, LUMBOSACRAL; COMPLETE, WITH	72110	\$18.36
2.44	SPINE, LUMBOSACRAL; COMPLETE, INCL	72114	\$21.32
2.45	SPINE, LUMBOSACRAL, BENDING VIEWS	72120	\$12.97
2.46	PELVIS; ANTEROPOSTERIOR ONLY	72170	\$31.86
2.47	PELVIS; COMPLETE, MINIMUM OF THREE	72190	\$12.57
2.48	SACROILIAC JOINTS; LESS THAN THREE	72200	\$10.22
2.49	SACROILIAC JOINTS; THREE OR MORE V	72202	\$11.38
2.50	SACRUM AND COCCYX, MINIMUM OF TWO	72220	\$10.22

**ARCADIA RADIOLOGY & BREAST CENTER, LTD, PO BOX 15628, PHOENIX, AZ 85060-5628**

	<u>ITEM DESCRIPTION</u>	<u>CODE</u>	<u>UNIT COST/EACH</u>
2.51	GASTROINTESTINAL TRACT, UPPER	72240	\$53.03
2.52	CLAVICLE, COMPLETE	73000	\$9.52
2.53	SCAPULA, COMPLETE	73010	\$10.22
2.54	SHOULDER; ONE VIEW	73020	\$9.12
2.55	SHOULDER; COMPLETE, MINIMUM OF TWO	73030	\$10.70
2.56	ACROMIOCLAVICULAR JOINTS, BILATERA	73050	\$11.80
2.57	HUMERUS, MINIMUM OF TWO VIEWS	73060	\$10.22
2.58	ELBOW; ANTEROPOSTERIOR AND LATERAL	73070	\$9.12
2.59	ELBOW; COMPLETE, MINIMUM OF THREE	73080	\$10.22
2.60	FOREARM, ANTEROPOSTERIOR AND LATER	73090	\$9.52
2.61	WRIST; ANTEROPOSTERIOR AND LATERAL	73100	\$9.52
2.62	WRIST; COMPLETE, MINIMUM OF THREE	73110	\$10.22
2.63	HAND; TWO VIEWS	73120	\$9.52
2.64	HAND; MINIMUM OF THREE VIEWS	73130	\$10.22
2.65	FINGER OR FINGERS, MINIMUM OF TWO	73140	\$7.95
2.66	HIP; UNILATERAL, ONE VIEW	73500	\$10.22
2.67	HIP; COMPLETE, MINIMUM OF TWO VIEW	73510	\$12.57
2.68	HIPS, BILATERAL, MINIMUM OF TWO VI	73520	\$15.71
2.69	FEMUR, ANTEROPOSTERIOR AND LATERAL	73550	\$10.22
2.70	KNEE; ONE OR TWO VIEWS	73560	\$10.01
2.71	KNEE; THREE VIEWS	73562	\$10.99
2.72	KNEE; COMPLETE, FOUR OR MORE VIEWS	73564	\$13.44
2.73	KNEE; BOTH KNEES, STANDING, ANTERO	73565	\$10.01
2.74	TIBIA AND FIBULA, ANTEROPOSTERIOR	73590	\$9.92
2.75	ANKLE; ANTEROPOSTERIOR AND LATERAL	73600	\$9.52
2.76	ANKLE; COMPLETE, MINIMUM OF THREE	73610	\$10.22
2.77	FOOT; ANTEROPOSTERIOR AND LATERAL	73620	\$9.52
2.78	FOOT; COMPLETE, MINIMUM OF THREE V	73630	\$10.22
2.79	CALCANEUS, MINIMUM OF TWO VIEWS	73650	\$9.52
2.80	TOE OR TOES, MINIMUM OF TWO VIEWS	73660	\$7.95
2.81	ABDOMEN; SINGLE ANTEROPOSTERIOR VI	74000	\$10.70
2.82	ABDOMEN; ANTEROPOSTERIOR AND ADDIT	74010	\$14.13
2.83	ABDOMEN; COMPLETE, INCLUDING DECUB	74020	\$16.40
2.84	ABDOMEN; COMPLETE ACUTE ABDOMEN SE	74022	\$19.06
2.85	PHARYNX AND/OR CERVICAL ESOPHAGUS	74210	\$21.02
2.86	ESOPHAGUS	74220	\$27.05
2.87	GASTROINTESTINAL TRACT TRACT, UPPER W/ SMALL INTESTINE	74245	\$53.46
2.88	SMALL INTESTINE, INCLUDES MULT SERIAL FILMS	74250	\$27.36
2.89	COLON	74270	\$40.63

Terms: Net 20

Vendor Number: W000005263 X

Telephone Number: 602-956-1994

Fax Number: 602-957-6250

Contact Person: Jon Jennas

E-mail Address: [jonjennas@arcadiarad.com](mailto:jonjennas@arcadiarad.com)

Contract Period: To cover the period ending **October 31, 2008 2011.**