



## **MEDICAL EVALUATION/DIAGNOSTIC**

### **SERVICES AGREEMENT**

**THIS AGREEMENT** is made and entered into \_\_\_\_\_ by and between the **CITY OF BILLINGS, MONTANA**, a municipal corporation organized and existing under the laws of the State of Montana, P.O. Box 1178, Billings, Montana 59103, hereinafter referred to as "**CITY**," and **UNITED DIAGNOSTIC SERVICES, LLC**, of 1400 Avenue Z, Suite 301, Brooklyn, NY 11325, hereinafter referred to as "**CONSULTANT**."

#### **WITNESSETH:**

**WHEREAS**, the **CITY** proposes to provide on-site diagnostic services for the Billings Fire Department employees and desires to hire **CONSULTANT** as an independent contractor to perform the services as described in the Scope of Work attached hereto as Exhibit "A" and by this reference made a part hereof.

**WHEREAS**, the **CITY** has authority to contract for such services, and;

**WHEREAS**, the **CONSULTANT** represents that he/she is fully qualified to perform such services personally and is in compliance with the Montana Statutes relating to the provisions of such services.

**NOW THEREFORE**, in consideration of the mutual covenants and agreements herein contained, the receipt and sufficiency whereof being hereby acknowledged, the parties hereto agree as follows:

1. **PURPOSE**: **CITY** agrees to hire **CONSULTANT** as an independent contractor to perform the services as described in the Scope of Work attached hereto as Exhibit "A" and by this reference made a part hereof. In performing these services, the **CONSULTANT** shall at all times comply with all federal, state and local statutes, rules and ordinances applicable. These services and all duties incidental or necessary therefore, shall be performed diligently and completely and in accordance with professional standards of conduct and performance.

2. **TERM**: This **AGREEMENT** shall be for a period of two years from the execution of this **AGREEMENT**. This **AGREEMENT** may be extended for three (3) one year options by mutual agreement of both parties, in writing, thirty (30) days prior to



termination of each term, contingent upon funding appropriations and program approvals being granted by the Mayor and City Council

**3. PAYMENT:** In consideration of the services provided by the **CONSULTANT** at the request of participants shall be billed and collected through the **CITY** and/or **CITY's** third-party administrator of self-insured health plan. To the extent that payment made by third-party administrator is less than the contractual amounts set forth in this **AGREEMENT**, the **CITY** shall pay the difference to **CONSULTANT**.

The **CITY** agrees to pay **CONSULTANT** the prices outlined in Exhibit B, attached hereto, on a per participant basis, with a price not to exceed \$161,000 in the first year. The parties agree to a 4% increase in pricing after the first year. Prices for pursuant years will be negotiated by both parties.

Except as otherwise specified herein, the **CONSULTANT** shall invoice the **CITY** for all services rendered pursuant to this **AGREEMENT**. Such invoices shall specify the services provided to the **CITY** during the on-site event and identify the applicable fees, and shall be accompanied by reasonable documentation or other reasonable explanations supporting such charges.

Except as otherwise specified herein, the **CITY** shall pay, net of applicable withholding tax, if any, the **CONSULTANT** for said invoice within thirty (30) days after receipt.

In the event scope of work issues arise, the **CONSULTANT** shall immediately discuss them with the Project Manager for the **CITY**. It is understood that the **CONSULTANT** will not perform any work that the **CITY** deems outside the scope prior to receiving written approval from the **CITY**, and at a rate agreed upon by both parties. Any payment for work not agreed upon by the **CITY** shall be denied.

The prices established in this **AGREEMENT** may be extended to other political subdivisions within the State of Montana solely at the **CONSULTANT'S** discretion.

**4. INCORPORATION BY REFERENCE:** All exhibits and addenda attached hereto, as well as any bid or proposal referenced, are hereby incorporated into this **AGREEMENT** and made a part hereof. If there is any conflict between such exhibits or addenda and the terms of this **AGREEMENT**, the terms of this **AGREEMENT** shall control.



**5. INDEPENDENT CONTRACTOR STATUS:** The parties agree that **CONSULTANT** is an independent contractor for purposes of this **AGREEMENT** and is not to be considered an employee of the **CITY** for any purpose. **CONSULTANT** is not subject to the terms and provisions of the **CITY's** personnel policies handbook and may not be considered a **CITY** employee for workers' compensation or any other purpose. **CONSULTANT** is not authorized to represent the **CITY** or otherwise bind the **CITY** in any dealings between **CONSULTANT** and any third parties.

**6. INDEMNITY:**

The **CONSULTANT** SHALL:

- A. Indemnify and hold **CITY**, its officers, agents and employees harmless from any and all losses, damage and liability to the extent caused by any intentional or negligent act on the part of **CONSULTANT** or its agents or employees.
- B. Not indemnify and hold the **CITY** harmless from claims, causes of action, lawsuits, damages, judgments, liabilities, and litigation costs and expenses or reasonable attorneys' fees and costs to the extent caused by the wrongful or negligent acts, error or omission of the **CITY** occurring during the course of or as a result of the performance of the **AGREEMENT**.
- C. Where claims, lawsuits or liability, including reasonable attorneys' fees and costs arise from any wrongful or negligent act of both the **CITY** and the **CONSULTANT**, the **CONSULTANT** shall indemnify and hold the **CITY** harmless from only that portion of claims, causes of action, lawsuits, damages, judgments, liabilities, and litigation costs and expenses including reasonable attorneys' fees and costs, to the extent caused by the **CONSULTANT'S** or any subcontractor's wrongful or negligent acts occurring as a result from the **CONSULTANT'S** performance pursuant to this **AGREEMENT**.

The **CITY** SHALL:

- D. Indemnify and hold **CONSULTANT**, its officers, agents and employees harmless from any and all losses, damage and liability to the extent caused by any intentional or negligent act on the part of **CITY** or its agents or employees.
- E. Not indemnify and hold the **CONSULTANT** harmless from claims, causes of action, lawsuits, damages, judgments, liabilities, and litigation costs and expenses or reasonable attorneys' fees and costs to the extent caused by



the wrongful or negligent acts, error or omission of the **CONSULTANT** occurring during the course of or as a result of the performance of the **AGREEMENT**.

- F. Where claims, lawsuits or liability, including reasonable attorneys' fees and costs arise from any wrongful or negligent act of both the **CONSULTANT** and the **CITY**, the **CITY** shall indemnify and hold the **CONSULTANT** harmless from only that portion of claims, causes of action, lawsuits, damages, judgments, liabilities, and litigation costs and expenses including attorneys' fees and costs, to the extent caused by the **CITY'S** or any subcontractor's wrongful or negligent acts occurring as a result from the **CITY'S** performance pursuant to this **AGREEMENT**.

**7. INSURANCE:**

- A. The **CONSULTANT** shall maintain in good standing the insurance described in this Section. Before rendering any services under this **AGREEMENT**, the **CONSULTANT** shall furnish the **CITY** with proof of insurance in accordance with this Section.

