WEH12002 Health Care Provider Services Bid Sheet

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**Welch Community Hospital Cost Sheet** Page 1 of 2

Physician Malpractice

Service Specialty Physician Salaries Insurance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physician/Service Specialty | Number of Full Time Employees | Hourly Salary Rate | Total  Annual Salary  (a) | Monthly Malpractice Insurance | Annual  Cost  Malpractice Insurance  (b) | Total of Annual  Salary &  Insurance  (a + b) |
| Anesthesia (CNRA) |  |  |  |  |  |  |
| Anesthesia-On Call |  |  |  |  |  |  |
| Emergency Room |  |  |  |  |  |  |
| Emergency Room-On Call |  |  |  |  |  |  |
| Family Practice |  |  |  |  |  |  |
| Family Practice-On Call |  |  |  |  |  |  |
| Geriatrics (Long Term Care) |  |  |  |  |  |  |
| Geriatrics-On Call |  |  |  |  |  |  |
| Internal Medicine |  |  |  |  |  |  |
| Internal Medicine-On Call |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |
| Pathology-On Call |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |
| Pediatrics-On Call |  |  |  |  |  |  |
| Physician Assistants |  |  |  |  |  |  |
| Physician Assistants-On Call |  |  |  |  |  |  |
| Radiology |  |  |  |  |  |  |
| Radiology-On Call |  |  |  |  |  |  |
| \*Optional Radiology-On Call Electronic Viewing |  |  |  |  |  |  |
| Surgery |  |  |  |  |  |  |
| Surgery-On Call |  |  |  |  |  |  |
| Walk-In Clinic |  |  |  |  |  |  |
| Walk-In Clinic-On Call |  |  |  |  |  |  |
| **Totals** |  |  | $ | $ | $ | $ |

1. (B)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cost Calculation of Monthly Fees for Rural Health Clinic Services  (Average 1550 visits per month) | Bill Rate | X Visits = | Estimated  Monthly  Amount | Multiplied  By | Estimated  Total Cost |
| Estimated Monthly Rural Health Clinic | $ | 1550 |  | X 12 |  |
| Estimated Total Annual Cost | | | | | $ |

(C)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Optional Radiology-On Call Electronic Viewing |  |  |  |  |  |  |

\*Basis of Award will not include this amount.

WEH11141 Health Care Provider Services

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|  |  |  |
| --- | --- | --- |
| **Administrative Fee for Health Care Provider Services:**  Vendor may have an administrative fee for providing Health Care Services | Monthly  Total  $ | Annual  Total  $ |

(D)

Summary of Cost Proposal Annual Totals

|  |  |
| --- | --- |
| (A) | $ |
| (B) | $ |
| (C) | $ |
| (D) | $ |
|  |  |
| $ |

Total of Annual Physician Salary

Total of Annual Malpractice Insurance

Total for Annual Clinic Fees

Total of Administrative Fees for Health Care Provider Services

**Total Price for Health Care Provider Services**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative Title

**Award will be made for the lowest total bid meeting specifications.**