Bid Tabulation
Occupational Medical Services/Drug & Alcohol Testing
Bid No. GEN2130705B1

BROWARD COUNTY FLORIDA Purchasing Division www.broward.org/purchasing

						AFC Urgent Care Hallandale Beach		AssociatesMD		Concentra Medical Centers		Demand Diagnostics Lab	
					Total Cost	$1,174,620.00		$1,410,858.90		$1,389,810.00		$781,575.00	
#	Items	ItemDescripton	Quantity Required	Unit of Measure		Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount
1	1 (86)												
#1-1	Office Worker Post-Offer Pre-Employment Evaluation (Per Exam)	Includes: Medical history reviewed by Physician, Ht., Wt. and Vital Signs (Per Exam)	600	each		$35	$21,000.00	$32.90	$19,740.00	$64	$38,400.00	$0	$0
#1-2	Non-Office Worker Post-Offer Pre-Employment Evaluaton (Per Exam)	Includes; Office Worker (see above) and Hands-on by Physician to include hernia, extremities and reflexes, Vision, Audiometric Exam (Per Exam)	1800	each		$59.40	$106,920.00	$80	$144,000.00	$111	$199,800.00	$0	$0
#1-3	Non-Office Worker Post-Offer Pre-Employment Evaluaton (Per Test)	Optonal: Lift testng capacity (Per Test)	300	each		$29.50	$8,850.00	$14.25	$4,275.00	$40	$12,000.00	$0	$0
#1-4	Non-Office Worker Evaluation (Divers only) (Per Exam)	Includes; Non-Office Worker (see above), Pulmonary Function, and Chest X-ray (2 views), Ear exam (Per Exam)	30	each		$175	$5,250.00	$217.80	$6,534.00	$204	$6,120.00	$0	$0
#1-5	Fit for Duty Evaluaton (Per Exam)	The Vendor will determine the type of fit-for duty examination and/or testing based on the request and the medical history provided (Per Exam)	300	each		$90	$27,000.00	$110	$33,000.00	$110	$33,000.00	$0	$0
#1-6	Fit for Duty Psychiatric Evaluation Referral	Referral to Psychologist/Psychiatrist; vendor to acquire all release forms necessary authorizing the receipt of findings from the referred treating physician prior to patient visit.	30	each		$30	$900	$0	$0	$0	$0	$0	$0
#1-7	Fit for Duty Psychiatric Evaluation Office Visit	Psychologist/Psychiatrist Office Visit fee to determine if employee is fit for duty. Please note the Vendor will be responsible for payment to the referred doctor for the psychiatric fit for duty exam. Broward County will pay the vendor for these charges.	30	hour		$200	$6,000.00	$0	$0	$400	$12,000.00	$0	$0
#1-8	DOT (Mass Transit) Evaluaton (Per Exam)	Includes: Physical exam per Florida rule 14-90. Audio (whisper), Vision, Urinalysis dipstick and Vital signs; completion of the Medical Examination report and Medical Examination Certificate (Per Exam)	3600	each		$61.50	$221,400.00	$70	$252,000.00	$78	$280,800.00	$0	$0
#1-9	Out of area referral/office visit	Additional fee for services outside the tri-county area.	60	each		$175	$10,500.00	$120	$7,200.00	$0	$0	$0	$0
#1-10	Haz Mat Evaluaton: Includes: (Per Exam)	Comprehensive physical plus Body fat, Cadmium, Heavy Metals, Hemocult, CMP, CBC, and Urine (Per Exam)	30	each		$350	$10,500.00	$432	$12,960.00	$383	$11,490.00	$0	$0

#	Items	ItemDescripton	Quantity Required	Unit of Measure	AFC Urgent Care Hallandale Beach		AssociatesMD		Concentra Medical Centers		Demand Diagnostics Lab	
				Total Cost	$1,174,620.00		$1,410,858.90		$1,389,810.00		$781,575.00	
					Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount
#1-11	Asbestos Physical (Per Exam)	Includes: OSHA history form reviewed by Physician, Ht., Wt. and Vital Signs, chest x-ray and/or pulmonary function test, b reading (billed seperately) (Per Exam)	30	each	$60	$1,800.00	$153	$4,590.00	$254	$7,620.00	$0	$0