The **CONSULTANT** shall provide the following insurance:

1. Workers' compensation and employer's liability coverage as required by Montana law.
2. Commercial general liability, including contractual liability assumed under an insured agreement and personal injury coverage's -- \$750,000 per claim and \$1,500,000 per occurrence.
3. Automobile liability -- \$1,500,000 per accident.
4. Professional liability in the amount of \$1,500,000 per claim.

Each policy of insurance required by this Section shall provide for no less than 30 days' advance written notice to the **CITY** prior to cancellation.

The **CITY** shall be listed as an additional insured on all policies except Professional Liability and Worker's Compensation Policies.

**CONSULTANT** shall comply with the applicable requirements of the Workers' Compensation Act, Title 39, Chapter 71, MCA, and the Occupational Disease Act of Montana, Title 39, Chapter 71, MCA.

**CONSULTANT** shall maintain workers' compensation insurance coverage for all members and employees of **CONSULTANT'S** business, except for



those members who are exempted as independent contractors under the provisions of §39-71-401, MCA.

**CONSULTANT** shall furnish **CITY** with copies showing one of the following: **(1)** proof of registration as a registered contractor under Title 39, Chapter 9, MCA; **(2)** a binder for workers' compensation coverage by an insurer licensed and authorized to provide workers' compensation insurance in the State of Montana; or **(3)** proof of exemption from workers' compensation granted by law for independent contractors.

**8. AGREEMENTS OF CONSULTANT:** As an inducement to the execution of this **AGREEMENT** by the **CITY** and in consideration of the agreements to be performed by the **CITY**, the **CONSULTANT** agrees that:

A. Qualifications

The **CONSULTANT** is qualified to perform the services to be furnished under this **AGREEMENT** and is permitted by law to perform such services, and all personnel engaged in the work shall be qualified and so permitted to do the work they perform.

B. Solicitation of Agreement

The **CONSULTANT** has not employed any person to solicit this **AGREEMENT** and has not made, and will not make, any payment or any agreement for the payment of any commission, percentage, brokerage, contingent fee, or other compensation in connection with the procurement of this **AGREEMENT**.

C. Facilities and Personnel

The **CONSULTANT** has and will continue to have proper facilities and personnel to perform the services and work agreed to be performed.

D. Subcontracting

None of the work or services covered by this **AGREEMENT** shall be subcontracted without the prior approval of the **CITY**.

E. Affidavits of Compliance

The **CONSULTANT** will, if requested by the **CITY**, furnish the **CITY** affidavits certifying compliance with the provisions of this Section.



9. **AGREEMENTS OF CITY:**

- A. To furnish all labor, materials, equipment, supplies, and incidentals necessary to conduct and complete the **CITY'S** portion of the project as designated in the scope of work.
- B. Name a Project Manager who shall be the liaison between the **CONSULTANT** and the **CITY**. For this project, the Project Manager for **CONSULTANT** designated is Ray Lankin, and the Project Manager for the **CITY** designated is Jacob Wilkins.

10. **NONDISCRIMINATION:**

- A. **CONSULTANT** shall, in performance of work under this **AGREEMENT**, fully comply with all applicable federal, state, or local laws, rules, regulations, and executive orders including but not limited to, the Montana Human Rights Act, the Equal Pay Act of 1963, the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. **CONSULTANT** is the employer for the purpose of providing healthcare benefits and paying any applicable penalties, fees and taxes under the Patient Protection and Affordable Care Act [P.L. 111-148, 124 Stat. 119]. Any subletting or subcontracting by **CONSULTANT** subjects subcontractors to the same provisions. In accordance with 49-3-207, MCA, and Executive Order No. 04-2016. **CONSULTANT** agrees that the hiring of persons to perform this Contract will be made on the basis of merit and qualifications and there will be no discrimination based on race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status, or marital status by the persons performing this **AGREEMENT**.
- B. The **CONSULTANT** shall state, in all solicitations or advertisements for employees to work on jobs, that all qualified applicants will receive equal consideration for employment without regard to race, color, religion, national origin, ancestry, age, sex or marital status, or mental or physical impairment/disability.

The **CONSULTANT** and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a) and 41 CFR 60-741.5(a), which prohibit discrimination against qualified protected veterans and/or qualified individuals on the basis of disability, and requires affirmative action by



covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans and individuals with disabilities.

The **CONSULTANT** and any **SUBCONSULTANT** shall abide by the requirements of 41 CRF 60-1.4, which states employees or applicants may not be discharged or in any other manner discriminated against because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the **CONSULTANT'S** legal duty to furnish information.

- C. The **CONSULTANT** shall comply with any and all reporting requirements that may apply to it that the **CITY** may establish by regulation.
  - D. The **CONSULTANT** shall comply with all applicable federal, state, and city laws concerning the prohibition of discrimination.
  - E. The **CONSULTANT** shall include the provisions of Subsections A through D of this Section in every subcontract or purchase order under this **AGREEMENT**, so as to be binding upon every such subcontractor or vendor of the **CONSULTANT** under this **AGREEMENT**.
  - F. The **CONSULTANT** agrees to post, in conspicuous places available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
11. **PERMITS, LAWS, AND TAXES:** The **CONSULTANT** shall acquire and maintain in good standing all permits, licenses and other entitlements necessary to its performance under this **AGREEMENT**. All actions taken by the **CONSULTANT** under this **AGREEMENT** shall comply with all applicable statutes, ordinances, rules and regulations. The **CONSULTANT** shall pay all taxes pertaining to its performance under this **AGREEMENT**.
12. **NONWAIVER:** The failure of either party at any time to enforce a provision of this **AGREEMENT** shall in no way constitute a waiver of the provision, nor in any way affect the validity of this **AGREEMENT** or any



part hereof, or the right of such party thereafter to enforce each and every provision hereof.

13. **CONFLICT OF INTEREST:** **CONSULTANT** shall exercise reasonable care and diligence to prevent any actions or conditions which could result in a conflict with **CITY'S** interest. During the term of this **AGREEMENT**, **CONSULTANT** shall not accept any employment or engage in any consulting work which creates a conflict of interest with **CITY** or in any way compromises the services to be performed under this **AGREEMENT**. **CONSULTANT** shall immediately notify **CITY** of any and all violations of this Section upon becoming aware of such violation.
14. **SUCCESSORS AND ASSIGNS:** This **AGREEMENT** and all of the covenants hereof shall inure to the benefit of and be binding upon the **CITY** and the **CONSULTANT** respectively and his partners, successors, assigns, and legal representatives. Neither the **CITY** nor the **CONSULTANT** shall have the right to assign, transfer, or sublet his interest or obligations hereunder without written consent of the other party.
15. **CHANGES IN WORK:** Any change in the scope of **CONSULTANT'S** services as stated in this **AGREEMENT** for whatever reason, will be negotiated between the **CITY** and the **CONSULTANT** and an amendment to this **AGREEMENT** will be issued with the appropriate change of services and **AGREEMENT** fee noted.
16. **LEGAL RELATIONS:** The **CONSULTANT** shall comply with all Federal, State, and local laws and ordinances applicable to the work to be done.
17. **TERMINATION OF AGREEMENT:** The right is reserved by the **CITY** to terminate this **AGREEMENT** at any time upon not less than thirty (30) days written notice to the **CONSULTANT**.

