



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

Request for Quotation

RFO NUMBER
MHC90036

PAGE
1

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

VENDOR

Dr. Dennis Burton
 PO Box 1645
 Morgantown, WV 26507

SHIP TO

HEALTH AND HUMAN RESOURCES
 JOHN MANCHIN, SR. HEALTH CARE

 401 GUFFEY STREET
 FAIRMONT, WV
 26554 304-363-2500

DATE PRINTED 07/03/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		948-21		
OPEN-END BLANKET CONTRACT CONTRACTOR TO INTREPRETE X-RAY FILMS OPEN END CONTRACT CONTRACT FOR INTERPETING X-RAY FILMS THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES, JOHN MANCHIN SR. HEALTH CENTER IS REQUESTING BIDS FROM QUALIFIED VENDORS TO INTERPET X-RAY FILMS AND MAMMOGRAMS FOR JOHN MANCHIN SR. HEALTH CARE CENTER FOR OUT PATIENT CLINIC AND LONG TERM CARE UNIT OF THE FACILITY. CONTRACTOR IS TO INTERPET THE X-RAY FILMS TAKEN BY JOHN MANCHIN SR. HEALTH CARE CENTER'S X-RAY DEPARTMENT AND DELIVERED TO THE CONTRACTOR FOR INTERPETING. CONTRACTOR'S SERVICES MAY BE REQUESTED AT LEAST ONCE A WEEK AND RESULTS GIVEN IN EITHER WRITTEN FORMAT OR TAPE RECORDER FORMAT. EXHIBIT 4 LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL						

RECEIVED

2008 JUL 22 P 12:41

PURCHASING DIVISION
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 304-598-2291	DATE 7-16-08
TITLE Pres / CEO	FEIN 200937959	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFO, 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. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, 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.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **West Virginia Alcohol & Drug-Free Workplace Act:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** 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. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** 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



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
MHC90036

PAGE
2

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET
FAIRMONT, WV
26554 **304-363-2500**

DATE PRINTED 07/03/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON 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 ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE:  TELEPHONE: **304-598-2091** DATE: **7-16-08**

TITLE: **Paul CEO** FEIN: **200937959** ADDRESS CHANGES TO BE NOTED ABOVE

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



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
MHC90036

PAGE
3

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

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
07/03/2008				

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES 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 ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 304-598-2291	DATE 7-16-08
TITLE Pres/CEO	FEIN 200937959	ADDRESS CHANGES TO BE NOTED ABOVE

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



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:
MHC90036

PAGE
4

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

POSTAGE

SHIP TO

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

DATE PRINTED 07/03/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **08/07/2008** BID OPENING TIME: **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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.</p> <p>REV. 04/11/2001</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON JULY 22, 2008. 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:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE 	TELEPHONE 304-598-2291	DATE 7-16-08	
TITLE Pres/CEO	FEIN 200937959	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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
MHC90036

PAGE
5

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 JOHN MANCHIN, SR. HEALTH CARE

 401 GUFFEY STREET
 FAIRMONT, WV
 26554 304-363-2500

DATE PRINTED 07/03/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() 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</p> <p><input checked="" type="checkbox"/> BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS 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</p> <p>() BIDDER IS A CORPORATION 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.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 304-598-2291	DATE 7-16-08
TITLE Pres/CEO	FEIN 200937959	ADDRESS CHANGES TO BE NOTED ABOVE

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



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
MHC90036

PAGE
6

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET
FAIRMONT, WV
26554 **304-363-2500**

DATE PRINTED 07/03/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p><input checked="" type="checkbox"/> 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;</p> <p>OR</p> <p><input type="checkbox"/> 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 BIDDERS' 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.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & 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) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; 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.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 304-598-2291	DATE 7-16-08
TITLE Pres/CEO	PEIN 200937959	ADDRESS CHANGES TO BE NOTED ABOVE

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



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
MHC90036

PAGE
7

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET
FAIRMONT, WV
26554 **304-363-2500**

DATE PRINTED 07/03/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>TAX AND 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.</p> <p>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.</p> <p>BIDDER: <u>Dr. Dennis Burton</u></p> <p>DATE: <u>7/16/08</u></p> <p>SIGNED: <u>[Signature]</u></p> <p>TITLE: <u>President/CEO</u></p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <u>[Signature]</u>	TELEPHONE <u>304-598-2291</u>	DATE <u>7-16-08</u>	
TITLE <u>Pres/CEO</u>	FEIN <u>200937959</u>	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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:
MHC90036

PAGE
9

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

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
07/03/2008				

BID OPENING DATE: **08/07/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MHC90036 ***** TOTAL:						_____

SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

SIGNATURE 	TELEPHONE 304-598-2291	DATE 7-16-08
TITLE Proc/CEO	FEIN 200937959	ADDRESS CHANGES TO BE NOTED ABOVE

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

Vendor must be a licensed radiologist and must provide a copy of his/her State of WV Radiologist License.