#1-12	Hepatitis A antibody	Labs/Analytcal (Per Test)	30	each	$35	$1,050.00	$45	$1,350.00	$50	$1,500.00	$0	$0
#1-13	Hepatitis B antibody	Labs/Analytcal (Per Test)	30	each	$40	$1,200.00	$43	$1,290.00	$48	$1,440.00	$0	$0
#1-14	Hepatitis C antigen	Labs/Analytcal (Per Test)	30	each	$40	$1,200.00	$38.95	$1,168.50	$49	$1,470.00	$0	$0
#1-15	Acute hepatitis panel	Labs/Analytcal (Per Test)	30	each	$60	$1,800.00	$90	$2,700.00	$77	$2,310.00	$0	$0
#1-16	Rabies antibody	Labs/Analytcal (Per Test)	30	each	$138	$4,140.00	$138.60	$4,158.00	$132	$3,960.00	$0	$0
#1-17	Varicella titer	Labs/Analytcal (Per Test)	30	each	$50	$1,500.00	$59.50	$1,785.00	$50	$1,500.00	$0	$0
#1-18	Fasting blood sugar	Labs/Analytcal (Per Test)	240	each	$10	$2,400.00	$16	$3,840.00	$23	$5,520.00	$0	$0
#1-19	Random blood sugar	Labs/Analytcal (Per Test)	240	each	$10	$2,400.00	$18	$4,320.00	$23	$5,520.00	$0	$0
#1-20	Hemoglobin A1C	Labs/Analytcal (Per Test)	240	each	$15	$3,600.00	$45.60	$10,944.00	$45	$10,800.00	$0	$0
#1-21	Hemoglobin	Labs/Analytcal (Per Test)	30	each	$15	$450	$10.80	$324.00	$41	$1,230.00	$0	$0
#1-22	HIV Screening	Labs/Analytcal (Per Test)	30	each	$65	$1,950.00	$42.75	$1,282.50	$65	$1,950.00	$0	$0
#1-23	Lead in Blood	Labs/Analytcal (Per Test)	120	each	$15	$1,800.00	$57.42	$6,890.40	$57	$6,840.00	$0	$0
#1-24	Heavy metals panel	Labs/Analytcal (Per Test)	30	each	$80	$2,400.00	$85	$2,550.00	$91	$2,730.00	$0	$0
#1-25	Cadmium Standard	Labs/Analytcal (Per Test)	30	each	$60	$1,800.00	$76	$2,280.00	$60	$1,800.00	$0	$0
#1-26	Urinalysis	Labs/Analytcal (Per Test)	30	each	$10	$300	$18	$540	$44	$1,320.00	$0	$0
#1-27	Pregnancy (serum) HCG	Labs/Analytcal (Per Test)	30	each	$25	$750	$29.75	$892.50	$66	$1,980.00	$0	$0
#1-28	CMP	Labs/Analytcal (Per Test)	150	each	$12.50	$1,875.00	$22.50	$3,375.00	$44	$6,600.00	$0	$0
#1-29	Lipid Panel	Labs/Analytcal (Per Test)	150	each	$12.50	$1,875.00	$22.50	$3,375.00	$47	$7,050.00	$0	$0
#1-30	CBC	Labs/Analytcal (Each)	150	each	$15	$2,250.00	$17	$2,550.00	$43	$6,450.00	$0	$0
#1-31	ZPP	Labs/Analytcal (Each)	30	each	$20	$600	$28.50	$855.00	$48	$1,440.00	$0	$0
#1-32	RBC Cholinestrase	Labs/Analytcal (Each)	30	each	$45	$1,350.00	$18	$540	$55	$1,650.00	$0	$0
#1-33	Serum Cholinestrase	Labs/Analytcal (Each)	30	each	$85	$2,550.00	$85	$2,550.00	$43	$1,290.00	$0	$0
#1-34	RPR	Labs/Analytcal (Per Test)	30	each	$20	$600	$17	$510	$45	$1,350.00	$0	$0
#1-35	VDRL	Labs/Analytcal (Per Test)	30	each	$30	$900	$36	$1,080.00	$73	$2,190.00	$0	$0
#1-36	Blood Collection	Labs/Analytcal (Per Test)	30	each	$10	$300	$19.80	$594.00	$34	$1,020.00	$0	$0
#1-37	Urine Collection	Labs/Analytcal (Per Test)	30	each	$10	$300	$21	$630	$34	$1,020.00	$0	$0
#1-38	Hepatitis A	Immunization (Per Injection)	90	each	$95	$8,550.00	$104.50	$9,405.00	$100	$9,000.00	$0	$0
#1-39	Hepatitis B	Immunization (Per Injection)	120	each	$65	$7,800.00	$90	$10,800.00	$75	$9,000.00	$0	$0
#1-40	Hepatitis A/B combo vaccine	Immunization (Per Injection)	30	each	$100	$3,000.00	$161.50	$4,845.00	$160	$4,800.00	$0	$0
#1-41	Gamma globulin	Immunization (Per Injection)	30	each	$115	$3,450.00	$176.40	$5,292.00	$160	$4,800.00	$0	$0
#1-42	MMR	Immunization (Per Injection)	30	each	$100	$3,000.00	$104.50	$3,135.00	$120	$3,600.00	$0	$0
#1-43	Meningitis	Immunization (Per Injection)	30	each	$160	$4,800.00	$161.50	$4,845.00	$240	$7,200.00	$0	$0
#1-44	Pertussis	Immunization (Per Injection)	30	each	$55	$1,650.00	$73.50	$2,205.00	$65	$1,950.00	$0	$0