In the event the **CITY** terminates this **AGREEMENT**, the **CONSULTANT** shall be paid for the amount of work performed or services rendered to date of termination per the **AGREEMENT** fee.

18. **ENDORSEMENTS:** The **CONSULTANT** shall furnish signatures, statements, or other suitable means to signify responsible endorsement of work on all reports furnished by him.
19. **OWNERSHIP OF DOCUMENTS:** All information relating to the project and prepared under the terms of this **AGREEMENT**, including reports, data, recommendations, exhibits, analyses, and plans shall be deemed



the property of the **CITY**. Reproducibles of all notes, reports, and plans shall be made available at the **CITY'S** request.

20. **PUBLIC INFORMATION:** The **CONSULTANT** shall not issue any statements, releases, or information for public dissemination without prior written approval of the **CITY**. All materials related to this **AGREEMENT** and services provided are considered public records under Article II, Section 9 of the Montana Constitution and §§ 2-6-102 and 7-1-4144, MCA and may be distributed by written request pursuant to Montana's Constitutional Right to Know or Public Records Acts.
21. **PROPRIETARY RIGHTS:** If patentable discoveries or inventions should result from work required herein, all rights accruing from such discoveries or inventions shall be the property of the **CITY**.
22. **RECORDS:** The **CONSULTANT** shall maintain accounting records and other evidence pertaining to the cost incurred and to make the records available at all times during the **AGREEMENT** term and for three (3) years from the date of final payment. Such accounting records and other evidence pertaining to the cost incurred will be made available for inspections authorized by the **CITY** and copies thereof shall be furnished if requested.
23. **ATTORNEY'S FEES AND COSTS:** That in the event it becomes necessary for either Party to this **AGREEMENT** to retain an attorney to enforce any of the terms or conditions of the **AGREEMENT** or to give any notice required herein, then the prevailing Party or the Party giving notice shall be entitled to reasonable attorney's fees and costs.
24. **LITIGATION LOCATION:** The parties agree that this **AGREEMENT** shall be governed in all respects by the laws of the state of Montana, and the parties expressly agree that venue shall be in the Montana Thirteenth Judicial District County for Yellowstone County and there shall be no other venue for resolution of disputes arising from the **AGREEMENT** or the performance of its terms.
25. **MODIFICATION AND AMENDMENTS:** That any amendment or modification of this **AGREEMENT** or any provisions herein shall be made in writing and executed in the same manner as this original document and shall after execution become a part of this **AGREEMENT**.



**IN WITNESS WHEREOF**, the parties hereto have executed this instrument the day and year first above written.

**CITY OF BILLINGS, MONTANA**

**UNITED DIAGNOSTIC SERVICES, LLC**

\_\_\_\_\_  
**WILLIAM A. COLE, MAYOR**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

**APPROVED AS TO FORM:**

\_\_\_\_\_  
**PRINT TITLE**

\_\_\_\_\_  
**CITY ATTORNEY'S OFFICE**

**ATTEST:**

\_\_\_\_\_  
**DENISE BOHLMAN, CITY CLERK**



## EXHIBIT A

### SCOPE OF SERVICES

**CONSULTANT** shall:

1. Provide medical evaluation services for each member of the Fire Department which shall comply with all requirements prescribed in the most current National Fire Protection Association NFPA 1582, Standard on Medical Requirements for Firefighters and all other applicable standards, guidelines, laws, regulations and acts.

These services shall include, at a minimum:

- a. Health Risk Appraisal Questionnaire.
- b. Lab Analysis: (chemistry panel 23, CBC, lipid profile, TSH & Urinalysis) and heavy metals as needed.
- c. Comprehensive Medical History.
- d. Medical Exam: comprehensive physical exam includes: head, eyes, ears, nose, throat, heart, lungs, gastrointestinal, genitourinary, lymph nodes, musculoskeletal, skin, neurological and hernia check (must be conducted in a private area by a physician).
- e. Anthropometric measurements.
- f. Chest X-ray as needed.
- g. Pulmonary function evaluation for Suppression personnel.
- h. Body composition measurements.
- i. Resting electrocardiogram.
- j. Submaximal ergometer graded exercise treadmill or bicycle stress test, which must be monitored on-site by a board-certified physician.
- k. Vision and hearing screening.
  - i. Vision must be tested with mechanical tester. Wall charts will not be acceptable.
  - ii. Audio testing is conducted by a tuning fork. If hearing loss is detected, the firefighter is referred to their personal physician for further testing.



- iii. The minimum requirements in the specifications are based upon NFPA 1582.
- I. Result consultations (Must be held in a private area by a physician).
  - i. Individual screening results.
- m. Ultrasound:
  - i. Echocardiogram (Valve Function, Heart Pumping Ejection Fraction)
  - ii. Carotid Doppler
  - iii. Abdominal Aortic Aneurism (AAA)
  - iv. Thyroid
  - v. Abdominal and Bladder Ultrasound
  - vi. Testicular (men only) or Pelvic (external – women only) Ultrasound

Program must meet the requirements of N.F.P.A. 1582 and current HIPAA regulations for patient privacy.

- 2. Provide onsite screening services to specified **CITY** locations on an as-needed basis and on pre-arranged dates to conduct the screening tests and services identified herein. Individual results will be sent directly to the homes of participants with HIPAA compliant Aggregate Reports provided to **CITY**, if applicable.

Participant approval is required to forward results to managing physician. Services that are the practice of medicine will be provided by applicably licensed professionals employed and/or engaged by **CONSULTANT**. In the event that a participant desires to obtain professional items and services from a provider, the same shall be arranged through separate arrangements directly between the provider and the participant. All services shall be provided subject to the terms and conditions set forth in this **AGREEMENT**.

- 3. Support the success of **CITY's** wellness program by designing and supplying announcements, invitations, letters, signs, brochures and posters in both electronic and hard copy form. These will be customized to detail the coordination of any existing Wellness efforts and Benefit Plans of the **CITY**.

To the extent that **CONSULTANT** provides the **CITY** with any electronic or printed materials, it provides these materials subject to a limited license to the **CITY** to use the promotion materials for the **CITY's** own use. **CONSULTANT** may revoke this license at its discretion at any time. The license shall expire upon completion of the wellness event or the agreement between **CITY** and



**CONSULTANT.** The **CITY** may not copy or distribute the promotional materials in any manner except as may be agreed to in advance by **CONSULTANT**.