Vendor should perform x-ray interpretations within 7 days of receipt of the x-rays and must provide John Manchin Senior Health Care Center a written report on the interpretation of each patient's x-ray examination.

(John Manchin Sr. Health Care Center does not have the ability to electronically transmit x-rays/mammograms.)

Insurance:

The Vendor as an independent Contractor is solely liable for the acts and omissions of its employees and agents. Proof of insurance will be provided by the Vendor at the time the contract is awarded. The Vendor will 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:

- a. For bodily injury (including death): \$500,000.00 per person a minimum of \$1,000,000.00 per occurrence.
- b. For property damage and professional liability: minimum of \$1,000,000.00 per occurrence.
- c. Workers' Compensation coverage is required.

HIPAA Business Associate Addendum: Vendor must comply with HIPAA regulations.

The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR§160.103) and will be disclosing Protected Health Information (45 CFR§160.103) to the vendor.

Debarment and Suspension:

By submitting a bid quotation, the Vendor certifies that no entity, agency or person associated with the Vendor, is debarred or suspended from conducting business with the federal government or any state governmental agency.

Drug Free Workplace Act of 1988:

Vendor will provide a drug free workplace, and an individual shall not engage in the unlawful manufacture, distribution, dispensation, possession, abuse or use of a controlled substance in the performance of the Contract.

Record Retention (Access & Confidentiality):

Vendor shall comply with all applicable Federal and State of West Virginia rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by Vendor. The Vendor shall maintain such records a minimum of five (5) years and make available all records to Agency personnel at Vendor's location during normal business hours upon written request by Agency within 10 days after receipt of the request.

Vendor shall have access to private and confidential data maintained by Agency to the extent required for Vendor to carry out the duties and responsibilities defined in this contract. Vendor agrees to maintain confidentiality and security of the data made available and shall indemnify and hold harmless the State and Agency against any and all claims brought by any party attributed to actions of breach of confidentiality by the Vendor, subcontractors or individuals permitted access by Vendor.

John Manchin Senior Health Care Center MHC90036

Billing:

For non-insured patient services, the Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To". John Manchin Sr. Health Care Center (JMSHC) will pay for non-insured patient services at the rate quoted in the bid.

Vendor will directly bill all insured patients for x-ray interpretations and provide an interpretation for each x-ray/mammogram to the patient.

Monthly: The Vendor will provide a listing of all services provided with patient number and charge for the service.

Volume of x-rays: approximately 70 to 90 exams per month.

Bid Quote Pricing:

John Manchin Sr Health Care Center is requesting bids for interpreting services in either one of the two following formats.

In-House Service:

At least once a week, the Vendor must perform the x-ray film interpreting services on-site at John Manchin Sr. Health Care Center location at 401 Guffey Street, Fairmont, WV 26554. In an emergency situation, the facility will deliver the x-ray films to the Vendor's location.

Or -

Vendor's Location:

Vendor's location must be within 30 miles of John Manchin Sr. Health Care Center. Vendor is providing the x-ray interpreting services at the Vendor's facility. The x-ray films will be delivered to the Vendor's facility by personnel of John Manchin Sr. Health Care Center, 401 Guffey Street, Fairmont, WV 26554.

Method of Evaluation:

The purchase order will be awarded to the lowest responsible vendor to provide the service. **Total Bid for Vendor's Location** will be evaluated with the Delivery Cost for the facility to deliver the x-rays as per the calculation below.

Delivery cost shall be calculated at \$.55 per mile to and from JMSHC to the Vendor's facility. It is estimated that x-rays will be delivered twice (2) per week or 104 per year.

Delivery Cost =

Vendor's location is 20.46 miles from JMSHC multiplied by 2 = 40.92 round trip miles. Round trip miles 40.92 are multiplied by 104 trips per year x \$.55 per mile to equal Delivery Cost.

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: 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.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

West Virginia Code §21-1D-5 provides that: Any solicitation for a public improvement construction contract shall require each vendor that submits a bid for the work to submit at the same time an affidavit that the vendor has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. A public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun.