#1-45	Pneumonia	Immunization (Per Injection)	30	each	$250	$7,500.00	$264.60	$7,938.00	$150	$4,500.00	$0	$0
#1-46	Rabies	Immunization (Per Injection)	120	each	$600	$72,000.00	$400	$48,000.00	$370	$44,400.00	$0	$0
#1-47	Rabies immune globulin	Immunization (Per Injection)	30	each	$365	$10,950.00	$800	$24,000.00	$370	$11,100.00	$0	$0
#1-48	Tetanus/Diphtheria	Immunization (Per Injection)	60	each	$50	$3,000.00	$45	$2,700.00	$65	$3,900.00	$0	$0
#1-49	Tetanus/Diphtheria/Pertussis (Tdap)	Immunization (Per Injection)	60	each	$60	$3,600.00	$67.50	$4,050.00	$65	$3,900.00	$0	$0
#1-50	Typhim per injection	Immunization (Per Injection)	30	each	$250	$7,500.00	$145	$4,350.00	$124	$3,720.00	$0	$0
#1-51	Varicella	Immunization (Per Injection)	30	each	$185	$5,550.00	$196	$5,880.00	$190	$5,700.00	$0	$0
#1-52	Yellow Fever	Immunization (Per Injection)	30	each	$300	$9,000.00	$400	$12,000.00	$180	$5,400.00	$0	$0
#1-53	Influenza	Immunization (Per Injection)	30	each	$30	$900	$29.40	$882.00	$45	$1,350.00	$0	$0
#1-54	NIDA 5-panel Drug Screen (including collection)	Drug/Alcohol (per Screen)	7500	each	$30	$225,000.00	$53.50	$401,250.00	$40	$300,000.00	$70	$525,000.00
#1-55	Non-NIDA 5-panel Drug Screen (including ollecton)	Drug/Alcohol (per Screen)	2100	each	$30	$63,000.00	$49	$102,900.00	$42	$88,200.00	$60	$126,000.00

#	Items	ItemDescripton	Quantity Required	Unit of Measure	AFC Urgent Care Hallandale Beach		AssociatesMD		Concentra Medical Centers		Demand Diagnostics Lab	
				Total Cost	$1,174,620.00		$1,410,858.90		$1,389,810.00		$781,575.00	
					Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount
#1-56	EBT Alcohol Screen	Drug/Alcohol (per Screen)	1800	each	$30	$54,000.00	$30	$54,000.00	$28	$50,400.00	$60	$108,000.00
#1-57	NIDA 10-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$30	$900	$54	$1,620.00	$40	$1,200.00	$75	$2,250.00
#1-58	Non- NIDA 10-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$30	$900	$54	$1,620.00	$42	$1,260.00	$65	$1,950.00
#1-59	Saliva 4-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$30	$900	$20.25	$607.50	$50	$1,500.00	$65	$1,950.00
#1-60	Saliva 5-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$30	$900	$20.25	$607.50	$50	$1,500.00	$70	$2,100.00
#1-61	Saliva 6-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$30	$900	$20.25	$607.50	$50	$1,500.00	$75	$2,250.00
#1-62	Saliva 10-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$47	$1,410.00	$20.25	$607.50	$50	$1,500.00	$85	$2,550.00
#1-63	NIDA Urine 14-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$45	$1,350.00	$125	$3,750.00	$60	$1,800.00	$80	$2,400.00
#1-64	Non-NIDA Urine 14-panel Drug Screen (including collecton)	Drug/Alcohol (per Screen)	30	each	$45	$1,350.00	$125	$3,750.00	$60	$1,800.00	$70	$2,100.00
#1-65	Shy bladder exam	Medical evaluation to determine cause when donor unable to provide sufficient urine specimen	15	each	$45	$675	$71.25	$1,068.75	$43	$645	$35	$525
#1-66	Shy lung exam	Medical evaluation to determine cause when donor is unable to provide sufficient breath specimen	15	each	$45	$675	$71.25	$1,068.75	$43	$645	$0	$0
#1-67	Audiometric (booth)	Additional Testing (Per Exam)	330	each	$300	$99,000.00	$19.60	$6,468.00	$32	$10,560.00	$0	$0
#1-68	Technician On-Site on County Facilities (except for drug and alcohol testing)	Additional Testing (Per Hour)	30	hour	$45	$1,350.00	$80	$2,400.00	$300	$9,000.00	$0	$0