4. Publish a toll-free number for employees, provide a web-based scheduling portal and coordinate any other required registration requirements with **CITY**. Advance registration ensures prompt, timely administration of the screenings, minimizing the disruption of the employee's time.
5. Maintain all necessary resources, including technology, equipment, software, programs and trained personnel to properly perform the screening services described herein consistent with standard practices.
6. Perform the screening services described herein in a professional manner.
7. Ensure that it is a duly formed organization in good standing under the laws of the state in which the screening will occur.
8. Maintain professional and general liability insurance coverage in a sufficient amount for coverage against risks reasonably anticipated in providing the screening services.
9. Have the authority to enter into and perform obligations set forth in this **AGREEMENT**.
10. Not violate any law or regulation to which **CONSULTANT** is subject.

**CITY** shall:

1. Identify key managers or executives who shall assist through the sponsorship and endorsement of any health and wellness promotion.
2. Grant **CONSULTANT** access to normal communication channels with employees/members; including mailing address, e-mail, payroll stuffers, newsletters, public postings or any method of employee communication normally utilized. All promotional materials will be approved by the **CITY** in a timely manner.
3. Provide specific details of wellness efforts or other benefits as appropriate to **CONSULTANT** for inclusion in education or promotion efforts.

# United Diagnostic Services, LLC

## Health & Physical Proposal

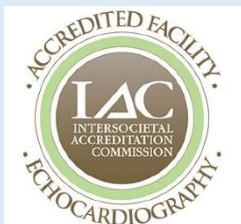


Thank you for giving us the opportunity to partner with you to provide our early detection and diagnostic services to your members. Our experience administering cancer and cardiovascular detection programs proved successful with the identification of both low risk and high-risk pathologies. Providing these same diagnostic services to your first responders will provide direct access to early detection and prevention of cancer, heart, and vascular disease. The information below is our proposal to partner with Billings Fire Department through the City of Billings and bring this lifesaving service to your members.

### Overview

#### Early Detection and Diagnostic Health Screening onsite

The primary focus of our programs are identification, prevention, and coordination of ongoing care for members identified at risk for chronic conditions. It is a diagnostic experience that has been proven for First Responders to be lifesaving. All participants will receive professional interpretations from board certified physicians and a telemedicine phone call with direction to manage and identify concerns. Based on results of their exams, members will receive additional telephonic consultation with our clinical team to re-review results and next coordination care steps. Program may be delivered within approved site facilities.



## Objectives

First Responders are under an elevated physical, situational stress and exposure for carcinogens. Even though heart disease is the number one killer in the United States general population, first responders fall into a high-risk category with higher frequency for cancer. To detect early evidence of cancer and heart disease, UDS recommends a complete Health and Physical program comprised of ultrasound-based screening which includes nine (9) body parts. Additional services are available through mobile units for Low dose helical CT scan without contrast, Mammograms, as well as blood markers such as PSA.



### Cancers Detected through UDS Screenings 2023 First & Second Quarter



**Anchorage, AK | Local 1264**  
Bladder & Thyroid Cancer



**Marysville, WA | Local 3219**  
Thyroid Cancer



**Newport, KY | Local 45**  
Thyroid Cancer



**Carmel, IN | Local 4444**  
Thyroid Cancer



**Attleboro, MA | Local 848**  
Thyroid Cancer

**Holbrook, MA | Local 1452**  
Testicular Cancer

**Weymouth, MA | Local 1616**  
Thyroid Cancer

**15** Cancer Detections among  
Firefighters (2023 First & Second Quarter)



**Schenectady, NY | Local 28**  
Thyroid Cancer



**Utah | PFFU Convention**  
Bladder Cancer



**Providence, RI | Local 799**  
Thyroid Cancer



**Fairfax County, VA | Local 2068**  
Colon & Thyroid Cancer

**Virginia Beach, VA | Local 2924**  
Thyroid Cancer

**Manassas, VA | Local 4466**  
Thyroid Cancer

## Onsite Initiatives Convenient Healthcare

First Responders face many obstacles that inhibit them to seek healthcare and health education. United Diagnostic Services onsite programs remove these barriers by delivering a concierge level program at the place where people spend the majority of their time; their work.

Since every organization is unique, UDS offers a wide variety of healthcare and diagnostic service solutions to meet their specific needs and culture. Our programs focus on detection of actionable pathologies, cardiovascular disease, and cancers; additionally, educating participants about their health status, educating them on behavior change options and referring them to additional care when needed.

UDS's sophisticated approach means we'll take care of all the details by scheduling, promoting, & educating your team members. With over 20 years as a healthcare provider, we have perfected the concierge model of healthcare delivery, and can customize a program to meet your needs.

# Program Delivery Structure

To increase the effectiveness of participants' and ease program participation, local onsite facilities will be utilized. The physical health program can be set up in one centralized location. UDS proposes 15 to 20 members per technician daily. Ninety (90) minutes need to be allocated to complete the full scope of testing. Below is a breakdown of various components

## Comprehensive Ultrasound Testing- 30 Minutes: 1 Member

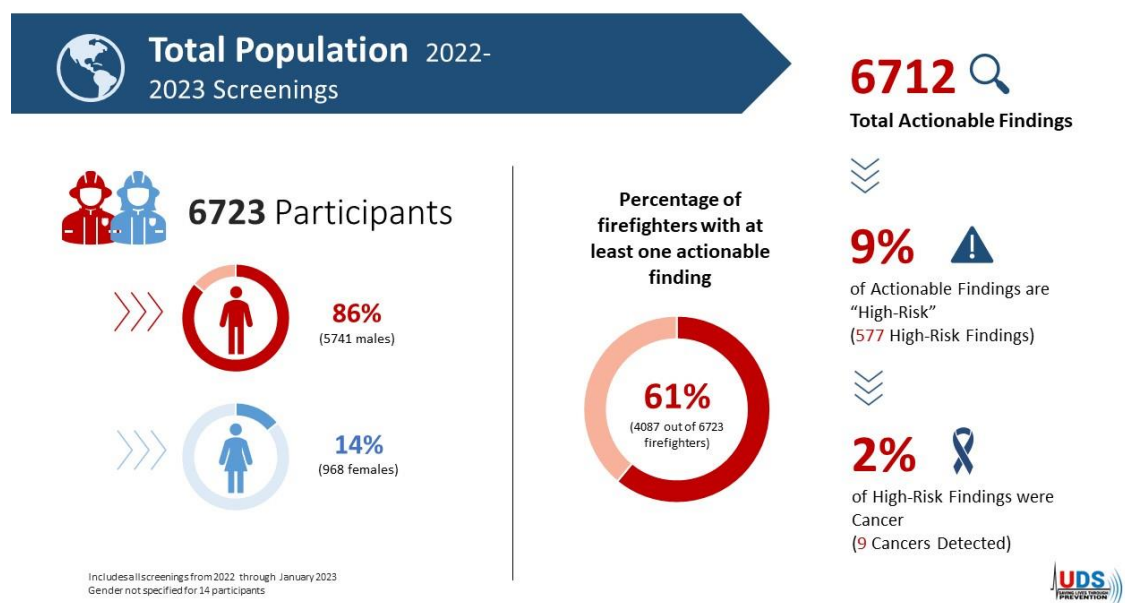
- Thyroid
- Liver
- Spleen
- Gallbladder
- Urinary Bladder
- Kidney
- Pelvic (External Women only)
- Testicular (Men only)

All the results are reviewed by a licensed cardiologist or radiologist. Each participant's confidential health report will be provided via secure email. Each participant with abnormal findings will receive a telephonic consultation with a board certified UDS Provider prior to receipt of results. Consultation will include a review and explanation of findings, potential health impact and a development of an actionable care plan. Additionally, participants will receive a 90 day follow up contact by UDS Nurse Case Management team to follow up on care plan progress and outcome.

