

**CONTRACT FOR
EMERGENCY MEDICAL SERVICE**

This Contract for Emergency Medical Service (this "Contract") is made and entered into as of the **1st day of OCTOBER, 2018** by and between **BURNET COUNTY ("COUNTY")**, and **CITY OF BURNET ("PROVIDER")**.

WITNESSETH

WHEREAS, PROVIDER is an experienced medical service provider that is currently providing ground ambulance service to the public, including the residents of the **COUNTY**, whose services involve transportation of the sick or injured and administration of medical supplies and/or equipment and treatment by medically trained personnel in such ambulances; and,

WHEREAS, PROVIDER provides and will continue to maintain "Basic with Mobile Intensive Care Unit" ("MICU") capable ambulances as defined by the "Emergency Medical Services Act" of Texas; and,

WHEREAS, the COUNTY desires and has requested that **PROVIDER** provide enhance certain emergency medical and ambulance transportation services for persons located within the **PROVIDER'S** Service Territory; and,

WHEREAS, PROVIDER is willing to provide such services under the terms and conditions stated herein.

Now, therefore, in consideration of the premises and the covenants herein contained, the **COUNTY** and **PROVIDER** agree as follows:

AGREEMENT

1. **SERVICES: THE COUNTY** agrees to utilize **PROVIDER** and its enhanced primary 911-ambulance services to the **COUNTY** within **PROVIDER'S** Service Territory as defined herein. **PROVIDER** agrees to transport sick or injured persons in need of services to medical facilities, and to administer medical supplies, equipment and treatment by qualified personnel, and in connection therewith, **PROVIDER** agrees as follows:
 - (a) **PROVIDER** shall provide timely 911 emergency response, treatment and transportation as outlined in this Contract for service.
 - (b) **PROVIDER** shall station an MICU ambulance within **PROVIDER'S** Service Territory and transport any patient from therein if there is a need for 911 emergency ambulance transportation regardless of race, creed color, handicap or religion, no services shall be denied due to the patient's actual or perceived ability to pay for services rendered pursuant to this CONTRACT.
 - (c) **PROVIDER** shall make available to the **COUNTY**, upon the **COUNTY'S** request, ambulances and personnel necessary for standby and assistance during emergencies occurring in the **COUNTY**.



- (d) **PROVIDER** shall prepare and maintain documentation of all 911 responses that do not result in treatment and/or transportation. Such documentation shall include proper medical documentation and signatures from patient and/or legal guardian indicating patient's refusal and the fact the patient was aware of possible medical complications.
 - (e) **PROVIDER** shall limit emergency transportation of patients to the nearest appropriate medical facility, unless otherwise directed by the attending physician or medical control, where such a diversion is to preserve the patient's life. All such cases on which patients are not transported to the nearest appropriate medical facility will be documented.
 - (f) **PROVIDER** shall maintain and have available for services in the **COUNTY** at all times at least one (1) "Basic with MICU Capable" unit, 24 hours per day, seven days per week. In the event a unit is rendered unavailable for service due to mechanical failure or it is otherwise unavailable for service in the **COUNTY**, a backup unit shall be made available during the period of unavailability of the primary unit. At times of total system saturation the nearest available "Basic with MICU" capability unit will be posted at the most effective location for **PROVIDER'S** total response area, including the **COUNTY**.
 - (g) **PROVIDER** will obtain insurance information from patients for proper billing and bill private and public insurance agencies directly. **PROVIDER** will also submit Medicaid and Medicare claims and appeal all denials.
 - (h) **PROVIDER** agrees that it shall provide the emergency medical and ambulance services hereunder during periods of man-made or natural disasters and other emergencies as dispatched by the appropriate authority. **PROVIDER** may be entitled to additional compensation in connection therewith. A direct liaison from **PROVIDER** shall be made available to the Emergency Management Coordinator during disasters and similar events for continuity of operations during such events.
2. **SERVICE TERRITORY:** **PROVIDER** agrees to provide ground ambulance emergency 911 medical services to those portions of the **COUNTY** identified as Zones B and C on Appendix "A" ("Service Territory").
3. **VEHICLE AND EQUIPMENT:** **PROVIDER** through its officers, employees and/or agents hereby agrees to:
- (a) Station a "Basic with MICU Capable" ambulance within the boundaries of **PROVIDER'S** Service Territory as defined herein. The vehicle shall remain within the **PROVIDER'S** Service Territory at all times except when it is being used to provide authorized services hereunder. When this ambulance is out for any reason, including but not limited to mechanical failure, routine maintenance or responding to an emergency dispatch, a replacement ambulance, if available, will be immediately sent to replace the original ambulance.
 - (b) Meet and maintain current ambulance vehicle specifications as set forth by Texas Department of State Health Services and in document entitled "Federal Specification Ambulance Emergency Medical Care Vehicle" (as updated from time to time) as published by the General Services Administration, DOT Federal Specification KKK 1822 or document entitled "Ground Vehicle