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 materials, 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.

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, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, 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.

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. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

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

Vendor's Name: America, Inc

Authorized Signature: [Signature]

Date: 7-16-08

CPT-4 Code	AREA OF X-RAY	Bid Price at Guffey St. Location	Estimated Quantity	Total for Guffey St. Location	Bid Price At Vendor's Location	Estimated Quantity	Total at Vendor's Location
	UPPER EXTREMITIES						
73080	Elbow, complete, routine, min 3 views		35		30,671	35	1080,45
70370	Elbow, AP and Lateral		15		30,322	15	454,80
70390	Forearm, including one joint		20		27,022	20	540,40
73092	Upper extremity, infant		5		27,022	5	135,10
73100	Wrist, AP and Lateral		20		27,022	20	540,40
73110	Wrist, complete, routine, min 3 views		5		30,871	5	154,35
73120	Hand, two views		10		27,022	10	270,20
73140	Finger		2		27,022	2	54,04
73130	Hand, three views		10		30,871	10	308,70
73500	Hip, one view		20		24,226	20	485,20
73510	Hip, complete study		40		30,871	40	1234,80
73550	Femur (thigh) including one joint		10		30,871	10	308,70
73560	Knee, two views		30		27,022	30	810,60
73564	Knee, complete, routine, min 3 views		40		30,871	40	1234,80
73590	Tibia and Fibula (leg), including 1 joint, 2 views		25		27,022	25	675,50
73592	Lower extremity, infant		5		27,022	5	135,10
73600	Ankle, two views		30		27,022	30	810,60
73610	Ankle, complete, min 3 views, routine		25		30,871	25	771,75
73620	Foot, two views		15		27,022	15	405,30
73630	Foot, complete, routine, min 3 views(AP oscalcis)		15		30,871	15	463,05
73650	Oscalcis (heel), min 2 views		15		27,022	15	405,30
73660	Toe		15		27,022	15	405,30

CPT-4 Code	AREA OF X-RAY	Bid Price at Guffey St. Location	Estimated Quantity	Total for Guffey St. Location	Bid Price At Vendor's Location	Estimated Quantity	Total at Vendor's Location
CPT-4 Code	ABDOMEN						
74000	Abdomen, single view		20		8702	20	540.40
74010	Abdomen, multiple view		5		3969	5	198.45
74020	Abdomen, multiple views, including Chest AP		20		5843	20	1,168.60
CPT-4 Code	GASTRO-INTESTINAL TRACT						
74220	Esophagus		5		6009	5	300.45
74210	Esophagus and Pharynx		5		4410	5	220.50
74240	Upper GI tract with or without delay films		15		81.59	15	1223.85
71100	Ribs, bilateral		10		52.92	10	529.20
71110	Ribs, lateral		10		3418	10	341.80
71120	Sternum		5		3087	5	154.35
CPT-4 Code	SPINE & PELVIS						
72010	Spine, entire survey study only, AP & Lat		30		93.71	30	2811.36
72020	Cervical Spine		15		3087	15	463.05
72040	Cervical Spine, AP & Lat		25		3087	25	771.75
72050	Cervical Spine, minimum of 4 views		20		39.69	20	793.80
72070	Thoracic Spine, AP & Lat		15		39.69	15	595.35
72080	Thoracic-lumber Spine, AP & Lat		5		39.69	5	198.45
72100	Lumbosacral Spine, AP & Lat		5		3087	5	154.35
72110	Lumbosacral Spine, AP, Lat & Oblique view		5		50.72	5	253.60
72170	Pelvis, Anteroposterior only		5		39.69	5	198.45
72190	Pelvis, two views or stereo		5		39.69	5	198.45
72220	Sacrum and Coccyx		5		3087	5	154.35