**Our programs administered during 2022 included 62% actionable items with 10% high risk pathologies.**

# Advantages of Onsite Programs

- Accessibility and convenience
- Aggregate picture provided to assist in the design of additional wellness initiatives.
- Increases utilization of covered benefits
- Onsite Health resources improves moral & productivity.
- Coordination of Care with PCP providers



# Summary of Actionable Findings

 = High Risk Pathology

National Report | 2022-23 Screenings  
6723 Total Participants  
5741  968 

## 577 High-Risk Findings

High-Risk Finding	Total #
Prostate – Heterogeneous and Enlarged	254
Testicles - Calcification/Microlithiasis	114
Thyroid - Nodules - Solid >1cm High Risk	55
Cardiac - Aortic Root Dilated	43
Cardiac - Moderate LVH	38
Cardiac - Moderate Mitral Regurgitation	24
Aorta - Dilated	12
Cardiac - Moderate-Severe Aortic Insufficiency	8
Cardiac - Low EF	6
Cardiac - Calcified Valve-Stenosis	6
Cardiac - Moderate Tricuspid Regurg	4
Urinary Bladder – Abnormal Mass	5
Kidney – Abnormal Mass Growth	3
Urinary Bladder – Urinary Nodule	2
Cardiac - Severe Mitral Valve Regurgitation	1
Cardiac - Moderate Pulm Regurg	1
Pelvic - Heterogeneous Mass	1

## 6712 Total Actionable Findings

Liver	2367 Total Findings
Fatty and Enlarged	1810
Fatty	485
Hemangioma	27
Cyst	28
Fatty, Enlarged w/ Mass	10
Mass	3
Enlarged	1
Ill-Defined Mass	1
Hypochoic Region	1
Complex Cystic Mass	1

Thyroid	1056 Total Findings
Enlarged Heterogeneous/Bulky Nodules	384
Nodules - Solid <1cm	352
Nodules - Solid >1cm High Risk	58
Nodules - Complex	54
Nodules - Cystic	43
Cyst	26
Nodules - <1cm	21
Multiple Cystic Nodules	10
Non-Identifiable Tissue	9
Increased Vascularity	9
Heterogeneous Ill-Defined Multiple Cystic Nodules	8
Heterogeneous and Small Size	7
Nodules - Solid	7
Smaller in size	4
Nodules - Bilateral	3
Irregular Shape	3
Heterogeneous and Atrophic in Size	2
Enlarged Lymph Node	1

## Physical Exams - 45 Minutes: 1 Member

We realize yearly exams can be a daunting process. By coming on-site, we can perform up to 40 exams per day and can complete a department in just days instead of weeks or months. We perform 4-6 exams per hour, which greatly helps minimize time away from work. Typically, all we need is a conference room and office to perform all of our testing. There is no need to sit and wait at an urgent care, local clinic or hospital, which puts firefighters and trucks out of service for hours at a time. This saves your department time, money and minimizes hassles related to annual physical exams. Firefighters are able to remain in service and respond to emergencies if needed.

Blood and urine specimens are collected on site along with the ultrasounds if applicable 2-4 weeks prior to Phase 2 testing. This process enables providers to examine and consult with your firefighters with the information in front of them (labs, X-Rays, ultrasounds and medical history) just like when they see their primary care physician. This means that during their individual one-on-one counseling session; we can make health recommendations individualized to each person at the time of the consultation.

## Chest X Ray - 10 Minutes: 1 Member

It's essential for firefighters to have access to proper medical surveillance and evaluation programs to ensure their respiratory health is adequately monitored. This approach can help identify potential issues early and provide necessary interventions to prevent the development of chronic pulmonary diseases.

A baseline chest X-ray should be conducted for all firefighters, both those with respiratory symptoms or pre-existing respiratory diseases and healthy individuals entering the profession. The baseline chest X-ray can serve as a reference point to monitor changes in lung health over time. Repeat chest X-rays should be conducted periodically to monitor any changes in lung health. The frequency of these periodic chest X-rays can vary, but a common recommendation is to repeat them every 5 years or sooner if medically indicated.

Regular mammograms can detect breast cancer in its early stages when it is typically more treatable. However, it is essential to note that mammograms are a diagnostic tool and not a preventive measure. They can detect cancerous changes in breast tissue, but they do not prevent cancer from developing.

## **FACILITY LOCATION(S)**

UDS exclusively operates mobile units. The number of mobile units available for each service is as follows:

1. Complete Physical with Resting Electrocardiogram & Submaximal ergometer graded exercise treadmill: 1 unit
2. Chest X Ray: 1 unit
3. Ultrasound: 3 units
4. Blood tests: 3 phlebotomists available (typically 1 needed per site)

UDS mobile units are designed to provide convenient access to our services covering wide geographical area and reducing the need for patients to travel long distances. We can accommodate requests for specific service locations or scheduling, ensuring that we meet the needs of your program.

## **Additional Program Features**

- Complete Aggregate Report delivered to client to assist in developing future wellness initiatives.
- Participant survey administered after exam.
- Complete report by Radiologist licensed in State
- Complete report by Cardiologist licensed in State
- Data analytics provided on established patient population to assess health trends from population participating in program multiple years.
- Nurse Practitioner Positive Result Consultation (telemedicine call)

## **Similar Programs**

Pigeon Forge Fire Department 3229 Rena Street Pigeon Forge, TN 37863	April 11, 12, 20, 2023	37 participants
Canton Fire Department 99 Revere St, Canton MA 02021	April 24 - 25, 2023	35 participants
Bridgewater Fire & Police Departments 774 Plymouth St, Bridgewater Ma 02324	March 4 – 7, 2023	78 participants
West Hartford Fire Department 1106 New Britain Ave West Hartford, CT 06110	Oct 10 - 13, 2023	85 participants

\*SN – all those listed above have tentative dates for 2024 as well.