Standards for Ambulances" as published by the Commission on Accreditation of Ambulance Services.

- (c) Equip each ambulance with all required personnel, equipment and supplies for "Basic with MICU Capable" operations as required by the Texas Department of State Health Services rules or as specified by the **PROVIDER'S** Medical Director.
- (d) Meet the operation and maintenance guidelines detailed in Appendix "B".

4. **COMMUNICATION AND DISPATCHING:** **PROVIDER**, through its officers, employees and/or authorized agents hereby agrees and represents as follows:

(a) Mobile unit communication shall:

- (I) Be capable of transmitting and receiving on primary dispatch frequencies as defined by Federal Communications Commission's Rules and Regulations;
- (II) Transmit and receive on WRRS (Western Region Radio System) and have encode, call up, or paging capability compatible with all hospitals in the CAPCOG (Capital Area Planning Council of Government) Region; and
- (III) Be capable of communication directly with the appropriate dispatching and emergency management authorities, primary area of responsibility.

(b) **PROVIDER** shall receive all emergency calls dispatched through the appropriate dispatching and emergency management authorities.

(c) **PROVIDER** shall have an ambulance dispatched in response to a direct emergency request for service.

5. **PERSONNEL:** **PROVIDER**, through its officers, employees and/or authorized agents hereby agree to:

- (a) Staff each ambulance as required by the Texas Department of State Health Services with a minimum of one certified EMT-Basic and one certified EMT-Paramedic on each "Basic with MICU Capable" ambulance while in-service for all calls.
- (b) Comply with the requirements promulgated by the Equal Employment Opportunity Commission.
- (c) Maintain a Drug and Alcohol Policy.
- (d) Schedule working hours, status and pay structure(s) in compliance with the Fair Labor Standards Act.
- (e) Maintain personnel who are at least eighteen (18) years of age, high school graduate or equivalent, and have adequate physical strength and ability to provide emergency medical care under unusual circumstances.
- (f) Maintain a full-time supervisor with certification at the EMT-Paramedic level, which will provide supervision over PROVIDER field operations and report directly to PROVIDER administrative personnel.
- (g) Obtain and maintain appropriate insurance for its operations hereunder and the use of any **COUNTY** real or personal property, if any. The **COUNTY** shall be named as the "loss payee" for any property insured thereunder.

6. **RATES:** **PROVIDER**, through its officers, employees and/or authorized agents, hereby agrees and represents as follows:
- (a) Rates for all services rendered by **PROVIDER**, during the initial year of this Contract, shall be as set forth in Appendix "C".
 - (b) Beginning October 1, 2019, and every year thereafter, **PROVIDER** may increase the fees then in effect by up to four percent (4%). The increase may be made without the approval of the **COUNTY**. Any rate increase in excess of this amount must be approved by the **COUNTY**.
 - (c) **PROVIDER** will bill each patient, when applicable, at its then current rates. The responsibility of payment will go to the patient, responsible party, or the patient's insurance carrier. There will be no additional charge for filing claims with insurance, Medicare and/or Medicaid.
7. **RESPONSE TIME:** **PROVIDER**, through its officers, employees, and/or authorized agents hereby agrees that average monthly response times within **PROVIDER'S** Service Territory shall be recorded and submitted in writing to the **COUNTY** on a quarterly basis. The average monthly response time for "first out" emergency response calls shall be twenty (20) minutes and the average monthly response time for "second out" response calls shall be thirty-five (35) minutes or less. **PROVIDER** shall provide a written report identifying any event or call(s) which resulted in the average monthly response time exceeding the average monthly response times provided for herein. Response time shall be measured from the immediate time of communication with the Dispatcher dispatching the unit to the time of the unit's arrival on scene. **PROVIDER** shall also provide any reports, information, or other items requested by the **COUNTY**, with the sole exception of patient care information as defined in applicable law or other information made confidential by applicable statute, law, rule, or regulation.
8. **RESPONSE TIME EXEMPTIONS:** Calls for service can be exempt from the response time standards for the following reasons:
- (a) Ambulance blocked by a train (PROVIDER'S ambulance will immediately notify the communications center when unit is blocked by a train and when the train is cleared and travel resumes).
 - (b) In the event of a mass casualty incident, all ambulances responding to the mass casualty incident other than the first ambulance on the scene.
 - (c) Severe weather conditions including dense fog, heavy rain or flooding, snow or ice, except if inclement weather was predicated sufficiently in advance that levels of preparedness should have been increased and such steps were not taken.
 - (d) Situations where the communications center receives false or inaccurate information or was unable to obtain adequate response information.
9. **INSURANCE:** **PROVIDER**, agrees to provide proof of General Liability, Auto Liability and Professional Liability insurance in the amount of \$1,000,000.00 per occurrence, \$3,000,000.00



