



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
MHC12097

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

*A16141502 304-346-7442
 PREMIER IMAGING & INTERVENTION
 105 SALEM ROAD
 CHARLESTON WV 25314

VENDOR

HEALTH AND HUMAN RESOURCES
 JOHN MANCHIN, SR. HEALTH CARE
 401 GUFFEY STREET
 FAIRMONT, WV
 26554 304-363-2500

SHIP TO

DATE PRINTED 12/20/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 01/19/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-74		
<p>OPEN END CONTRACT TO INTERPRET X-RAYS & MAMMOGRAMS</p> <p>REQUEST FOR QUOTATION</p> <p>TO PROVIDE THE SERVICES OF INTERPRETING X-RAY FILMS AND MAMMOGRAMS FOR JOHN MANCHIN SR. HEALTH CARE CENTER FOR THE OUT PATIENT CLINIC AND LONG TERM CARE UNIT AT THE FACILITY, PER THE ATTACHED SPECIFICATIONS.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE</p>						

IVED

9 A 10:19
 DIVISION
 OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Manu Dymon</i>	TELEPHONE (304) 558-7748	DATE 12/20/11
TITLE President	FEIN 32-0071614	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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 105 SALEM ROAD
 CHARLESTON WV 25314

SHIP TO

HEALTH AND HUMAN RESOURCES
 JOHN MANCHIN, SR. HEALTH CARE
 401 GUFFEY STREET
 FAIRMONT, WV
 26554 304-363-2500

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
12/20/2011				

BID OPENING DATE: 01/19/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Maura St. John</i>	TELEPHONE (304) 550-7748	DATE 12/22/11
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TITLE <i>Pres, Premier Imaging</i>	FEIN 32-0071614	ADDRESS CHANGES TO BE NOTED ABOVE
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ORDER.						
THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.						
REV. 04/11/2001						
INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 1/3/2012. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV						
EXHIBIT 4						
LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Mm Dym</i>	TELEPHONE (304) 530-7745	DATE 12/22/11
TITLE <i>President</i>	FEIN 32-0071614	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88 PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007 VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE (304) 350-7745	DATE 12/22/11
TITLE Proc. Agent	FEIN 32-0071614	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ. NO.:-----MHC12097-----</p> <p>BID OPENING DATE:-----1/19/2012-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>----- (304) 346-7442 -----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>----- Mark S. Yonis M.D. -----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	(304) 550-7745	12/20/11
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Pres,	32-0071614	

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MHC12097 ***** TOTAL:						_____

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE (304) 558-7745	DATE 12/22/11
TITLE President	FEIN 32-0071614	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Vendor: Premier Imaging & Intervention

Buyer:	Page:	Requisition or P.O. No.:
RW22		MHC12097
Spending Unit:		
WVDHHR-John Manchin Sr. Health Care Ctr.		

To provide the services of Interpreting X-Ray films and Mammograms for John Manchin Sr. Health Care Center for the Out Patient Clinic and Long Term Care Unit of the facility.

These services are ordered by physicians at John Manchin Sr. Health Care Center and taken in the centers x-ray department. The films shall then be interpreted by the provider awarded this contract.

The individual who performs this service must be licensed by the WV Board of Medicine and be a licensed radiologist and be in compliance with the Mammography Quality Standards Act (MQSA) requirements available at www.fda.gov/radiation-EmittingProducts/MammographyQualityStandardsActandProgram.

These interpretations shall be read at least once a week and results given in written format to John Manchin Sr. Health Care Center Radiology Department.

Vendors shall provide their cost for services in the two following ways.

1. Cost for services provided in-house at 401 Guffey Street, Fairmont, WV.
2. Cost for services provided outside the facility.

ATTACHED is a LIST of services which will be interpreted. Each procedure shall be priced separately.

Vendor shall provide copies of license and certifications as required by the State of West Virginia for Radiologist. Vendor must provide proof of current professional liability insurance, prior to award showing John Manchin Sr. Health Care Center as a certificate holder. The vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

For bodily injury (including death): Minimum of \$500,000.00 per person and \$1,000,000.00 per occurrence.
 For property damage and professional liability: Minimum of \$1,000,000.00 per occurrence

Worker's Compensation Insurance must be provided prior to Award.

Vendor will be responsible for billing all interpretations where patient has insurance coverage (this information will be provided with each x ray/mammogram).

John Manchin Sr. Health Care Center will pay the vendor for all non insurance covered interpretations at the quoted fee. A monthly list will be provided to the facility with patient number and charges for services.

Vendor must comply with HIPPA regulations.

ATTACHED IS A LIST OF SERVICES WHICH WE NEED PRICE QUOTES FOR SERVICES WHICH MAY BE RENDERED.

This will an open end contract and will run for a period of one year with the option of two (2), one (1) year.

Volume: Estimated quantity is 70 to 90 exams per month.

