



## ADDENDUM #1

**To:** All Companies Interested in Submitting a Bid  
**From:** Rebecca Johnson, CPPB, Purchasing Agent  
**Bid:** Health Services (Bid #0909-068); Dated: October 29, 2009  
**Subject:** Addendum #1 (3 pages)  
**Date:** November 4, 2009

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The following questions and/or clarifications were asked relative to the above-listed Request for Bid. This memo is sent for clarification to all companies to whom the bid was sent.

### Clarifications:

- Under CERTIFICATE OF INSURANCE REQUIREMENTS at the bottom of page 9, item 1 should read "The Description area of the certificate should list **Health Services** as the contract the certificate covers".
- The pricing structures requested for injury care and physical therapy services in the original request for bid document have been updated. The revised Bid Submittal Form on pages 2 and 3 of this addendum replaces page 7 in the original document.

**Rebecca Johnson will be out of the office from Thursday, November 5, 2009 through Wednesday, November 11, 2009. All questions shall be submitted in writing and an additional addendum will be issued on November 12, 2009 if needed.**

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The Purchasing Services Division will accept written questions regarding the bid until 11:00 a.m. CST on Thursday, November 12, 2009. Fax (319) 286-5130 or e-mail (r.johnson2@cedar-rapids.org) all questions to Rebecca Johnson. Any and all questions will be responded to in the form of written addenda to all Bidders. All addenda that you receive shall become a part of the contract documents and shall be acknowledged and dated on the bottom of the Signature Page (page 8). The deadline for bid submittal is Tuesday, November 17, 2009 at 11:00 a.m. CST.

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**Pricing for Employee Physicals and Testing as required by OSHA:** A monthly report shall be supplied to the City for each program listed below. Each program shall be reviewed on an annual basis.

Description	Number of Employees	Price Per Physical / Test
Respirator Clearance Physicals (Attachment A) Medical clearance per OSHA guidelines / NFPA / MFPRSI	350 employees per year	\$
New Police Officer and New Firefighter Physicals (Example attached as Attachment B)	15 employees per year	\$
Physical Qualifications Test (Example attached as Attachment C)	50 employees per year	\$
Physical for Commercial Driver Fitness Determination (Example attached as Attachment D)	30 employees per year	\$
DOT Drug and Alcohol Testing	150 employees per year	\$
Non-DOT Drug and Alcohol Testing	550 employees per year	\$

**Pricing for Injury Care to be provided as needed:**

<b>NEW PATIENTS</b>			
CPT Code	Minutes	Description	Price Per Visit
99201	5	No physician	\$
99202	10	Self limit / minor	\$
99203	15	Low to moderate severity	\$
99204	25	Moderate to high severity	\$
99205	40	Moderate to high severity	\$
<b>ESTABLISHED PATIENTS</b>			
CPT Code	Minutes	Description	Price Per Visit
99211	5	No physician	\$
99212	10	Self limit / minor	\$
99213	15	Low to moderate severity	\$
99214	25	Moderate to high severity	\$
99215	40	Moderate to high severity	\$

**Pricing for Physical Therapy to be provided as needed:**

CPT Code	Minutes	Description	Price Per Visit
97001/97002	Untimed	Evaluations	\$
97010,12,14,16,18,22	15	Modalities	\$
Various	15	Therapeutic Procedures	\$

Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_

Location where all services listed above would take place: \_\_\_\_\_

**Physicals for new employees are required in a timely manner with little notice.**

How much notice would your company require for new employee

physicals: \_\_\_\_\_ hours

**Physicals for existing employees as required by OSHA can be scheduled in advance.**

Notice your company requires for advance scheduling of existing

employees: \_\_\_\_\_ days

Name of Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_