combined for its operations and use of **COUNTY** property hereunder. PROVIDER shall also obtain and maintain Worker's Compensation insurance for any employee or volunteer of the **PROVIDER** providing services hereunder. The **COUNTY** shall be named as the "loss payee" for any insurance maintained by the **PROVIDER** hereunder for the **COUNTY'S** property, and **PROVIDER** shall maintain such insurance in effect at all times during the term of this Contract. All insurance shall be obtained from insurance companies, or Risk Pool, licensed to do business in the State of Texas.

10. QUALITY ASSURANCE AND SERVICE DATA: **PROVIDER**, through its officers, employees, and/or authorized agents hereby agrees to:

- (a) Maintain accurate run report documentation for calls within **PROVIDER'S** Service Territory. **PROVIDER** shall provide quarterly written reports to the **COUNTY** which includes: (ii) the disposition of each call; and (iii) the response time for each call (as defined in this Contract) and any other information requested by the **COUNTY**, with the sole exception of patient care information made confidential under applicable law.
- (b) Provide an approved copy of all transported patient's run reports to the receiving facility each time a transport is made.
- (c) Maintain proper personnel log sheets, which shall be made available to the **COUNTY** upon the **COUNTY** request.
- (d) Documentation to be provided in response to the **COUNTY'S** request shall include, but not limited to, the following:
 - a. Response information
 - b. Proof of Continuing Education of EMS personnel
 - c. EMS personnel certification documentation
 - d. Staffing documentation
 - e. Protocol
 - f. Operational Procedures
 - g. Vehicle and equipment maintenance records
 - h. Quality Assurance and/or medical audit records, to the extent allowed by applicable statute, law, rule or regulation.
- (e) Allow the **COUNTY** to inspect facilities, vehicles, equipment, supplies, and documents demonstrating conformity to the State of Texas Emergency Service Rules, and any other applicable governmental requirements.
- (f) Make available for the **COUNTY** inspection and audit of all financial and business records, as requested by the **COUNTY** that are pertinent to the **COUNTY**. Such records shall be provided within thirty (30) days of the **COUNTY'S** request.
- (g) At the time of execution of this Contract, **PROVIDER** shall give to the **COUNTY** a copy of its proposed budget for services to be rendered during the initial term of this Contract. The budget shall identify anticipated expenditures and revenues for services to be rendered hereunder.



(h) Maintain a "Medical Director" who is licensed medical physician and maintain a consistent continuing education program for ambulance field personnel with a review process that assures continuity of quality care of each and every patient.

11. **CONFIDENTIALITY:** Except as otherwise provided by law, **PROVIDER** agrees to keep all records of patient information whether by interview, observation, or by review of documents in trust and confidence pursuant to applicable statute, law, rule or regulation. No information will be given to third parties except as provided for in applicable statute, law, rule, or regulation.
12. **CERTIFICATION:** **PROVIDER** will hold and maintain all licenses or permits required by Federal, State and/or local authorities that apply to ambulance operation.
13. **COMPENSATION:** As compensation for fulfilling the duties of **PROVIDER** under the terms of this Contract, the **COUNTY** and **PROVIDER** agree to the following:

For all services rendered under the term of this Contract, the **COUNTY** shall pay to **PROVIDER** the total sums (the Contract Fee) reflected in the table below and **PROVIDER'S** appropriate share of the VES (Voluntary Emergency Services) donations collected from the citizens of the **COUNTY**.