CPT-4 Code	AREA OF X-RAY	Bid Price at Guffey St. Location	Estimated Quantity	Total for Guffey St. Location	Bid Price At Vendor's Location	Estimated Quantity	Total at Vendor's Location
UPPER EXTREMITIES							
CPT-4 Code							
73000	Clavicle, complete		10		2756	10	275.60
73010	Scapula		15		3087	15	463.05
73020	Shoulder, one projection		25		2702	25	675.50
73030	Shoulder, complete study		5		3087	5	154.35
73060	Humerus, including one joint		15		3087	15	463.05
HEAD AND NECK							
CPT-4 Code							
70100	Mandible, partial less than 4 views		5		3087	5	154.35
70110	Mandible, complete, minimum of 4 views		5		5292	5	264.60
70120	Mastoids, less than 3 views per side		5		39.69	5	198.45
70130	Mastoids, complete, minimum of 3 view per side		5		5843	5	292.15
70140	Facial Bones, less than 3 views		5		3087	5	154.35
70150	Facial Bones, complete, minimum 3 views		5		4410	5	220.50
70160	Nasal Bones		5		3087	5	154.35
70200	Orbits, complete, minimum 4 views		5		4907	5	245.35
70210	Paranasal Sinuses, less than 3 views		3		3087	3	92.61
70220	Sinuses, complete, minimum 3 views		5		51.17	5	255.85
70260	Skull, complete, minimum 4 views, with or w/o stereo		5		4907	5	245.35
70300	Teeth, single view		5		1323	5	66.15
70360	Neck, soft tissue examination		5		3087	5	154.35
CPT-4 Code	CHEST						

John Manchin Senior Health Care Center MHC90036 Blanket Contract for X-ray Interpreting Services

CPT-4 Code	AREA OF X-RAY	Bid Price at Guffey St. Location	Estimated Quantity	Total for Guffey St. Location	Bid Price At Vendor's Location	Estimated Quantity	Total at Vendor's Location
71010	Chest, single view		25		27.56	25	689.00
71020	Chest, two views or stereo		5		34.18	5	170.90
71030	Chest, complete, minim 4 views (Pa, Lat, & Both Oblique)		5		40.19	5	200.95
CPT-4 Code	UROLOGICAL						
74000	Kidney, Ureters, & Bladder, single view		5		27.02	5	135.10
CPT-4 Code	GYNECOLOGICAL & OBSTETRICAL						
76090	Mammography, unilateral		10		55.13	10	551.30
76091	Mammography, bilateral		40		76.03	40	3,041.20
Total Bid for In-House							
				Total Bid for Vendor's Location			32,300.35

Delivery Cost = Vendor's location is 20.46 miles from JMSHC multiplied by 2 = 40.92 round trip miles. Round trip miles are multiplied by an estimated 104 trips per year x \$.55 per mile to equal Delivery Cost. Delivery Cost = 21,310.62

Total Bid for Vendor's Location + Delivery Cost = 34,640.97

CPT	Description	FEE DESCRIPTION	INS-CODE	Charge
70100	MANDIBLE < 4 VIEWS	JOHN MANCHIN CLIN	JMC	\$30.87
70110	MANDIBLE MINIMUM 4 VIEW	JOHN MANCHIN CLIN	JMC	\$52.92
70120	MASTOIDS < 3 VIEWS	JOHN MANCHIN CLIN	JMC	\$39.69
70130	MASTOIDS MIN 3 VW EA SIDE	JOHN MANCHIN CLIN	JMC	\$58.43
70140	FACIAL BONES < 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
70150	FACIAL BONES MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$44.10
70160	NASAL BONES	JOHN MANCHIN CLIN	JMC	\$30.87
70200	ORBITS MIN 4 VIEW	JOHN MANCHIN CLIN	JMC	\$49.07
70210	SINUSES < 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
70220	SINUSES MIN 3 VIEWS	JOHN MANCHIN CLIN	JMC	\$51.17
70260	SKULL MIN 4 VIEWS	JOHN MANCHIN CLIN	JMC	\$49.07
70300	TEETH SINGLE VIEW	JOHN MANCHIN CLIN	JMC	\$13.23
70360	NECK SOFT TISSUE	JOHN MANCHIN CLIN	JMC	\$30.87
70370	PHARYNX SOFT TISSUE	JOHN MANCHIN CLIN	JMC	\$0.00
71010	CHEST 1 VIEW FRONTAL	JOHN MANCHIN CLIN	JMC	\$27.56
71020	CHEST 2 VIEW	JOHN MANCHIN CLIN	JMC	\$34.18
71030	CHEST CMPLT MIN 4 VIEWS	JOHN MANCHIN CLIN	JMC	\$40.79
71100	RIBS 2 VIEW UNILATERAL	JOHN MANCHIN CLIN	JMC	\$34.18
71110	RIBS 3 VIEW BILATERAL	JOHN MANCHIN CLIN	JMC	\$52.92
71120	STERNUM XRAY MIN 2 VIEWS	JOHN MANCHIN CLIN	JMC	\$30.87
72010	SPINE ENTIRE STUDY AP&LAT	JOHN MANCHIN CLIN	JMC	\$93.71
72020	SPINE SINGLE VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
72040	CERVICAL SPINE 2-3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
72050	CERVICAL SPINE MIN 4 VIEW	JOHN MANCHIN CLIN	JMC	\$39.69
72052	CERVICAL SPINE COMPLETE	JOHN MANCHIN CLIN	JMC	\$39.69
72070	THORACIC SPINE 2 VIEW	JOHN MANCHIN CLIN	JMC	\$39.69
72080	THORACOLUMBAR 2 VIEW	JOHN MANCHIN CLIN	JMC	\$39.69
72100	LUMBOSACRAL SPINE 2-3 VW	JOHN MANCHIN CLIN	JMC	\$30.87
72110	LUMBOSACRAL SPINE MIN 4VW	JOHN MANCHIN CLIN	JMC	\$50.72
72170	PELVIS 1-2 VIEW	JOHN MANCHIN CLIN	JMC	\$39.69