## Standard Labs and Screening included in physicals.

### Chemistry Screening

Screens for Liver Cancer, Biliary Cancer, Diabetes, Gout, Kidney function, Anemia and Liver Disorders

Glucose	Total Protein
Sodium	Albumin
Potassium	Globulin
Chloride	Albumin/Globulin Ratio
Blood Urea Nitrogen	Total Bilirubin
eGFR	Alkaline Phosphatase
BUN/Creatinine ratio	Gamma-GT
Uric Acid	AST (SGOT)
Inorganic Phosphorus	ALT (SGPT)
Calcium	LDH
Iron	

### Lipids

Screening for Cardiovascular Risk

Triglycerides
Cholesterol, Total
HDL-High Density Lipoprotein Cholesterol
LDL-Low Density Lipoprotein Cholesterol
VLDL- Very Low-Density Lipoprotein Cholesterol
Cholesterol/ HDL-Cholesterol
Estimated Coronary Heart Disease Risk

### Thyroid Stimulating Hormone

Screens for Thyroid Disease

### Prostate-Specific Antigen (PSA)

Screens for Prostate Cancer - Performed on all males 40 and older

### American Heart Association

### American College of Cardiology

### Atherosclerotic Cardiovascular Disease Risk

Calculation of an individual's risk of developing a cardiovascular problem such as a heart attack or stroke within the next 10 years. Calculated for those individuals over the age of 40.

### Complete Blood Count (CBC)

Screens for Lymphoma & Leukemia, Anemia, and other Blood Disorders

White Blood Cell Count (WBC)
Red Blood Cell Count (RBC)
Hemoglobin
Hematocrit
Platelets
RDW
Mean Corpuscular Volume (MCV)
Mean Corpuscular Hemoglobin (MCH)
Mean Corpuscular Hemoglobin Concentration (MCHC)

### Urinalysis

Screens for Bladder and Kidney Cancers

Color	Leukocyte esterase
Ketones	pH
Appearance	Nitrate
Occult Blood	Protein
Specific Gravity	Bilirubin
Glucose	Urobilinogen
Microscopic examination of urine sediment	

### Hemoglobin A1C

Screening for Diabetes

### Cancer Antigen 125 (CA-125)

Screens for Ovarian Cancer  
Performed on all females

**Firefighter Program meets OSHA 29 CFR 1910.95, 1910.134, 1910.120,  
1910.1030, NFPA1582**

**Included in our Standard Physical**

**Medical Component per NFPA 1582 Chapters 6&7**

- **Comprehensive Medical History**  
All necessary forms will be Provided
- **Medical Examination- Comprehensive physical exam**  
includes- Head, Eyes, Ears, Nose, Throat, Neck, Heart, Lungs, Gastrointestinal, Genitourinary, Lymph nodes, Musculoskeletal, skin, neurological and hernia check  
Screening for Skin, Thyroid and Testicular Cancer
- **Vitals-**  
Height, Weight and Blood Pressure
- **Body Composition**  
Bio Impedance Analysis (BIA)
- **Vision-**  
Snellen(distance) screening
- **Lab Analysis-**  
Chemistry Screen, CBC, Lipid panel, TSH, and Urinalysis, PSA (Males over 40), CA-125 on all Females, Hemoglobin A1C
  - Bloodwork will be drawn in the morning approximately 2-4 weeks prior to testing
- **Hearing Test-**  
Audiogram using our Benson audiometers or whisper test
- **Pulmonary Function Testing**

**Fitness Component per NFPA 1582 Chapter 8**

- **WFI Submaximal Graded Treadmill Evaluation**  
**To evaluate aerobic capacity (per NFPA 1582 C.2.1.3)**
- **Hand grip strength evaluation (NFPA 1582C.2.1.5)**
- **Vertical Jump Assessment (NFPA 1582 C.2.1.8) or Leg Strength Evaluation (C.2.1.6)**
- **Arm Strength Evaluation (NFPA 1582 C.2.1.7)**
- **Push-up muscle endurance evaluation (NFPA 1582 C.2.1.9)**
- **Prone static plank core stabilization assessment (NFPA 1582 C.2.1.11)**
- **Sit and Reach Flexibility evaluation (NFPA 1582 C.2.1.12)**

**SiteMed Value-Additional Standard Components**

- **One-on-One consultation with a licensed medical provider**  
Medical provider may be a Physician, Physician's Assistant or Nurse Practitioner
- **Confidential copy of results and interpretations provided to each firefighter**
- **A Physician will evaluate all charts and issue clearance letters**  
Clearance letters will be provided within 7 Business days of the physical examination if there are no medical issues requiring follow up
- **Department Summary report including relevant averages, ranges, and annual comparison statistics**

# Subject: Quality Improvement for the Echo Lab

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## QI Program Components

### I. Introduction

Quality improvement is an important and essential component of any echocardiography laboratory. A comprehensive QI policy enables an echo lab to function more efficiently. The main goal of quality assurance is to promote learning and improve the quality of the echocardiograms being performed. Quality improvement is an on-going, continuous process to enable growth and productivity. Furthermore, QI procedures help to streamline policies and protocols to allow increased communication between the sonographer and physician. To ensure proper quality improvement our lab will adhere to the following policies: proper machine upkeep and maintenance, accurate and complete procedure volume log sheets, on-going continuing medical education, quarterly echocardiography conferences where each staff person is required to attend 1 out of 2 annual meetings. All QI record keeping will be kept in the lab by the technical director.

### II. Instrument Maintenance/ Calibration, Transducer Cleaning

#### *Instrument Maintenance/Calibration*

The ultrasound unit is covered under the extended warranty. This equipment is purchased. The extended warranty will cover any problems or issues with the ultrasound unit, related transducers, display and printers. The warranty also includes 24-hour phone support. The manufacturer or a third-party service company will provide two (2) preventative maintenance visits per year. The PM checks will be scheduled through the company in conjunction with the echo lab's schedule availability. The approximate times for the service are every six months of each calendar year of the contract. During the PM visit, the company representative will service the machine, check for safety defects, and clean the appropriate parts. Also, the unit will undergo the proper and appropriate calibrations as deemed necessary by the engineer. The technical director will be responsible for scheduling the preventative maintenance with the company. The engineer will provide a completed work order after the maintenance check, which the technical director will keep on file in the echo department.

#### *Transducer Cleaning*

The transducers and ECG lead set are cleaned with transducer spray or T-Spray Disinfectant Detergent on hand in the department. All transducers and ECG leads must be cleaned after each patient with the appropriate transducer spray.

### III. Procedure Volumes

All echocardiography procedures are recorded into a handwritten logbook in the echo department with the computer backup. The following information is collected: name, date, referring physician, reading physician and ID number. The logbook contains the proper information to find a study performed in the past and log sheets are kept on file, archived according to chronological order, and stored by year.

### IV. Continuing Medical Education

The physician and sonographer are required to attend continuing medical education seminars or complete courses online or in person. The medical director needs 30 CME in 3 years. The medical staff, technical director and technical staff need 15 CME in a 3-year period. However, all sonographers are required to stay current with their registry and those requirements are already in place. All CME documentation will be collected from all staff members by the technical director and kept on file in the echo department's files. All effort will be made on behalf of all staff members to attend courses together and share information on upcoming CME classes so every staff member will be up to date on CME credit and conference attendance.