PROVIDER shall submit a monthly invoice to the **County**, by the 1st of each month, for each of the operational installments of the Contract Fee and the **County** shall pay each invoice and VES donations by the 15th of each month, or as otherwise provided by applicable law.

Term		Paid to Provider Annually	Monthly Installment
Year 1	October 1, 2018 to September 30, 2019	\$ 390,789.00	\$32,565.75
Year 2	October 1, 2019 to September 30, 2020	\$ 410,328.48	\$34,194.04
Year 3	October 1, 2020 to September 30, 2021	\$ 430,844.88	\$35,903.74
Year 4	October 1, 2021 to September 30, 2022	\$ 452,387.16	\$37,698.93
Year 5	October 1, 2022 to September 30, 2023	\$ 475,006.44	\$39,583.87

14. **MUTUAL AID AGREEMENTS:** **PROVIDER** shall follow the State of Texas mutual aid statutes and rules to provide back-up emergency services when **PROVIDER** resources are depleted or in the event of man-made or natural disasters. **PROVIDER** may arrange and utilize mutual aid agreements with neighboring EMS providers, and may utilize services furnished by such neighboring MICU, ALS, or BLS providers toward fulfillment of **PROVIDER'S** requirements under this Contract. If any compensation to a fire or EMS provider is agreed to, it is the sole responsibility of

PROVIDER to provide such compensation. The rates provided for in Appendix "C" shall not apply to services provided by other providers under a mutual aid agreement.

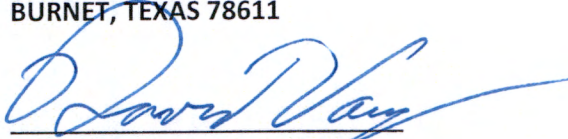
15. **TERM OF CONTRACT:** This Contract shall become effective October 1, 2018, and, unless terminated in accordance with other sections of this Contract, shall continue in full force and effect for a period of five (5) years, to expire September 30, 2023, subject to applicable law, including **COUNTY'S** right of non-appropriation.
16. **TERMINATION:** The **COUNTY** may terminate this Contract by providing written notice of termination to the **PROVIDER** not less than one hundred eighty (180) days prior to the desired termination date, subject to applicable law, including **COUNTY'S** right of non-appropriation; provided, however, in the event **PROVIDER** is unable to respond in a timely manner, or otherwise is in breach of the Agreement, then the **COUNTY** shall have the right to terminate this Contract and secure alternative ambulance service. Likewise, the **PROVIDER** may terminate this Contract by providing notice of termination to the **COUNTY** not less than one hundred eighty (180) days prior to the desired termination date. Either party may terminate this Contract for cause upon ninety (90) days notice.
17. **EFFECT OF TERMINATION ACCRUED FEES:** In the event of the termination of this Contract, **PROVIDER** shall be entitled to receive any and all amounts to which **PROVIDER** is entitled under this Contract. Any amounts received under this provision will be prorated to date of termination.
18. **CORRESPONDENCE:** Notices given pursuant to this Contract shall be sufficient if sent by U.S. First Class Mail, postage fully prepaid, return receipt requested, to the addresses set forth on the signature page or to other respective addresses as the parties may from time to time designate to each other in writing.
19. **ENTIRE AGREEMENT:** This Contract represents the entire Contract between the parties hereto, and no modification or amendment of the Contract shall be effective unless made by a Contract Modification Agreement in writing and executed by all parties hereto.
20. **HOLD HARMLESS:** **PROVIDER** shall at all times remain responsible for the acts and omissions of it and its personnel and agrees to hold fully harmless, indemnify, and defend the **COUNTY** from any all possible claims, damages, costs and expenses, including attorneys' fees, arising out of or related to the acts, omissions, the services provided hereunder, or conduct of **PROVIDER** or its personnel. By entering into this Contract, neither party hereto waives, nor shall be deemed to waive and right immunity, or defense that party may have.
21. **ASSIGNABILITY:** This Contract may not be assigned by either party without the prior written consent of the other party.



IN WITNESS WHEREOF, the COUNTY AND PROVIDER have executed this Contract to be effective as of OCTOBER 1, 2018.