#1-69	Audiometric Evaluaton by Physician (Per Evaluaton)	Additional Testing (Per Evaluation)	30	each	$50	$1,500.00	$49	$1,470.00	$32	$960	$0	$0
#1-70	PPD	Additional Testing (Per Test)	450	each	$20	$9,000.00	$18	$8,100.00	$32	$14,400.00	$0	$0
#1-71	EKG	Additional Testing (Per Test)	300	each	$45	$13,500.00	$31.50	$9,450.00	$39	$11,700.00	$0	$0
#1-72	Chest x-ray (baseline and every 5 years with Respitory/Asbestos exam)	Additional Testing (Per Test)	300	each	$55	$16,500.00	$53.25	$15,975.00	$50	$15,000.00	$0	$0
#1-73	B- Reading (chest x-ray radiology report)	Additional Testing (Per Test)	30	each	$100	$3,000.00	$78.40	$2,352.00	$54	$1,620.00	$0	$0
#1-74	Range of Motion	Additional Testing (Per Test)	1500	each	$12.50	$18,750.00	$19.80	$29,700.00	$15	$22,500.00	$0	$0
#1-75	Vision	Additional Testing (Per Test)	240	each	$15	$3,600.00	$19.60	$4,704.00	$15	$3,600.00	$0	$0
#1-76	Repirator Clearance (per Exam)	Includes: Medical history/Respirator Medical Evaluation Questionnaire reviewed by Physician, Ht., Wt. Vital Signs, and Pulmonary function. If deemed necessary by physician chest x-ray (billed seperately) (Per Exam)	60	each	$35	$2,100.00	$180	$10,800.00	$109	$6,540.00	$0	$0
#1-77	Pulmonary Function	Respiratory Protection (Per Test)	30	each	$40	$1,200.00	$38	$1,140.00	$45	$1,350.00	$0	$0
#1-78	Respiratory add-on. Includes; Non-Office Worker Post-offer Pre-employment evaluation, Respirator Medical Evaluation Questionnaire reviewed by physician, and Pulmonary function. If deemed necessary by physician chest x-ray (billed seperately)	Respiratory Protection (Per Exam)	30	each	$30	$900	$200	$6,000.00	$109	$3,270.00	$0	$0
#1-79	Respirator Fit Tests up to 2 masks	Respiratory Protection (Per Test)	30	each	$260	$7,800.00	$70	$2,100.00	$57	$1,710.00	$0	$0

#	Items	ItemDescripton	Quantity Required	Unit of Measure	AFC Urgent Care Hallandale Beach		AssociatesMD		Concentra Medical Centers		Demand Diagnostics Lab	
				Total Cost	$1,174,620.00		$1,410,858.90		$1,389,810.00		$781,575.00	
					Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount	Unit Price	Total Extended Amount
#1-80	Respirator Fit Test each additional mask	Respiratory Protection (Per Test)	30	each	$30	$900	$28.50	$855.00	$57	$1,710.00	$0	$0
#1-81	Annual review (Respirator Medical Evaluation Questionnaire)	Respiratory Protection (Per Review)	30	each	$25	$750	$27	$810	$27	$810	$0	$0
#1-82	Consulting (ad hoc Safety and Occupational Health Section; special projects, including physician On-Site on County Facilities)	Support Services (Per Hour)	30	hour	$170	$5,100.00	$180.50	$5,415.00	$300	$9,000.00	$0	$0
#1-83	MRO legal activities deposition, court appearance, etc.	Support Services (Per Hour)	30	hour	$250	$7,500.00	$295	$8,850.00	$300	$9,000.00	$150	$4,500.00
#1-84	Medical Assistant On-Site on County Facilities (lab, immunizations, PPDs) (except for drug and alcohol testing)	Support Services (Per Hour)	30	hour	$75	$2,250.00	$237.50	$7,125.00	$85	$2,550.00	$0	$0
#1-85	Witness signage of Swimmer's Certification form for Parks and Port Everglades	Support Services (per form)	450	each	$25	$11,250.00	$23.75	$10,687.50	$0	$0	$0	$0
#1-86	Onsite Fees for services	Support Services (Per Visit)	60	each	$50	$3,000.00	$100	$6,000.00	$85	$5,100.00	$0	$0

Total Initial Three-Year Award Amount	**$1,174,620.00**		**$1,410,858.90**		**$1,389,810.00**		**$781,575**
Potential Fiver-Year Award Amount	**$1,957,700.00**		**$2,351,431.50**		**$2,316,350.00**		**$1,302,625**