### V. Echocardiography Conferences

#### *Echo Conferences*

Echo conferences are to be held 2 times per year for 1 hour. Each member of staff is required to attend at least 1 meeting. The purpose of these echo conferences is for the physician and sonographer to discuss current, pertinent issues in the field of echocardiography including new techniques and the latest reports from educational studies, but more importantly establish quality issues within the lab. Interesting studies will be chosen according to a pre-determined topic. Also, the conference will allow time for the physician and sonographer to discuss past cases, areas of improvement in the facilitation of the lab, scanning protocols, and clinical patient care via a sonographer and physician case review session. The technical director will record the minutes of the conference keep a copy along with the study reports in the Policy and Procedures handbook. The QI yearly schedule is a guide to be sure all the QI items are covered over the year.

The agenda for a QI meeting is for the group to review 2 cases per quarter per modality. The review includes:

- Test appropriateness.
- Technical quality (Sonographer review)
- Interpretive quality review (Variability of Reporting)

- Timeliness and Completeness of reports
- Correlation if available

So, by viewing 2 studies, the images, and the report the group can determine those 4-5 measures.

The IAC has installed a QI tool on their website for each account that follows the same QI measures, and the staff can access that tool for easier completion of the QI requirements.

1. AUC Appropriate Use Criteria is an annual task to review charts and determine if they were ordered appropriately and 2 cases per modality per quarter must be evaluated and scored as **a. appropriate b. may be appropriate c. rarely or usually not appropriate.**
2. The technical quality of the imaging will be reviewed. Two cases per modality per quarter must be reviewed for image quality, completeness of the study and adherence to the facility protocol. The cases must represent as many sonographers as possible. Discrepancies in acquisition, quality and variability must be reconciled to achieve uniform examination quality.
3. The facility must evaluate the quality and accuracy of the interpretation based on the acquired images. A minimum of 2 cases per modality per quarter must be evaluated for the quality and accuracy of the interpretation based on the acquired images. The cases must represent as many physicians as possible. Differences in the interpretation must be reconciled to achieve uniform examination interpretation.
4. The facility must evaluate the final report for completeness and timeliness. A minimum of 2 cases per modality per quarter must be evaluated for completeness and timeliness of the final report as required in the Standards for completeness and timeliness. The reports must represent as many physicians as possible.
5. Correlations may be performed with any appropriate imaging modality, surgical findings, or clinical outcomes and to be reviewed in QI meetings.

## VI. Quality Improvement Meetings and Recordkeeping

This facility must perform QI measurements quarterly and have a minimum of 2 QI meetings per year, to review the results of the QI analyses and any additional QI-related topics.

All staff must participate in at least 1 meeting per year.

The facility QI documents must include but is not limited to the data for all the QI meetings, minutes from the QI meetings and participant list, (which may include remote participation and/or review of minutes)

The QI documents must be maintained and available for all appropriate personnel to review. A report will be finalized by the medical director that summarizes the QI meetings and results.

## XI. Discrepancies

If any discrepancies of echo findings to other testing modalities arise during the correlation/review process, Appropriate Use Criteria AUC, Variability and Timeliness the medical director will re-examine the case. The echocardiogram will be located and re-evaluated by the technical director and medical director. The patient's chart with all the appropriate testing reports present will be pulled as well. A list of possible reasons for the differences will be compiled and the case will be discussed in further detail. Technical limitations, changes in the patient's echocardiographic status and other possible factors specific to the case will be explored to determine why there is a discrepancy present. An addendum will be added to the report if the results are to be changed. The case will be used as a basis for echocardiograph quality improvement and as a learning exercise for the sonographer and physicians.

## Medical Directive: Ultrasound Technologists

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### Purpose:

This medical directive provides guidelines and instructions for ultrasound technologists practicing with United Diagnostic Services. The directive aims to ensure safe and accurate ultrasound imaging procedures and uphold the highest patient care and diagnostic accuracy standards. Please note that this directive should be used with existing provincial regulations, professional standards, and institutional policies.

### *Scope of Practice:*

1.1 Ultrasound technologists are authorized to perform ultrasound examinations under the supervision of a licensed radiologist or other qualified medical practitioner.

1.2 Ultrasound technologists should operate within the scope of their training, experience, and certification, adhering to the guidelines outlined in this directive.

### *Patient Identification and Consent:*

2.1 Verify patient identification before examining, ensuring accuracy, and maintaining patient privacy.

2.2 Obtain informed consent from patients or their legal representatives before performing any ultrasound examination, explaining the procedure, benefits, potential risks, and any required preparations.

### *Equipment and Environment:*

3.1 Ensure that ultrasound machines and related equipment are properly maintained, calibrated, and in good working condition.

3.2 Follow infection control protocols, including proper cleaning and disinfection of ultrasound probes and equipment, to minimize the risk of cross-contamination.

3.3 Maintain a safe and comfortable patient environment, including appropriate temperature, lighting, and privacy.

### *Imaging Protocols and Technique:*

- 4.1 Follow established imaging protocols and techniques as specified by the radiologist or referring physician.
- 4.2 Optimize ultrasound settings and transducer selection to obtain high-quality diagnostic images while minimizing patient discomfort and exposure to ultrasound energy.
- 4.3 Use appropriate imaging modalities, such as grayscale, color Doppler, spectral Doppler, and 3D/4D ultrasound, when indicated and per the referring physician's request.

### *Patient Safety:*

- 5.1 Adhere to ALARA (As Low As Reasonably Achievable) principles to minimize patient exposure to ultrasound energy, especially for vulnerable populations such as pregnant women, children, and patients with known or suspected sensitivity to ultrasound.
- 5.2 Use appropriate ultrasound gel or coupling agents to ensure smooth transducer movement and optimal image quality while minimizing patient discomfort.
- 5.3 Maintain a sterile technique for invasive ultrasound procedures (e.g., biopsies, aspirations) to reduce the risk of infection.

### *Image Interpretation and Reporting:*

- 6.1 Ultrasound technologists are responsible for acquiring and documenting high-quality images, focusing on the relevant anatomy and pathology, as directed by the radiologist, or referring physician.
- 6.2 Not promptly Notify the radiologist of any unexpected or significant findings during the examination.
- 6.3 Ultrasound technologists should not provide diagnosis or interpretation directly to the patient. All results must be communicated by a licensed radiologist or referring physician.

### *Continuous Professional Development:*

- 7.1 Stay updated with the latest advances, techniques, and guidelines in ultrasound through regular participation in relevant continuing education programs and professional development activities.
- 7.2 Maintain certification and licensure requirements as relevant regulatory bodies and professional associations stipulate.

*Quality Assurance and Documentation:*

8.1 Participate in quality assurance activities, including image review, case conferences, and ongoing performance evaluations.

8.2 Maintain accurate and complete records of all ultrasound examinations, including patient identification, examination details, images, and any relevant findings or observations.

8.3 Adhere to patient confidentiality and privacy regulations, ensuring the secure storage and proper handling of patient records and images.