PROVIDER:

CITY OF BURNET
P.O. BOX 1369
BURNET, TEXAS 78611



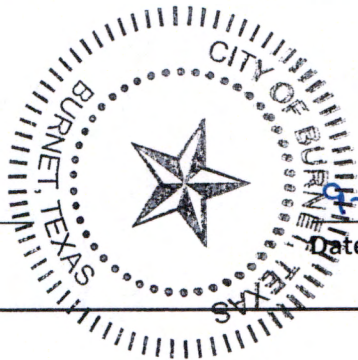
David Vaughn-Burnet City Manager

9/10/18
Date

ATTEST:



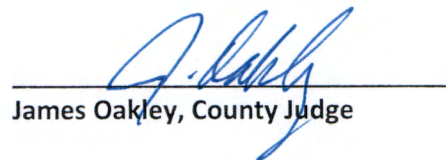
Kelly Dix- City Secretary



9-10-18
Date

COUNTY:

BURNET COUNTY
220 SOUTH PIERCE STREET
BURNET, TEXAS 78611



James Oakley, County Judge

9-11-18
Date

ATTEST:



Janet Parker-County Clerk

9-11-18
Date



**CONTRACT FOR
EMERGENCY MEDICAL SERVICE**

This Contract for Emergency Medical Service (this "Contract") is made and entered into as of the **1st day of OCTOBER, 2018** by and between **BURNET COUNTY ("COUNTY")**, and **CITY OF BURNET ("PROVIDER")**.

WITNESSETH

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3. **VEHICLE AND EQUIPMENT: PROVIDER** through its officers, employees and/or agents hereby agrees to:
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 - (b) Meet and maintain current ambulance vehicle specifications as set forth by Texas Department of State Health Services and in document entitled "Federal Specification Ambulance Emergency Medical Care Vehicle" (as updated from time to time) as published by the General Services Administration, DOT Federal Specification KKK 1822 or document entitled "Ground Vehicle



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- (c) Equip each ambulance with all required personnel, equipment and supplies for “Basic with MICU Capable” operations as required by the Texas Department of State Health Services rules or as specified by the **PROVIDER’S** Medical Director.
- (d) Meet the operation and maintenance guidelines detailed in Appendix “B”.

4. **COMMUNICATION AND DISPATCHING:** **PROVIDER**, through its officers, employees and/or authorized agents hereby agrees and represents as follows:

(a) Mobile unit communication shall:

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(g) Obtain and maintain appropriate insurance for its operations hereunder and the use of any **COUNTY** real or personal property, if any. The **COUNTY** shall be named as the “loss payee” for any property insured thereunder.



6. **RATES:** **PROVIDER**, through its officers, employees and/or authorized agents, hereby agrees and represents as follows:
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For all services rendered under the term of this Contract, the **COUNTY** shall pay to **PROVIDER** the total sums (the Contract Fee) reflected in the table below and **PROVIDER'S** appropriate share of the VES (Voluntary Emergency Services) donations collected from the citizens of the **COUNTY**.

PROVIDER shall submit a monthly invoice to the **County**, by the 1st of each month, for each of the operational installments of the Contract Fee and the **County** shall pay each invoice and VES donations by the 15th of each month, or as otherwise provided by applicable law.

Term		Paid to Provider Annually	Monthly Installment
Year 1	October 1, 2018 to September 30, 2019	\$ 390,789.00	\$32,565.75
Year 2	October 1, 2019 to September 30, 2020	\$ 410,328.48	\$34,194.04
Year 3	October 1, 2020 to September 30, 2021	\$ 430,844.88	\$35,903.74
Year 4	October 1, 2021 to September 30, 2022	\$ 452,387.16	\$37,698.93
Year 5	October 1, 2022 to September 30, 2023	\$ 475,006.44	\$39,583.87

14. **MUTUAL AID AGREEMENTS:** **PROVIDER** shall follow the State of Texas mutual aid statutes and rules to provide back-up emergency services when **PROVIDER** resources are depleted or in the event of man-made or natural disasters. **PROVIDER** may arrange and utilize mutual aid agreements with neighboring EMS providers, and may utilize services furnished by such neighboring MICU, ALS, or BLS providers toward fulfillment of **PROVIDER'S** requirements under this Contract. If any compensation to a fire or EMS provider is agreed to, it is the sole responsibility of

CERTIFICATE OF AUDITOR

I hereby certify that funds are available in the amount of \$390,789.00, to
Pay the obligation of Burnet County under the foregoing Contract.