Award will be made to the lowest total bid, meeting specifications.

No advance payment. All invoices will be paid in arrears.

CPT-4 CODE	UPPER EXTREMITIES	EST. QTY	UNIT PRICE	TOTAL
73080	Elbow, complete routine, minimum 3 views	15	30	450
70370	Elbow, AP & Lateral	1	30	30
73090	Forearm, including one joint	12	30	360
73092	Upper extremity, Infant	1	30	30
73100	Wrist, AP & Lateral	4	30	120
73110	Wrist, complete routine, minimum 3 views	25	30	750
73120	Hand, two views	1	30	30
73140	Finger	10	30	300
73130	Hand, three views	20	30	600
73000	Clavicle, complete	4	30	120
73010	Scapula	2	30	60
73020	Shoulder, one projection	1	30	30
73030	Shoulder, complete study	25	30	750
73060	Humerus, including one joint	10	30	300

LOWER EXTREMITIES

73500	Hip, one view	2	30	60
73510	Hip, complete study	30	30	900
73550	Femur (thigh), including one joint	5	30	150
73560	Knee, two views	24	30	720
73564	Knee, complete, routine, minimum 3 views	3	30	90
73590	Tibia and Fibula (leg), including one joint, 2 views	5	30	150
73592	Lower extremity, Infant	1	30	30
73600	Ankle, two views	1	30	30
73610	Ankle, complete, minimum 3 views, routine	24	30	720
73620	Foot, two views	1	30	30
73630	Foot complete, routine, min. 3 views (AP & scalis)	20	30	600
73650	Oscalgis (heel), minimum 2 views	4	30	120
73660	Toe	15	30	450

ABDOMEN

74000	Abdomen, single view	20	30	600
74010	Abdomen, multiple views	20	40	800
74020	Abdomen, multiple views, including Chest AP	2	50	100

CHEST

71100	Ribs, unilateral	10	32	320
71110	Ribs, bilateral	4	32	128
71120	Sternum	2	32	64

SPINE & PELVIS

72010	Spine, entire survey study only, AP & Lat.	1	44	44
72020	Cervical Spine	15	44	660
72040	Cervical Spine, AP & Lat	10	44	440
72050	Cervical Spine, minimum of 4 views	15	44	660
72070	Thoracic Spine, AP & Lat	10	44	440
72080	Thoracic-lumber Spine, AP & Lat	1	44	44
72100	Lumbosacral Spine, AP & Lat	30	44	1320
72110	Lumbosacral Spine, AP, Lat & Oblique view	1	44	44
72170	Pelvis, anteroposterior only	12	44	528
72190	Pelvis, two views or stereo	1	44	44
72220	Sacrum and Coccyx	8	44	352

* Per previous agreement, Will Bill Insurance when applicable in lieu of John M. M. M.

HEAD AND NECK

70100	Mandible, partial less than 4 views	2	44	88
70110	Mandible, complete, minimum of 4 views	2	44	88
70120	Mastoids, less than 3 views per side	1	44	44
70130	Mastoids, complete, minimum of 3 views per side	1	44	44
70140	Facial Bones, less than 3 views	1	44	44
70150	Facial Bones, complete, minimum 3 views	4	44	176
70160	Nasal Bones	4	44	176
70200	Orbits, complete, minimum 4 views	1	44	44
70210	Paranasal Sinuses, less than 3 views	4	44	176
70220	Sinuses, complete, minimum 3 views	10	44	440
70260	Skull, complete, minimum 4 views, with or w/o stereo	2	44	88
70300	Teeth, single view	1	44	44
70360	Neck, soft tissue examination	2	44	88

CHEST

71010	Chest, single view	20	30	600
71020	Chest, two views or stereo	240	38	9120
71030	Chest, complete, minimum 4 views (Pa, Lat, & Both Obliqu)	1	40	40

UROLOGICAL

74000	Kidney, Ureters, & Bladder, single view	20	30	600
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GYNECOLOGICAL & OBSTETRICAL

76090	Mammography, unilateral	10	60	600
76091	Mammography, bilateral	114	85	9690

GRAND TOTAL

868

\$36,758

VENDOR NAME

Premier Imaging & Intervention

SIGNATURE

Mum A. J. ...

DATE

12/22/11

* Will Bill Insurance in lieu of John Marchon, when applicable. Please note in previous years this accounted for half of the studies, hence half as expensive to the facility.

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Premier Imaging & Intervention Signed: Mark A. Spurr
 Date: 12/22/11 Title: President

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Premier Imaging & Intervention

Authorized Signature: Mum Nym # Date: 1/3/12

State of WV

County of JACKSON, to-wit:

Taken, subscribed, and sworn to before me this 3rd day of JANUARY, 2012.

My Commission expires APRIL 23, 2012.

AFFIX SEAL HERE

NOTARY PUBLIC Donna J. Matson