# HIPAA Compliance Policy

To ensure the confidentiality, integrity, and availability of patients' protected health information (PHI) and comply with the Health Insurance Portability and Accountability Act (HIPAA), United Diagnostic Services, LLC has established the following HIPAA Compliance Policy. The primary objective of the HIPAA Compliance Policy is to establish and maintain a culture of privacy and security, fostering trust among patients and upholding the highest standards of healthcare data protection.

1. Development and Implementation of Policies and Procedures:
  - Create comprehensive policies and procedures that align with HIPAA regulations and industry best practices.
  - Regularly review and update existing policies to address emerging privacy and security concerns.
  - Ensure policies and procedures are communicated effectively to all employees and stakeholders.
2. Employee Training and Education:
  - Conduct regular training sessions to educate employees on HIPAA rules and regulations, emphasizing the importance of data privacy and security.
  - Provide specialized training to employees handling PHI, such as radiologists, technicians, and administrative staff.
  - Stay updated on changes in HIPAA regulations and disseminate relevant information to the workforce.
3. Risk Assessments and Audits:
  - Conduct regular risk assessments to identify vulnerabilities and potential breaches of PHI.
  - Perform audits to assess compliance with established policies and procedures.
  - Develop strategies to mitigate identified risks and vulnerabilities.
4. Incident Response and Breach Management:
  - Establish an incident response plan to effectively address and mitigate any data breaches or privacy incidents.
  - Coordinate with relevant internal and external stakeholders, such as legal counsel, IT departments, and affected individuals, to manage incidents promptly and efficiently.
  - Conduct post-incident investigations and implement necessary remediation measures.
5. Privacy and Security Monitoring:
  - Monitor access to PHI systems, networks, and physical facilities to detect and prevent unauthorized activities.

- Utilize intrusion detection systems, log monitoring, and other security tools to identify potential security incidents.

- Implement proactive measures to address any identified vulnerabilities or threats.

6. HIPAA Compliance Audits and Reporting:

- Collaborate with external auditors and regulatory agencies during HIPAA compliance audits.

- Prepare and submit required reports to regulatory bodies, demonstrating compliance with HIPAA regulations.

7. Ongoing Compliance Oversight:

- Stay updated on changes in HIPAA regulations, industry trends, and emerging technologies.

- Continuously assess and enhance the organization's privacy and security controls to adapt to evolving threats and requirements.

Conclusion: The establishment of a dedicated HIPAA Compliance Policy within United Diagnostic Services, LLC demonstrates the organization's commitment to safeguarding patients' protected health information. Through their responsibilities, including policy development, employee training, risk assessments, incident response, and ongoing compliance oversight, all employees play a vital role in ensuring that the organization remains compliant with HIPAA regulations and maintains the highest standards of data privacy and security.

# EXHIBIT B: PRICING

Services	Price	
<b>Standard NFPA 1582 Physical</b> <input type="checkbox"/> Without Fitness Component	<b>\$555</b>	
<b>Additional NFPA 1582 Physicals</b>	<b>\$555</b>	
<b>Additional Services</b>		
Lab Corp Collection Fee	<b>\$20</b>	
Behavioral Health Assessment	<b>\$55</b>	
DOT Medical Cards	<b>\$50</b>	
Titmus Vision Screening	<b>\$35</b>	
<b>Imaging Services</b>		
Chest -X-rays	<b>\$110</b>	
CT Coronary Calcium Scoring <small>*Not available at all locations * Pricing may vary</small>	<b>\$160-and up</b>	
Thyroid Ultrasound*		
Abdominal Ultrasound *		
Pelvic / Testicular Ultrasound*		
Abdominal Aortic Aneurysm Ultrasound*		
Carotid Ultrasound*		
Echocardiogram*		
Ultrasound Package Includes Item with * Above	<b>\$340</b>	
<b>Screening Services</b>		
Tuberculosis Skin Test Read by FD Personnel	<b>\$30</b>	
Tuberculosis Skin Test Read by SiteMed Personnel	<b>TBD</b>	
QuantiFeron TB Gold Blood Test	<b>\$95</b>	
Hepatitis B Antibody Screening	<b>\$32</b>	
Hepatitis C Screening	<b>\$32</b>	
Varicella Antibody Screening	<b>\$55</b>	
Measles, Mumps, Rubella Antibody Screening	<b>\$75</b>	
<b>Blood Testing Services</b>		
Blood Typing (ABO Grouping & Rho)	<b>\$22</b>	
HIV Screening	<b>\$32</b>	
CRP (C-reactive Protein)	<b>\$21</b>	
Cholinesterase, RBC (For Hazmat)	<b>\$42</b>	
Heavy Metals Panel (For Hazmat)	<b>\$150</b>	
NMR Particle Test for Cholesterol	<b>\$45</b>	
Fecal Occult Blood Screening	<b>\$25</b>	
<b>Vaccination Services</b>		
<b>May require additional Travel Fees</b>		
Hepatitis A Vaccine (2-Dose Series)	<b>\$95 Per Dose</b>	
Hepatitis B Vaccine (3- Dose Series)	<b>\$85 Per Dose</b>	
Tetanus/ Diphtheria/Pertussis	<b>\$65</b>	
Measles, Mumps, Rubella Vaccine	<b>\$110</b>	
Varicella Vaccine	<b>\$160</b>	
Influenza Vaccine	<b>\$40</b>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/8/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hylant - Ann Arbor 201 Depot Street Ann Arbor MI 48104  License#: 23894 NATIDIA-02	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 734-741-0044 <b>E-MAIL ADDRESS:</b> AnnArbor-office@hylant.com	<b>FAX (A/C, No):</b> 734-741-1850													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Massachusetts Bay Insurance Co</td> <td>22306</td> </tr> <tr> <td>INSURER B : Ironshore Specialty Ins Co</td> <td>25445</td> </tr> <tr> <td>INSURER C : Travelers Cas &amp; Surety of Amer</td> <td>31194</td> </tr> <tr> <td>INSURER D : Accident Fund Ins Co of America</td> <td>10166</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Massachusetts Bay Insurance Co	22306	INSURER B : Ironshore Specialty Ins Co	25445	INSURER C : Travelers Cas & Surety of Amer	31194	INSURER D : Accident Fund Ins Co of America	10166	INSURER E :		INSURER F :
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**COVERAGES** **CERTIFICATE NUMBER:** 1911618311 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ODHH915170	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ODHH915170	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			ODHH915170	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCP100083325	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B C C	Medical Professional Liability Crime - 1st & 3rd Party Computer Fraud			HC7CACFYJQ002 107628632 0107628632LB	1/1/2023 5/1/2023 5/1/2023	1/1/2024 5/1/2024 5/1/2024	\$1 mill / \$3 mill \$2,000,000 Limit Each Claim / Agg. Crime Limit \$500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Proof of current insurance for firefighters physicals, city of Billings, MT

<b>CERTIFICATE HOLDER</b>  City of Billings P.O. Box 1178 Billings MT 59103	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Judy K. Wilson</i>
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