Karen Hardin, County Auditor

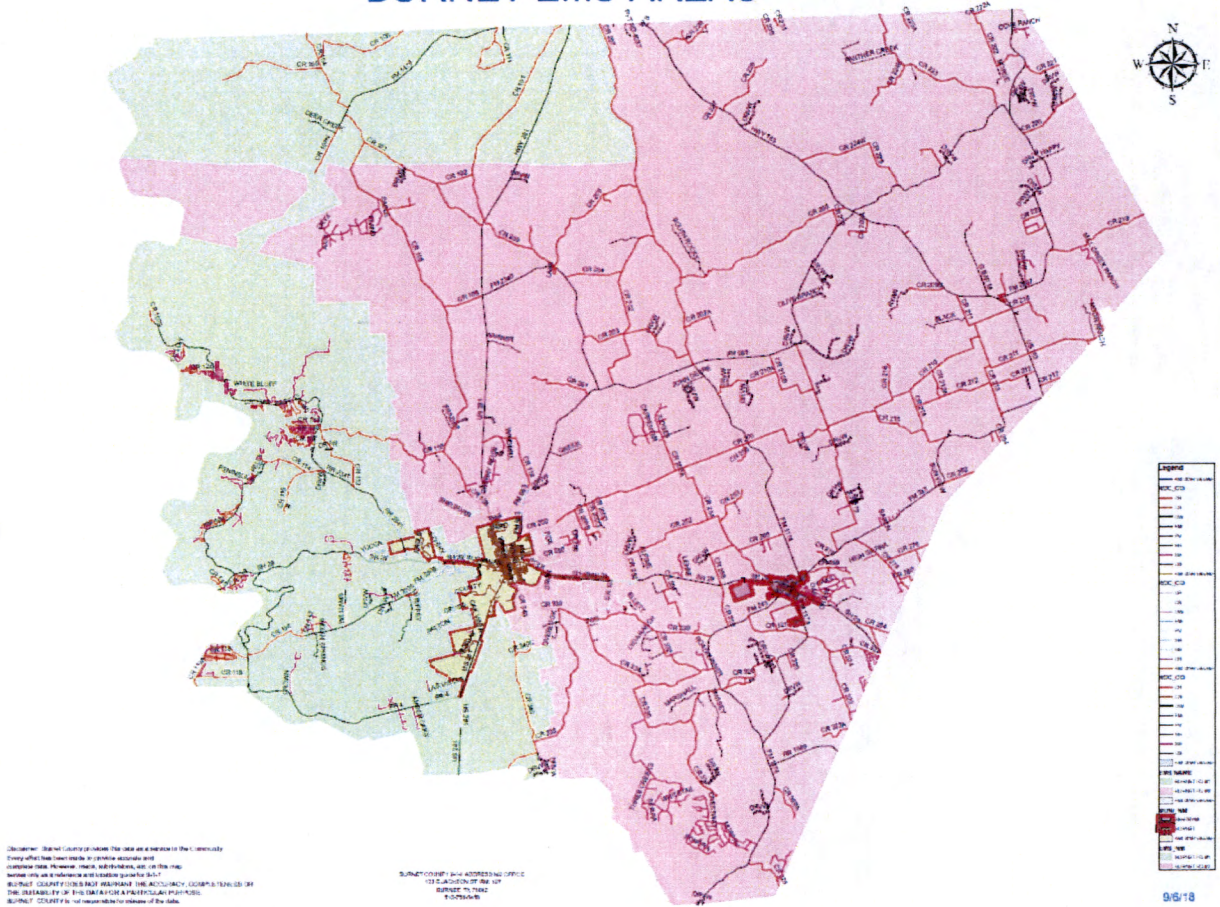
Date: _____



APPENDIX "A"

Service Area

BURNET EMS AREAS



APPENDIX "B"

Vehicle and Equipment Operation and Maintenance

PROVIDER shall meet the following Vehicle and Equipment Operation and Maintenance requirements:

1. The Vehicle(s) and all on board equipment must be in reliable mechanical condition and operating order and must be on a documented schedule of regular maintenance consistent with all the manufactures' recommended maintenance specifications.
2. The interior of the ambulance and the equipment within the ambulance shall be sanitary and maintained in good working order at all times.
3. The equipment shall be of smooth and easily cleaned construction.
4. Linen will be changed after each patient. A commercial linen company will provide laundry service or industry standard disposable linens will be acceptable.
5. All storage spaces used for storage of linen, pillowcases, equipment, medical supplies, at base station(s) or in ambulance(s) shall be enclosed and kept clean. These storage spaces shall be so constructed to permit thorough cleaning.
6. Adequate supplies will be stored in clean contained storage area, free from dust, insects, and rodents. A separate trauma kit with adequate supplies for outside use is required.
7. Pillows and mattress shall be kept clean and in good repair. Protective covers shall be provided.
8. Approved biochemical containers and/ or compartments shall be provided for contaminated supplies.
9. Ambulance interior shall be cleaned after each use as necessary.
10. Exterior surfaces of the ambulance shall be cleaned routinely, and as needed.
11. Blankets used in any ambulance shall be washed at reasonable intervals, and as needed.
12. Disposable EMS supplies used on calls will be replenished as needed.
13. When an ambulance has been utilized to transport a patient known, or suspected to have a communicable disease (air or blood pathogen) the vehicle and equipment shall be cleaned thoroughly and disinfected. **PROVIDER** must have written instruction for disinfecting and disposal of contaminated items.
14. Emergency audible warning devices must function in the way they were designed to function.
15. Body of vehicle(s) must be free from dents and rust, to the extent that there is no interference with or question of safe operation.
16. All equipment in the patient compartment must be adequately secured.
17. Oxygen tanks must bear a current hydrostatic pressure date and must be refilled after used as soon as possible.
18. Ambulances must, at all times, meet state motor vehicles standards, including sufficient tire tread, braking adequacy and other safety hazards.
19. Patient compartment must be free of safety hazards.
20. Seat belts must be in place and in usable condition.



APPENDIX "C"

Rates

Current Billing Rates 2018

<i>Charge Description</i>	<i>Rates</i>		<i>Charge Description</i>	<i>Rates</i>
Column1	Column2	Column3	Column4	Column5
BLS Non-Emergency Base Rate	\$1,132.00		Supplies- Port Vent	\$40.00
BLS Emergency Base Rate	\$1,342.00		Supplies- French Suction	\$15.00
ALS Non-Emergency Base Rate	\$1,207.00		Supplies- Zoll D-fib Pads	\$100.00
ALS-1 Emergency Base Rates	\$1,742.00		Supplies- Drip Sets 10 or 60ggs	\$10.00
ALS-2 Emergency Base Rates	\$2,042.00		Supplies Normal Saline	\$25.00
Specialty Care transports	\$2,0042.00		Supplies- IV Saline Lock	\$235.00
Treatment No Transport	\$150.00		Supplies- Saline Flush	\$10.00
Etra Attend	\$164.00		IV- Drug Therapy	\$280.00
Mileage	\$21.00		Drug- Dopamine	\$50.00
ALS Routin Supplies	\$52.52		Drug- Fentanyl	\$60.39
BLS Disposable Supplies	\$52.52		Drug- Lasix	\$6.00
12 Lead EKG	\$325.00		Drug- Moraphine	\$23.96
EKG Pads	\$36.75		Drug- Narcan	\$15.00
Supplies- Ankel Splint	\$75.00		Drug- Nebulizer	\$55.00
Supplies- Gloves	\$3.00		Drug- Nitro Tab	\$5.00
Supplies- Lancet	\$0.50		Drug- Lidocain PFS	\$25.00
Supplies- Bag Valve Mask	\$75.00		Drug- Lidocain Drip	\$15.00
Supplies- Cold Pack	\$5.00		Drug- Sodium Bicarb	\$20.00
Supplies- Suction Cannister	\$20.00		Drug- Phenrgan 12.5	\$20.00
Supplies- Hand Suction	\$35.00		Drug- Atropine	\$15.00
Supplies Traction Splint	\$135.00		Drug- Asprin	\$2.00
Supplies- Half Leg Splint	\$75.00			
Supplies- Full Leg Splint	\$100.00			
Supplies- IV Arm Board	\$20.00			
Supplies- Burn Sheet	\$15.00			
Supplies- C-collar	\$50.00			
Supplies- Bandages	\$5.00			
Supplies - Nasal Canula	\$10.00			
Supplies- Isolation Kit	\$25.00			
Supplies- Yanker Suction	\$25.00			
Supplies- Pluse Oximetry	\$25.00			
Supplies- Pillow Cover	\$10.00			