CPT	Description	FEE DESCRIPTION	INS-CODE	Charge
72190	PELVIS CMPLT MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$39.69
72220	SACRUM & COCCYX MIN 2 VW	JOHN MANCHIN CLIN	JMC	\$30.87
73000	CLAVICLE COMPLETE	JOHN MANCHIN CLIN	JMC	\$27.56
73010	SCAPULA COMPLETE	JOHN MANCHIN CLIN	JMC	\$30.87
73020	SHOULDER ONE VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73030	SHOULDER CMPLT MIN 2 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73060	HUMERUS MIN 2 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73070	ELBOW 2 VIEW	JOHN MANCHIN CLIN	JMC	\$30.32
73080	ELBOW CMPLT MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73090	FOREARM 2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73092	UPPR EXT INFANT MIN 2 VW	JOHN MANCHIN CLIN	JMC	\$27.02
73100	WRIST 2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73110	WRIST CMPLT MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73120	HAND 2 VIEWS	JOHN MANCHIN CLIN	JMC	\$27.02
73130	HAND MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73140	FINGER MIN 2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73500	HIP 1 VIEW UNILATERAL	JOHN MANCHIN CLIN	JMC	\$24.26
73510	HIP CMPLT MIN 2 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73550	FEMUR 2 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73560	KNEE 1-2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73584	KNEE-COMPLETE-ROUTINE MIN. 3 VIEWS	JOHN MANCHIN CLIN	JMC	\$30.87
73590	LEG 2 VIEW TIBIA&FIBULA	JOHN MANCHIN CLIN	JMC	\$27.02
73592	LOWER EXT INFANT MIN 2 VW	JOHN MANCHIN CLIN	JMC	\$27.02
73600	ANKLE 2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73610	ANKLE CMPLT MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73620	FOOT 2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
73630	FOOT CMPLT MIN 3 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73650	HEEL MIN 2 VIEW	JOHN MANCHIN CLIN	JMC	\$30.87
73660	TOES MIN 2 VIEW	JOHN MANCHIN CLIN	JMC	\$27.02
74000	ABDOMEN SINGLE AP VIEW	JOHN MANCHIN CLIN	JMC	\$27.02

Ameritad, Inc

CPT	Description	FEE DESCRIPTION	INS-CODE	Charge
74010	ABDOMEN AP & OBL VIEWS	JOHN MANCHIN CLIN	JMC	\$39.69
74020	ABD CMPLT W DECUB & ERECT	JOHN MANCHIN CLIN	JMC	\$58.43
74210	PHARYNX & OR CERV ESOPHAGS	JOHN MANCHIN CLIN	JMC	\$44.10
74220	ESOPHAGUS	JOHN MANCHIN CLIN	JMC	\$60.09
74240	UPPER GI TRACT WO KUB	JOHN MANCHIN CLIN	JMC	\$81.59
74290	GALLBLADDER ORAL CONTRAST	JOHN MANCHIN CLIN	JMC	\$58.43
76090	MAMMOGRAPHY UNILATERAL	JOHN MANCHIN CLIN	JMC	\$55.13
76091	MAMMOGRAPHY BILATERAL	JOHN MANCHIN CLIN	JMC	\$76.63
76092	SCREENING MAMM BILATERAL	JOHN MANCHIN CLIN	JMC	\$76.63
77055	MAMMOGRAPHY UNILATERAL	JOHN MANCHIN CLIN	JMC	\$55.13
77056	MAMMOGRAPHY BILATERAL	JOHN MANCHIN CLIN	JMC	\$76.63
77057	SCREENING MAMMOGRAPHY BILATERAL	JOHN MANCHIN CLIN	JMC	\$76.63